

SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 5335

| (SENATE AUTHORS: HOFFMAN) | | |
|---------------------------|--------|--|
| DATE | D-PG | OFFICIAL STATUS |
| 04/04/2024 | 13380 | Introduction and first reading Referred to Human Services |
| 04/24/2024 | 14471a | Comm report: To pass as amended and re-refer to Finance |
| 04/29/2024 | 15545a | Comm report: To pass as amended |
| | 15557 | Second reading |
| 04/30/2024 | 15586a | Special Order: Amended |
| | 15592 | Third reading Passed |
| 05/07/2024 | 16435 | Returned from House with amendment |
| | 16436 | Senate not concur, conference committee of 3 requested |
| | 16517 | Senate conferees Hoffman; Fateh; Abeler |
| 05/09/2024 | 16520 | House conferees Noor; Bahner; Franson |
| 05/19/2024 | 18373c | Conference committee report, delete everything |
| | 18541 | Senate adopted CC report and repassed bill |
| | 18542 | Third reading |
| | | Presentment date 05/22/24 |

1.1A bill for an act

1.2relating to human services; modifying provisions governing disability services,

1.3aging services, substance use disorder services, and priority admissions and civil

1.4commitment; establishing the Direct Care and Treatment executive board, the

1.5human services response contingency account, the Homelessness and Housing

1.6Support Office, task forces, and working groups; requiring studies and reports;

1.7providing for rulemaking; appropriating money; amending Minnesota Statutes

1.82022, sections 13.46, subdivisions 1, as amended, 10, as amended; 144G.41,

1.9subdivision 1, by adding subdivisions; 144G.63, subdivisions 1, 4; 144G.64;

1.10145.61, subdivision 5; 151.065, subdivision 7; 245.821, subdivision 1; 245.825,

1.11subdivision 1; 245A.11, subdivision 2a; 245I.23, subdivision 19a; 246.018,

1.12subdivision 3, as amended; 246.129, as amended; 246.13, subdivision 2, as

1.13amended; 246.234, as amended; 246.36, as amended; 246.511, as amended; 252.27,

1.14subdivision 2b; 252.282, subdivision 1, by adding a subdivision; 254B.01, by

1.15adding subdivisions; 256.88; 256.89; 256.90; 256.91; 256.92; 256.9755,

1.16subdivisions 2, 3; 256B.02, subdivision 11; 256B.076, by adding a subdivision;

1.17256B.0911, subdivisions 12, 17, 20; 256B.0913, subdivision 5a; 256B.0924,

1.18subdivision 3; 256B.434, by adding a subdivision; 256B.49, subdivision 16, by

1.19adding a subdivision; 256B.4911, by adding subdivisions; 256B.4912, subdivision

1.201; 256B.69, subdivision 4; 256B.77, subdivision 7a; 256S.07, subdivision 1;

1.21256S.205, subdivisions 2, 3, 5, by adding a subdivision; 447.42, subdivision 1;

1.22604A.04, subdivision 3; Minnesota Statutes 2023 Supplement, sections 10.65,

1.23subdivision 2; 13.46, subdivision 2, as amended; 15.01; 15.06, subdivision 1, as

1.24amended; 15A.0815, subdivision 2; 15A.082, subdivisions 1, 3, 7; 43A.08,

1.25subdivisions 1, 1a; 245.91, subdivision 4; 245A.03, subdivision 7, as amended;

1.26245G.07, subdivision 2; 245I.04, subdivision 19; 246.54, subdivisions 1a, 1b;

1.27246C.01; 246C.02, as amended; 246C.04, as amended; 246C.05, as amended;

1.28253B.10, subdivision 1, as amended; 254B.05, subdivisions 1, 5, as amended;

1.29254B.19, subdivision 1; 256.043, subdivision 3; 256.4764, subdivision 3; 256.9756,

1.30subdivisions 1, 2; 256B.0622, subdivision 8; 256B.0911, subdivision 13;

