

SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 4399

(SENATE AUTHORS: HOFFMAN)

DATE	D-PG	OFFICIAL STATUS
02/29/2024	11848	Introduction and first reading Referred to Human Services
03/25/2024		Comm report: To pass as amended Second reading

1.1 A bill for an act

1.2 relating to human services; establishing minimum wage protections for people

1.3 with disabilities; modifying person care assistance and community first services

1.4 and supports remote reassessment requirements; prioritizing technology in informed

1.5 choice for disability waiver services; clarifying form usage for community-based

1.6 waived services; modernizing language in Deaf and Hard-of-Hearing Services

1.7 Act; making technical corrections to behavioral health language; amending

1.8 Minnesota Statutes 2022, sections 177.24, by adding a subdivision; 245D.10,

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

1.10 subdivision 7; 245G.04, by adding a subdivision; 252.44; 256B.0759, subdivision

1.11 4; 256B.0911, subdivision 24; 256B.4905, subdivision 12; 256C.21; 256C.23,

1.12 subdivisions 1a, 2, 2a, 2b, 2c, 6, 7, by adding a subdivision; 256C.233, subdivisions

1.13 1, 2; 256C.24, subdivisions 1, 2, 3; 256C.26; 256C.261; Minnesota Statutes 2023

1.14 Supplement, sections 245G.05, subdivision 3; 245G.09, subdivision 3; 254A.19,

1.15 subdivision 3; 254B.04, subdivision 6; 254B.05, subdivisions 1, 5; 254B.19,

1.16 subdivision 1; 256B.0759, subdivision 2; 256B.4906; 256B.4914, subdivision 4.

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

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

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

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

2.1 Sec. 2. Minnesota Statutes 2022, section 245D.10, subdivision 1, is amended to read:

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

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

2.10 Sec. 3. Minnesota Statutes 2022, section 245F.02, subdivision 17, is amended to read:

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

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

2.15 Sec. 4. Minnesota Statutes 2022, section 245F.02, subdivision 21, is amended to read:

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

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

2.20 Sec. 5. Minnesota Statutes 2022, section 245F.08, subdivision 3, is amended to read:

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

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

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

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

3.2 Sec. 6. Minnesota Statutes 2022, section 245F.15, subdivision 7, is amended to read:

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

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

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

3.6 ~~(3) have completed a curriculum designated by the commissioner that teaches specific~~

3.7 ~~skills and training in the domains of ethics and boundaries, advocacy, mentoring and~~

3.8 ~~education, and recovery and wellness support; and~~

3.9 ~~(4) receive supervision in areas specific to the domains of their role by qualified~~

3.10 ~~supervisory staff.~~

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

3.12 (2) provide services according to the scope of practice established in section 245I.04,

3.13 subdivision 19, under the supervision of an alcohol and drug counselor.

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

3.15 Sec. 7. Minnesota Statutes 2022, section 245G.04, is amended by adding a subdivision to
3.16 read:

3.17 Subd. 3. **Opioid educational material.** (a) If a client is seeking treatment for opioid use

3.18 issues, the license holder must provide opioid educational material to the client on the day

3.19 of service initiation. The license holder must use the opioid educational material approved

3.20 by the commissioner that contains information on:

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

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

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

3.24 (4) the use, availability, and administration of an opiate antagonist to respond to opioid

3.25 overdose.

3.26 (b) If the client is identified as having opioid use issues at a later date, the required

3.27 educational material must be provided at that time.

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

4.1 Sec. 8. Minnesota Statutes 2023 Supplement, section 245G.05, subdivision 3, is amended
4.2 to read:

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

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

4.8 (2) a determination of whether the individual screens positive for co-occurring mental
4.9 health disorders using a screening tool approved by the commissioner pursuant to section
4.10 245.4863;

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

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

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

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

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

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

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

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

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

4.26 Sec. 9. Minnesota Statutes 2023 Supplement, section 245G.09, subdivision 3, is amended
4.27 to read:

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

4.29 (1) documentation that the client was given information on client rights and
4.30 responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided
4.31 an orientation to the program abuse prevention plan required under section 245A.65,

5.1 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record
 5.2 must contain documentation that the client was provided educational information according
 5.3 to section ~~245G.05~~ 245G.04, subdivision 3, ~~paragraph (b)~~;

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

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

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

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

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

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

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

5.14 Sec. 10. Minnesota Statutes 2022, section 252.44, is amended to read:

5.15 **252.44 LEAD AGENCY BOARD RESPONSIBILITIES.**

5.16 When the need for day services in a county or Tribe has been determined under section
 5.17 252.28, the board of commissioners for that lead agency shall:

5.18 (1) authorize the delivery of services according to the support plans and support plan
 5.19 addendums required as part of the lead agency's provision of case management services
 5.20 under sections 256B.0913, subdivision 8; 256B.092, subdivision 1b; 256B.49, subdivision
 5.21 15; and 256S.10 and Minnesota Rules, parts 9525.0004 to 9525.0036;

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

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

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

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

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

6.3 Sec. 11. Minnesota Statutes 2023 Supplement, section 254A.19, subdivision 3, is amended
6.4 to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.4 Sec. 12. Minnesota Statutes 2023 Supplement, section 254B.04, subdivision 6, is amended
7.5 to read:

7.6 **Subd. 6. Local agency to determine client financial eligibility.** (a) The local agency
7.7 shall determine a client's financial eligibility for the behavioral health fund according to
7.8 section 254B.04, subdivision 1a, with the income calculated prospectively for one year from
7.9 the date of ~~comprehensive assessment~~ request. The local agency shall pay for eligible clients
7.10 according to chapter 256G. The local agency shall enter the financial eligibility span within
7.11 ten calendar days of request. Client eligibility must be determined using forms prescribed
7.12 by the department. To determine a client's eligibility, the local agency must determine the
7.13 client's income, the size of the client's household, the availability of a third-party payment
7.14 source, and a responsible relative's ability to pay for the client's substance use disorder
7.15 treatment.

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

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

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

7.23 (i) the client;

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

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

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

7.28 (i) the client;

7.29 (ii) the client's spouse;

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

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

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

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

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

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

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

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

8.22 Sec. 13. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 1, is amended
8.23 to read:

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

8.29 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
8.30 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
8.31 vendor of a comprehensive assessment and assessment summary provided according to
8.32 section 245G.05, and treatment services provided according to sections 245G.06 and

9.1 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses
9.2 (1) to (6).

9.3 (c) A county is an eligible vendor for a comprehensive assessment and assessment
9.4 summary when provided by an individual who meets the staffing credentials of section
9.5 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
9.6 245G.05. A county is an eligible vendor of care coordination services when provided by an
9.7 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and
9.8 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),
9.9 clause (5). A county is an eligible vendor of peer recovery services when the services are
9.10 provided by an individual who meets the requirements of section 245G.11, subdivision 8.

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

9.17 (1) be nonprofit organizations;

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

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

9.23 (4) be grassroots and reflective of and engaged with the community served;

9.24 (5) be accountable to the recovery community through processes that promote the
9.25 involvement and engagement of, and consultation with, people in recovery and their families,
9.26 friends, and recovery allies;

9.27 (6) provide nonclinical peer recovery support services, including but not limited to
9.28 recovery support groups, recovery coaching, telephone recovery support, skill-building
9.29 groups, and harm-reduction activities;

9.30 (7) allow for and support opportunities for all paths toward recovery and refrain from
9.31 excluding anyone based on their chosen recovery path, which may include but is not limited
9.32 to harm reduction paths, faith-based paths, and nonfaith-based paths;

10.1 (8) be purposeful in meeting the diverse needs of Black, Indigenous, and people of color
10.2 communities, including board and staff development activities, organizational practices,
10.3 service offerings, advocacy efforts, and culturally informed outreach and service plans;

10.4 (9) be stewards of recovery-friendly language that is supportive of and promotes recovery
10.5 across diverse geographical and cultural contexts and reduces stigma; and

10.6 (10) maintain an employee and volunteer code of ethics and easily accessible grievance
10.7 procedures posted in physical spaces, on websites, or on program policies or forms.

10.8 (e) Recovery community organizations approved by the commissioner before June 30,
10.9 2023, shall retain their designation as recovery community organizations.

10.10 (f) A recovery community organization that is aggrieved by an accreditation or
10.11 membership determination and believes it meets the requirements under paragraph (d) may
10.12 appeal the determination under section 256.045, subdivision 3, paragraph (a), clause (15),
10.13 for reconsideration as an eligible vendor.

10.14 (g) All recovery community organizations must be certified or accredited by an entity
10.15 listed in paragraph (d) by January 1, 2025.