1.31256B.0913, subdivision 5, as amended; 256B.092, subdivision 1a; 256B.0949,

1.32subdivision 15; 256B.49, subdivision 13; 256B.766; 256R.55; 270B.14, subdivision

1.331; Laws 2021, First Special Session chapter 7, article 13, section 68; article 17,

1.34section 19, as amended; Laws 2023, chapter 53, article 21, sections 6; 7; Laws

1.352023, chapter 61, article 1, sections 60, subdivisions 1, 2; 67, subdivision 3; article

1.364, section 11; article 8, sections 1; 2; 3; 8; article 9, section 2, subdivisions 5, 14,

1.3716, as amended, 18; Laws 2023, chapter 70, article 20, section 2, subdivision 29;

1.38Laws 2024, chapter 79, article 1, sections 18; 23; 24; 25, subdivision 3; article 10,

sections 1; 6; proposing coding for new law in Minnesota Statutes, chapters 144G; 246C; 254B; 256; 256B; 256S; repealing Minnesota Statutes 2022, sections 246.41; 252.27, subdivisions 1a, 2, 3, 4a, 5, 6; 253C.01; 256.043, subdivision 4; 256B.0916, subdivision 10; Minnesota Statutes 2023 Supplement, sections 246C.03; 252.27, subdivision 2a; Laws 2023, chapter 25, section 190, subdivision 10; Laws 2024, chapter 79, article 4, section 1, subdivision 3.

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

ARTICLE 1

DISABILITY SERVICES

Section 1. Minnesota Statutes 2023 Supplement, section 13.46, subdivision 2, as amended by Laws 2024, chapter 80, article 8, section 2, is amended to read:

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

(1) according to section 13.05;

(2) according to court order;

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

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

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

(6) to administer federal funds or programs;

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

(8) to the Department of Revenue to ~~assess parental contribution amounts for purposes of section 252.27, subdivision 2a,~~ administer and evaluate tax refund or tax credit programs and to identify individuals who may benefit from these programs, and prepare the databases for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section 6. The following information may be disclosed under this paragraph: an individual's and their dependent's names, dates of birth, Social Security or individual taxpayer identification numbers, income, addresses, and other data as required, upon request by the Department

of Revenue. Disclosures by the commissioner of revenue to the commissioner of human services for the purposes described in this clause are governed by section 270B.14, subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent care credit under section 290.067, the Minnesota working family credit under section 290.0671, the property tax refund under section 290A.04, and the Minnesota education credit under section 290.0674;

(9) between the Department of Human Services; the Department of Employment and Economic Development; the Department of Children, Youth, and Families; and, when applicable, the Department of Education, for the following purposes:

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

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

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

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

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

(11) data maintained by residential programs as defined in section 245A.02 may be disclosed to the protection and advocacy system established in this state according to Part C of Public Law 98-527 to protect the legal and human rights of persons with developmental disabilities or other related conditions who live in residential facilities for these persons if the protection and advocacy system receives a complaint by or on behalf of that person and

4.1 the person does not have a legal guardian or the state or a designee of the state is the legal
4.2 guardian of the person;

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

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

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

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

4.15 (i) the participant:

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

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

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

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

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

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

4.30 (18) the address, Social Security or individual taxpayer identification number, and, if
4.31 available, photograph of any member of a household receiving SNAP benefits shall be made

5.1 available, on request, to a local, state, or federal law enforcement officer if the officer
5.2 furnishes the agency with the name of the member and notifies the agency that:

5.3 (i) the member:

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

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

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

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

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

5.12 (19) the current address of a recipient of Minnesota family investment program, general
5.13 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,
5.14 provide the name of the recipient and notify the agency that the recipient is a person required
5.15 to register under section 243.166, but is not residing at the address at which the recipient is
5.16 registered under section 243.166;

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

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

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

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

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

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

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

(27) to monitor and evaluate the Minnesota family investment program by exchanging data between the Departments of Human Services; Children, Youth, and Families; and Education, on recipients and former recipients of SNAP benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter 256B or 256L, or a medical program formerly codified under chapter 256D;

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

(29) counties and the Department of Children, Youth, and Families operating child care assistance programs under chapter 119B may disseminate data on program participants, applicants, and providers to the commissioner of education;

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

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

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

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

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

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

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

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

(b) Information on persons who have been treated for substance use disorder may only be disclosed according to the requirements of Code of Federal Regulations, title 42, sections 2.1 to 2.67.

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

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

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

Sec. 2. Minnesota Statutes 2022, section 245.821, subdivision 1, is amended to read:

Subdivision 1. **Notice required.** Notwithstanding any law to the contrary, no private or public facility for the treatment, housing, or counseling of more than five persons with mental illness, physical disability, developmental disability, ~~as defined in section 252.27,~~ ~~subdivision 1a,~~ substance use disorder, or another form of dependency, nor any correctional

8.1 facility for more than five persons, shall be established without 30 days' written notice to
8.2 the affected municipality or other political subdivision.

8.3 Sec. 3. Minnesota Statutes 2022, section 245.825, subdivision 1, is amended to read:

8.4 Subdivision 1. **Rules governing aversive and deprivation procedures.** The
8.5 commissioner of human services shall by October, 1983, promulgate rules governing the
8.6 use of aversive and deprivation procedures in all licensed facilities and licensed services
8.7 serving persons with developmental disabilities, ~~as defined in section 252.27, subdivision~~
8.8 ~~1a.~~ No provision of these rules shall encourage or require the use of aversive and deprivation
8.9 procedures. The rules shall prohibit: (1) the application of certain aversive and deprivation
8.10 procedures in facilities except as authorized and monitored by the commissioner; (2) the
8.11 use of aversive and deprivation procedures that restrict the consumers' normal access to
8.12 nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene
8.13 facilities, normal sleeping conditions, and necessary clothing; and (3) the use of faradic
8.14 shock without a court order. The rule shall further specify that consumers may not be denied
8.15 ordinary access to legal counsel and next of kin. In addition, the rule may specify other
8.16 prohibited practices and the specific conditions under which permitted practices are to be
8.17 carried out. For any persons receiving faradic shock, a plan to reduce and eliminate the use
8.18 of faradic shock shall be in effect upon implementation of the procedure.

8.19 Sec. 4. Minnesota Statutes 2023 Supplement, section 245A.03, subdivision 7, as amended
8.20 by Laws 2024, chapter 80, article 2, section 37, and Laws 2024, chapter 85, section 53, is
8.21 amended to read:

8.22 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
8.23 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
8.24 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
8.25 for a physical location that will not be the primary residence of the license holder for the
8.26 entire period of licensure. If a family adult foster care home license is issued during this
8.27 moratorium, and the license holder changes the license holder's primary residence away
8.28 from the physical location of the foster care license, the commissioner shall revoke the
8.29 license according to section 245A.07. The commissioner shall not issue an initial license
8.30 for a community residential setting licensed under chapter 245D. When approving an
8.31 exception under this paragraph, the commissioner shall consider the resource need
8.32 determination process in paragraph (h), the availability of foster care licensed beds in the
8.33 geographic area in which the licensee seeks to operate, the results of a person's choices
8.34 during their annual assessment and service plan review, and the recommendation of the

9.1 local county board. The determination by the commissioner is final and not subject to appeal.