10.16 ~~(g)~~ (h) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
10.17 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
10.18 nonresidential substance use disorder treatment or withdrawal management program by the
10.19 commissioner or by Tribal government or do not meet the requirements of subdivisions 1a
10.20 and 1b are not eligible vendors.

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

10.27 Sec. 14. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 5, is amended
10.28 to read:

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

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

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

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

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

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

11.9 (iv) ASAM level 2.5 partial hospitalization services provided according to section
11.10 254B.19, subdivision 1, clause (4);

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

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

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

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

11.19 (3) treatment coordination services provided according to section 245G.07, subdivision
11.20 1, paragraph (a), clause (5);

11.21 (4) peer recovery support services provided according to section 245G.07, subdivision
11.22 2, clause (8);

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

11.24 (6) hospital-based treatment services that are licensed according to sections 245G.01 to
11.25 245G.17 or applicable Tribal license and licensed as a hospital under sections 144.50 to
11.26 144.56;

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

11.30 ~~(7)~~ (8) adolescent treatment programs that are licensed as outpatient treatment programs
11.31 according to sections 245G.01 to 245G.18 or as residential treatment programs according

12.1 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
12.2 applicable Tribal license;

12.3 ~~(8)~~(9) ASAM 3.5 clinically managed high-intensity residential services that are licensed
12.4 according to sections 245G.01 to 245G.17 and 245G.21 or applicable Tribal license, which
12.5 provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7),
12.6 and are provided by a state-operated vendor or to clients who have been civilly committed
12.7 to the commissioner, present the most complex and difficult care needs, and are a potential
12.8 threat to the community; and

12.9 ~~(9)~~(10) room and board facilities that meet the requirements of subdivision 1a.

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

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

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

12.14 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
12.15 9503; or

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

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

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

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

12.21 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
12.22 subdivision 4a;

12.23 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;

12.24 (4) programs that offer medical services delivered by appropriately credentialed health
12.25 care staff in an amount equal to two hours per client per week if the medical needs of the
12.26 client and the nature and provision of any medical services provided are documented in the
12.27 client file; or

12.28 (5) programs that offer services to individuals with co-occurring mental health and
12.29 substance use disorder problems if:

12.30 (i) the program meets the co-occurring requirements in section 245G.20;

13.1 (ii) 25 percent of the counseling staff are licensed mental health professionals under
13.2 section 245I.04, subdivision 2, or are students or licensing candidates under the supervision
13.3 of a licensed alcohol and drug counselor supervisor and mental health professional under
13.4 section 245I.04, subdivision 2, except that no more than 50 percent of the mental health
13.5 staff may be students or licensing candidates with time documented to be directly related
13.6 to provisions of co-occurring services;

13.7 (iii) clients scoring positive on a standardized mental health screen receive a mental
13.8 health diagnostic assessment within ten days of admission;

13.9 (iv) the program has standards for multidisciplinary case review that include a monthly
13.10 review for each client that, at a minimum, includes a licensed mental health professional
13.11 and licensed alcohol and drug counselor, and their involvement in the review is documented;

13.12 (v) family education is offered that addresses mental health and substance use disorder
13.13 and the interaction between the two; and

13.14 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
13.15 training annually.

13.16 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
13.17 that provides arrangements for off-site child care must maintain current documentation at
13.18 the substance use disorder facility of the child care provider's current licensure to provide
13.19 child care services.

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

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

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

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

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

14.7 Sec. 15. Minnesota Statutes 2023 Supplement, section 254B.19, subdivision 1, is amended
14.8 to read:

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

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

14.17 (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per
14.18 week of skilled treatment services and adolescents must receive up to five hours per week.
14.19 Services must be licensed according to section 245G.20 and meet requirements under section
14.20 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly
14.21 skilled treatment service hours allowable per week.

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

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

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

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

15.8 (6) For ASAM level 3.3 clinically managed population-specific high-intensity residential
15.9 clients, programs must be licensed according to section 245G.20 and must meet requirements
15.10 under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must
15.11 be enrolled as a disability responsive program as described in section 254B.01, subdivision
15.12 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive
15.13 impairment so significant, and the resulting level of impairment so great, that outpatient or
15.14 other levels of residential care would not be feasible or effective. Programs must provide,
15.15 at a minimum, daily skilled treatment services seven days a week according to each client's
15.16 specific treatment schedule, as directed by the individual treatment plan.