9.2 Exceptions to the moratorium include:

9.3 (1) a license for a person in a foster care setting that is not the primary residence of the
9.4 license holder and where at least 80 percent of the residents are 55 years of age or older;

9.5 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
9.6 community residential setting licenses replacing adult foster care licenses in existence on
9.7 December 31, 2013, and determined to be needed by the commissioner under paragraph
9.8 (b);

9.9 (3) new foster care licenses or community residential setting licenses determined to be
9.10 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
9.11 or regional treatment center; restructuring of state-operated services that limits the capacity
9.12 of state-operated facilities; or allowing movement to the community for people who no
9.13 longer require the level of care provided in state-operated facilities as provided under section
9.14 256B.092, subdivision 13, or 256B.49, subdivision 24; ~~or~~

9.15 (4) new foster care licenses or community residential setting licenses determined to be
9.16 needed by the commissioner under paragraph (b) for persons requiring hospital-level care;
9.17 or

9.18 (5) new community residential setting licenses determined necessary by the commissioner
9.19 for people affected by the closure of homes with a capacity of five or six beds currently
9.20 licensed as supervised living facilities licensed under Minnesota Rules, chapter 4665, but
9.21 not designated as intermediate care facilities. This exception is available until June 30, 2025.

9.22 (b) The commissioner shall determine the need for newly licensed foster care homes or
9.23 community residential settings as defined under this subdivision. As part of the determination,
9.24 the commissioner shall consider the availability of foster care capacity in the area in which
9.25 the licensee seeks to operate, and the recommendation of the local county board. The
9.26 determination by the commissioner must be final. A determination of need is not required
9.27 for a change in ownership at the same address.

9.28 (c) When an adult resident served by the program moves out of a foster home that is not
9.29 the primary residence of the license holder according to section 256B.49, subdivision 15,
9.30 paragraph (f), or the adult community residential setting, the county shall immediately
9.31 inform the Department of Human Services Licensing Division. The department may decrease
9.32 the statewide licensed capacity for adult foster care settings.

(d) Residential settings that would otherwise be subject to the decreased license capacity established in paragraph (c) shall be exempt if the license holder's beds are 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 data required by section 144A.351, and other data and information shall be used to determine where the reduced capacity determined under section 256B.493 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 the informed decisions of those people who want to move out of corporate foster care or community residential settings, long-term 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 services and supports reports and statewide data and information.

(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 applicant or license holder 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 chapter 256S or section 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.

(h) The commissioner may adjust capacity to address needs identified in section 144A.351. Under this authority, the commissioner may approve new licensed settings or delicense existing settings. Delicensing of settings will be accomplished through a process identified in section 256B.493.

(i) The commissioner must notify a license holder when its corporate foster care or community residential setting licensed beds are reduced under this section. The notice of

11.1 reduction of licensed beds must be in writing and delivered to the license holder by certified
11.2 mail or personal service. The notice must state why the licensed beds are reduced and must
11.3 inform the license holder of its right to request reconsideration by the commissioner. The
11.4 license holder's request for reconsideration must be in writing. If mailed, the request for
11.5 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
11.6 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
11.7 reconsideration is made by personal service, it must be received by the commissioner within
11.8 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

11.9 (j) The commissioner shall not issue an initial license for children's residential treatment
11.10 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
11.11 for a program that Centers for Medicare and Medicaid Services would consider an institution
11.12 for mental diseases. Facilities that serve only private pay clients are exempt from the
11.13 moratorium described in this paragraph. The commissioner has the authority to manage
11.14 existing statewide capacity for children's residential treatment services subject to the
11.15 moratorium under this paragraph and may issue an initial license for such facilities if the
11.16 initial license would not increase the statewide capacity for children's residential treatment
11.17 services subject to the moratorium under this paragraph.

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

11.19 Sec. 5. Minnesota Statutes 2022, section 245A.11, subdivision 2a, is amended to read:

11.20 Subd. 2a. **Adult foster care and community residential setting license capacity.** (a)
11.21 The commissioner shall issue adult foster care and community residential setting licenses
11.22 with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,
11.23 except that the commissioner may issue a license with a capacity of five beds, including
11.24 roomers and boarders, according to paragraphs (b) to ~~(g)~~ (h).

11.25 (b) The license holder may have a maximum license capacity of five if all persons in
11.26 care are age 55 or over and do not have a serious and persistent mental illness or a
11.27 developmental disability.