15.17 (7) For ASAM level 3.5 clinically managed high-intensity residential clients, services
15.18 must be licensed according to section 245G.20 and must meet requirements under section
15.19 256B.0759. Programs must have 24-hour staffing coverage and provide, ~~at a minimum,~~
15.20 ~~daily skilled treatment services seven days a~~ 20 or more hours of services per week according
15.21 to each client's specific treatment schedule, as directed by the individual treatment plan.

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

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

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

15.28 Sec. 16. Minnesota Statutes 2023 Supplement, section 256B.0759, subdivision 2, is
15.29 amended to read:

15.30 Subd. 2. **Provider participation.** (a) Programs licensed by the Department of Human
15.31 Services as nonresidential substance use disorder treatment programs that receive payment
15.32 under this chapter must enroll as demonstration project providers and meet the requirements

16.1 of subdivision 3 by January 1, 2025. Programs that do not meet the requirements of this
16.2 paragraph are ineligible for payment for services provided under section 256B.0625.

16.3 (b) Programs licensed by the Department of Human Services as residential treatment
16.4 programs according to section 245G.21 that receive payment under this chapter must enroll
16.5 as demonstration project providers and meet the requirements of subdivision 3 by January
16.6 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for
16.7 payment for services provided under section 256B.0625.

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

16.15 (d) Programs licensed by the Department of Human Services as withdrawal management
16.16 programs according to chapter 245F that receive payment under this chapter must enroll as
16.17 demonstration project providers and meet the requirements of subdivision 3 by January 1,
16.18 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment
16.19 for services provided under section 256B.0625.

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

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

16.28 (g) The commissioner shall allow providers enrolled in the demonstration project before
16.29 July 1, 2021, to receive applicable rate enhancements authorized under subdivision 4 for
16.30 all services provided on or after the date of enrollment, except that the commissioner shall
16.31 allow a provider to receive applicable rate enhancements authorized under subdivision 4
16.32 for services provided on or after July 22, 2020, to fee-for-service enrollees, and on or after
16.33 January 1, 2021, to managed care enrollees, if the provider meets all of the following
16.34 requirements:

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

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

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

17.9 Sec. 17. Minnesota Statutes 2022, section 256B.0759, subdivision 4, is amended to read:

17.10 Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must
17.11 be increased for services provided to medical assistance enrollees. To receive a rate increase,
17.12 participating providers must meet demonstration project requirements and provide evidence
17.13 of formal referral arrangements with providers delivering step-up or step-down levels of
17.14 care. Providers that have enrolled in the demonstration project but have not met the provider
17.15 standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under
17.16 this subdivision until the date that the provider meets the provider standards in subdivision
17.17 3. Services provided from July 1, 2022, to the date that the provider meets the provider
17.18 standards under subdivision 3 shall be reimbursed at rates according to section 254B.05,
17.19 subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for
17.20 services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment
17.21 when the provider is taking meaningful steps to meet demonstration project requirements
17.22 that are not otherwise required by law, and the provider provides documentation to the
17.23 commissioner, upon request, of the steps being taken.

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

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

17.31 ~~(d)~~ (c) For substance use disorder services under section 254B.05, subdivision 5,
17.32 paragraph (b), clauses clause (1), (6), and (7) items (ii) and (iii), and adolescent treatment
17.33 programs that are licensed as outpatient treatment programs according to sections 245G.01

18.1 to 245G.18, provided on or after January 1, 2021, payment rates must be increased by 20
18.2 percent over the rates in effect on December 31, 2020.

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

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

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

18.20 Sec. 18. Minnesota Statutes 2022, section 256B.0911, subdivision 24, is amended to read:

18.21 Subd. 24. **Remote reassessments.** (a) Assessments performed according to subdivisions
18.22 17 to 20 and 23 must be in person unless the assessment is a reassessment meeting the
18.23 requirements of this subdivision. Remote reassessments conducted by interactive video or
18.24 telephone may substitute for in-person reassessments.

18.25 (b) For services provided by the developmental disabilities waiver under section
18.26 256B.092, and the community access for disability inclusion, community alternative care,
18.27 and brain injury waiver programs under section 256B.49, remote reassessments may be
18.28 substituted for two consecutive reassessments if followed by an in-person reassessment.

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

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

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

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

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

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

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

19.17 Sec. 19. Minnesota Statutes 2022, section 256B.4905, subdivision 12, is amended to read:

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

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

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

20.1 Sec. 20. Minnesota Statutes 2023 Supplement, section 256B.4906, is amended to read:

20.2 **256B.4906 SUBMINIMUM WAGES IN HOME AND COMMUNITY-BASED**
20.3 **SERVICES REPORTING.**

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

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

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

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

20.16 (1) name;

20.17 (2) date of birth;

20.18 (3) identified race and ethnicity;

20.19 (4) disability type;

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

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

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

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

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

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

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

21.8 Sec. 21. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 4, is
21.9 amended to read:

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

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

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

21.22 (1) shared staffing hours;

21.23 (2) individual staffing hours;

21.24 (3) direct registered nurse hours;

21.25 (4) direct licensed practical nurse hours;

21.26 (5) staffing ratios;

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

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

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

22.1 (9) service hours provided through monitoring technology.

22.2 (d) Updates to individual data must include:

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

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

22.6 (e) Lead agencies shall review and approve all services reflecting each individual's needs,
22.7 and the values to calculate the final payment rate for services with variables under
22.8 subdivisions 6 to 9 for each individual. Lead agencies must notify the individual and the
22.9 service provider of the final agreed-upon values and rate, and provide information that is
22.10 identical to what was entered into the rates management system. If a value used was
22.11 mistakenly or erroneously entered and used to calculate a rate, a provider may petition lead
22.12 agencies to correct it. Lead agencies must respond to these requests. When responding to
22.13 the request, the lead agency must consider:

22.14 (1) meeting the health and welfare needs of the individual or individuals receiving
22.15 services by service site, identified in their support plan under section 245D.02, subdivision
22.16 4b, and any addendum under section 245D.02, subdivision 4c;

22.17 (2) meeting the requirements for staffing under subdivision 2, paragraphs (h), (n), and
22.18 (o); and meeting or exceeding the licensing standards for staffing required under section
22.19 245D.09, subdivision 1; and

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

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

22.23 Sec. 22. Minnesota Statutes 2022, section 256C.21, is amended to read:

22.24 **256C.21 DEAF, DEAFBLIND, AND HARD-OF-HEARING SERVICES ACT;**
22.25 **CITATION.**

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

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

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

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

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

23.7 Sec. 24. Minnesota Statutes 2022, section 256C.23, is amended by adding a subdivision
 23.8 to read:

23.9 Subd. 1b. **Linguistically affirmative.** "Linguistically affirmative" describes services
 23.10 that are designed and delivered within the context of the language and communication
 23.11 experiences of persons who are deaf, persons who are deafblind, and persons who are
 23.12 hard-of-hearing.

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

23.14 Sec. 25. Minnesota Statutes 2022, section 256C.23, subdivision 2, is amended to read:

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

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

23.21 Sec. 26. Minnesota Statutes 2022, section 256C.23, subdivision 2a, is amended to read:

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

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

23.26 Sec. 27. Minnesota Statutes 2022, section 256C.23, subdivision 2b, is amended to read:

23.27 Subd. 2b. **Deafblind.** "Deafblind" means any combination of vision and hearing loss
 23.28 ~~which interferes with acquiring information from the environment to the extent that~~
 23.29 ~~compensatory~~ where the person uses visual, auditory, or tactile strategies and skills are

24.1 ~~necessary~~ such as the use of a tactile form of a visual or spoken language to access that
 24.2 communication, information from the environment, or other information.