11.28 (c) The commissioner may grant variances to paragraph (b) to allow a facility with a
11.29 licensed capacity of up to five persons to admit an individual under the age of 55 if the
11.30 variance complies with section 245A.04, subdivision 9, and approval of the variance is
11.31 recommended by the county in which the licensed facility is located.

11.32 (d) The commissioner may grant variances to paragraph (a) to allow the use of an
11.33 additional bed, up to six, for emergency crisis services for a person with serious and persistent

12.1 mental illness or a developmental disability, regardless of age, if the variance complies with
12.2 section 245A.04, subdivision 9, and approval of the variance is recommended by the county
12.3 in which the licensed facility is located.

12.4 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an
12.5 additional bed, up to six, for respite services, as defined in section 245A.02, for persons
12.6 with disabilities, regardless of age, if the variance complies with sections 245A.03,
12.7 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended
12.8 by the county in which the licensed facility is located. Respite care may be provided under
12.9 the following conditions:

12.10 (1) staffing ratios cannot be reduced below the approved level for the individuals being
12.11 served in the home on a permanent basis;

12.12 (2) no more than two different individuals can be accepted for respite services in any
12.13 calendar month and the total respite days may not exceed 120 days per program in any
12.14 calendar year;

12.15 (3) the person receiving respite services must have his or her own bedroom, which could
12.16 be used for alternative purposes when not used as a respite bedroom, and cannot be the
12.17 room of another person who lives in the facility; and

12.18 (4) individuals living in the facility must be notified when the variance is approved. The
12.19 provider must give 60 days' notice in writing to the residents and their legal representatives
12.20 prior to accepting the first respite placement. Notice must be given to residents at least two
12.21 days prior to service initiation, or as soon as the license holder is able if they receive notice
12.22 of the need for respite less than two days prior to initiation, each time a respite client will
12.23 be served, unless the requirement for this notice is waived by the resident or legal guardian.

12.24 (f) The commissioner may issue an adult foster care or community residential setting
12.25 license with a capacity of five adults if the fifth bed does not increase the overall statewide
12.26 capacity of licensed adult foster care or community residential setting beds in homes that
12.27 are not the primary residence of the license holder, as identified in a plan submitted to the
12.28 commissioner by the county, when the capacity is recommended by the county licensing
12.29 agency of the county in which the facility is located and if the recommendation verifies
12.30 that:

12.31 (1) the facility meets the physical environment requirements in the adult foster care
12.32 licensing rule;

12.33 (2) the five-bed living arrangement is specified for each resident in the resident's:

- 13.1 (i) individualized plan of care;
- 13.2 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or
- 13.3 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,
- 13.4 subpart 19, if required;
- 13.5 (3) the license holder obtains written and signed informed consent from each resident
- 13.6 or resident's legal representative documenting the resident's informed choice to remain
- 13.7 living in the home and that the resident's refusal to consent would not have resulted in
- 13.8 service termination; and
- 13.9 (4) the facility was licensed for adult foster care before March 1, 2016.
- 13.10 (g) The commissioner shall not issue a new adult foster care license under paragraph (f)
- 13.11 after December 31, 2020. The commissioner shall allow a facility with an adult foster care
- 13.12 license issued under paragraph (f) before December 31, 2020, to continue with a capacity
- 13.13 of five adults if the license holder continues to comply with the requirements in paragraph
- 13.14 (f).
- 13.15 (h) The commissioner may issue an adult foster care or community residential setting
- 13.16 license with a capacity of five or six adults to facilities meeting the criteria in section
- 13.17 245A.03, subdivision 7, paragraph (a), clause (5), and grant variances to paragraph (b) to
- 13.18 allow the facility to admit an individual under the age of 55 if the variance complies with
- 13.19 section 245A.04, subdivision 9, and approval of the variance is recommended by the county
- 13.20 in which the licensed facility is located.
- 13.21 ~~(h)~~ (i) Notwithstanding Minnesota Rules, part 9520.0500, adult foster care and community
- 13.22 residential setting licenses with a capacity of up to six adults as allowed under this subdivision
- 13.23 are not required to be licensed as an adult mental health residential program according to
- 13.24 Minnesota Rules, parts 9520.0500 to 9520.0670.