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

24.4 Sec. 28. Minnesota Statutes 2022, section 256C.23, subdivision 2c, is amended to read:

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

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

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

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

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

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

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

24.19 Sec. 29. Minnesota Statutes 2022, section 256C.23, subdivision 6, is amended to read:

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

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

24.24 Sec. 30. Minnesota Statutes 2022, section 256C.23, subdivision 7, is amended to read:

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

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

25.1 Sec. 31. Minnesota Statutes 2022, section 256C.233, subdivision 1, is amended to read:

25.2 Subdivision 1. **Deaf, DeafBlind, and ~~Hard-of-Hearing~~ Hard of Hearing State Services**
 25.3 **Division.** The commissioners of commerce, education, employment and economic
 25.4 development, and health shall ~~advise~~ partner with the commissioner of human services on
 25.5 the interagency activities of the Deaf, DeafBlind, and ~~Hard-of-Hearing~~ Hard of Hearing
 25.6 State Services Division. This division ~~addresses the developmental and social-emotional~~
 25.7 ~~needs of~~ provides services for persons who are deaf, persons who are deafblind, and persons
 25.8 who are hard-of-hearing through a statewide network of programs, services, and supports.
 25.9 This division also advocates on behalf of and provides information and training about how
 25.10 to best serve persons who are deaf, persons who are deafblind, and persons who are
 25.11 hard-of-hearing. The commissioner of human services shall coordinate the work of the
 25.12 interagency ~~advisers and~~ partners, receive legislative appropriations for the division, and
 25.13 provide grants through the division for programs, services, and supports for persons who
 25.14 are deaf, persons who are deafblind, and persons who are hard-of-hearing in identified areas
 25.15 of need such as deafblind services, family services, interpreting services, and mental health
 25.16 services.

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

25.18 Sec. 32. Minnesota Statutes 2022, section 256C.233, subdivision 2, is amended to read:

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

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

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

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

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

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

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

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

26.8 (5) provide culturally and linguistically affirmative mental health services to persons
 26.9 who are deaf, persons who are deafblind, and persons who are hard-of-hearing who:

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

26.12 (ii) otherwise need culturally and linguistically affirmative ~~therapeutic~~ mental health
 26.13 services;

26.14 (6) research and develop best practices and recommendations for emerging issues; and

26.15 (7) provide as much information as practicable on the division's stand-alone website in
 26.16 American Sign Language; ~~and~~.

26.17 ~~(8) report to the chairs and ranking minority members of the legislative committees with~~
 26.18 ~~jurisdiction over human services biennially, beginning on January 1, 2019, on the following:~~

26.19 ~~(i) the number of regional service center staff, the location of the office of each staff~~
 26.20 ~~person, other service providers with which they are colocated, the number of people served~~
 26.21 ~~by each staff person and a breakdown of whether each person was served on-site or off-site,~~
 26.22 ~~and for those served off-site, a list of locations where services were delivered and the number~~
 26.23 ~~who were served in-person and the number who were served via technology;~~

26.24 ~~(ii) the amount and percentage of the division budget spent on reasonable~~
 26.25 ~~accommodations for staff;~~

26.26 ~~(iii) the number of people who use demonstration equipment and consumer evaluations~~
 26.27 ~~of the experience;~~

26.28 ~~(iv) the number of training sessions provided by division staff, the topics covered, the~~
 26.29 ~~number of participants, and consumer evaluations, including a breakdown by delivery~~
 26.30 ~~method such as in-person or via technology;~~

27.1 ~~(v) the number of training sessions hosted at a division location provided by another~~
 27.2 ~~service provider, the topics covered, the number of participants, and consumer evaluations,~~
 27.3 ~~including a breakdown by delivery method such as in-person or via technology;~~

27.4 ~~(vi) for each grant awarded, the amount awarded to the grantee and a summary of the~~
 27.5 ~~grantee's results, including consumer evaluations of the services or products provided;~~

27.6 ~~(vii) the number of people on waiting lists for any services provided by division staff~~
 27.7 ~~or for services or equipment funded through grants awarded by the division;~~

27.8 ~~(viii) the amount of time staff spent driving to appointments to deliver direct one-to-one~~
 27.9 ~~client services in locations outside of the regional service centers; and~~

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

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

27.13 Sec. 33. Minnesota Statutes 2022, section 256C.24, subdivision 1, is amended to read:

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

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

27.20 Sec. 34. Minnesota Statutes 2022, section 256C.24, subdivision 2, is amended to read:

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

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

27.24 ~~(1)~~ (2) establish connections and collaborations ~~and explore coloeating~~ with other public
 27.25 and private entities providing services to persons who are deaf, persons who are deafblind,
 27.26 and persons who are hard-of-hearing in the region;

27.27 ~~(2)~~ (3) for those in need of services, assist in coordinating services between service
 27.28 providers and persons who are deaf, persons who are deafblind, and persons who are
 27.29 hard-of-hearing, and the persons' families, and make referrals to the services needed;

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

28.3 (4) if adequate or accessible services are not available from another public or private
28.4 service provider in the region, provide individual culturally and linguistically affirmative
28.5 assistance to persons who are deaf, persons who are deafblind, and persons who are
28.6 hard-of-hearing, and the persons' families. ~~Individual culturally affirmative assistance may~~
28.7 ~~be provided using technology only in areas of the state where a person has access to sufficient~~
28.8 ~~quality telecommunications or broadband services to allow effective communication. When~~
28.9 ~~a person who is deaf, a person who is deafblind, or a person who is hard-of-hearing does~~
28.10 ~~not have access to sufficient telecommunications or broadband service, individual assistance~~
28.11 ~~shall be available in person;~~

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

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

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

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

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

29.1 ~~(10)~~ (9) assess the ongoing need and supply of services for persons who are deaf, persons
 29.2 who are deafblind, and persons who are hard-of-hearing in all parts of the state; annually
 29.3 consult with the division's advisory committees to identify regional needs and solicit feedback
 29.4 on addressing service gaps; and ~~cooperate~~ collaborate with public and private service
 29.5 providers ~~to develop these services~~ on service solutions;

29.6 ~~(11)~~ (10) provide culturally and linguistically affirmative mental health services to
 29.7 persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing who:

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

29.10 (ii) otherwise need culturally and linguistically affirmative ~~therapeutic~~ mental health
 29.11 services; and

29.12 ~~(12)~~ (11) establish partnerships with state and regional entities statewide ~~that have the~~
 29.13 ~~technological capacity~~ to provide Minnesotans with virtual access to the division's services
 29.14 and ~~division-sponsored~~ training ~~via~~ through technology.

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

29.16 Sec. 35. Minnesota Statutes 2022, section 256C.24, subdivision 3, is amended to read:

29.17 Subd. 3. **Advisory committee.** The director of the Deaf, DeafBlind, and ~~Hard-of-Hearing~~
 29.18 Hard of Hearing State Services Division shall appoint eight advisory committees of up to
 29.19 nine persons per advisory committee. Each committee shall represent a specific region of
 29.20 the state. The director shall determine the boundaries of each advisory committee region.
 29.21 The committees shall advise the director on the needs of persons who are deaf, persons who
 29.22 are deafblind, and persons who are hard-of-hearing and service gaps in the region of the
 29.23 state the committee represents. Members shall include persons who are deaf, persons who
 29.24 are deafblind, and persons who are hard-of-hearing, persons who have communication
 29.25 disabilities, parents of children who are deaf, parents of children who are deafblind, and
 29.26 parents of children who are hard-of-hearing, parents of children who have communication
 29.27 disabilities, and representatives of county and regional human services, including
 29.28 representatives of private service providers. At least 50 percent of the members must be
 29.29 deaf or deafblind or hard-of-hearing or have a communication disability. Committee members
 29.30 shall serve for a three-year term, ~~and may be appointed to.~~ Committee members shall serve
 29.31 no more than three consecutive terms and no more than nine years in total. Each advisory
 29.32 committee shall elect a chair. The director of the Deaf, DeafBlind, and ~~Hard-of-Hearing~~
 29.33 Hard of Hearing State Services Division shall may assign staff to serve as nonvoting members

30.1 of the committee. Members shall not receive a per diem. Otherwise, the compensation,
 30.2 removal of members, and filling of vacancies on the committee shall be as provided in
 30.3 section 15.0575.

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

30.5 Sec. 36. Minnesota Statutes 2022, section 256C.26, is amended to read:

30.6 **256C.26 EMPLOYMENT SERVICES.**

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

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

30.12 Sec. 37. Minnesota Statutes 2022, section 256C.261, is amended to read:

30.13 **256C.261 SERVICES FOR PERSONS WHO ARE DEAFBLIND.**

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

30.19 The commissioner shall award grants for the purposes of:

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

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

30.26 (b) The commissioner may make grants:

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

30.28 ~~and~~

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

30.30 ~~and~~

31.1 (3) to develop and provide training to counties and service providers on how to meet
 31.2 the needs of persons who are deafblind.

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

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

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

31.12 ~~(f)~~ (e) The family and community intervener, as defined in section 256C.23, subdivision
 31.13 7, provides services to open channels of communication between the child and others;
 31.14 facilitates the development or use of receptive and expressive communication skills by the
 31.15 child; and develops and maintains a trusting, interactive relationship that promotes social
 31.16 and emotional well-being. The family and community intervener also provides access to
 31.17 information and the environment; and facilitates opportunities for learning and development.
 31.18 A family and community intervener must have specific training in deafblindness, building
 31.19 language and communication skills, and intervention strategies.

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

31.21 Sec. 38. **PHASE-OUT OF USE OF SUBMINIMUM WAGE FOR MEDICAL**
 31.22 **ASSISTANCE DISABILITY SERVICES.**

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