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

13.26 Sec. 6. Minnesota Statutes 2022, section 246.511, as amended by Laws 2024, chapter 79,

13.27 article 2, section 39, is amended to read:

13.28 **246.511 RELATIVE RESPONSIBILITY.**

13.29 Except for substance use disorder services paid for with money provided under chapter

13.30 254B, the executive board must not require under section 246.51 a client's relatives to pay

13.31 more than the following: (1) for services provided in a community-based service, the

13.32 noncovered cost of care as determined under the ability to pay determination; and (2) for

14.1 services provided at a regional treatment center operated by state-operated services, 20
 14.2 percent of the cost of care, unless the relatives reside outside the state. ~~The executive board~~
 14.3 ~~must determine the responsibility of parents of children in state facilities to pay according~~
 14.4 ~~to section 252.27, subdivision 2, or in rules adopted under chapter 254B if the cost of care~~
 14.5 ~~is paid under chapter 254B.~~ The executive board may accept voluntary payments in excess
 14.6 of 20 percent. The executive board may require full payment of the full per capita cost of
 14.7 care in state facilities for clients whose parent, parents, spouse, guardian, or conservator do
 14.8 not reside in Minnesota.

14.9 Sec. 7. Minnesota Statutes 2022, section 252.27, subdivision 2b, is amended to read:

14.10 Subd. 2b. ~~Child's responsibility~~ **Parental or guardian reimbursement to counties.** (a)
 14.11 Parental or guardian responsibility of for the child for the child's cost of care incurred by
 14.12 counties shall be up to the maximum amount of the total income and resources attributed
 14.13 to the child except for the clothing and personal needs allowance as provided in section
 14.14 256B.35, subdivision 1. Reimbursement by the parents ~~and child~~ or guardians shall be made
 14.15 to the county making any payments for services.

14.16 (b) Notwithstanding paragraph (a), the county board may require payment of the full
 14.17 cost of caring for children whose parents or guardians do not reside in this state.

14.18 (c) To the extent that a child described in subdivision 1 is eligible for benefits under
 14.19 chapter 62A, 62C, 62D, 62E, or 64B, the county is not liable for the cost of services.

14.20 Sec. 8. Minnesota Statutes 2022, section 252.282, subdivision 1, is amended to read:

14.21 Subdivision 1. **Host county responsibility.** ~~(a) For purposes of this section, "local system~~
 14.22 ~~needs planning" means the determination of need for ICF/DD services by program type,~~
 14.23 ~~location, demographics, and size of licensed services for persons with developmental~~
 14.24 ~~disabilities or related conditions.~~

14.25 ~~(b)~~ (a) This section does not apply to semi-independent living services and
 14.26 residential-based habilitation services funded as home and community-based services.

14.27 ~~(c)~~ (b) In collaboration with the commissioner and ICF/DD providers, counties shall
 14.28 complete a local system needs planning process for each ICF/DD facility. Counties shall
 14.29 evaluate the preferences and needs of persons with developmental disabilities to determine
 14.30 resource demands through a systematic assessment and planning process by May 15, 2000,
 14.31 and by July 1 every two years thereafter beginning in 2001.

15.1 ~~(d)~~ (c) A local system needs planning process shall be undertaken more frequently when
15.2 the needs or preferences of consumers change significantly to require reformation of the
15.3 resources available to persons with developmental disabilities.

15.4 ~~(e)~~ (d) A local system needs plan shall be amended anytime recommendations for
15.5 modifications to existing ICF/DD services are made to the host county, including
15.6 recommendations for:

15.7 (1) closure;

15.8 (2) relocation of services;

15.9 (3) downsizing; or

15.10 (4) modification of existing services for which a change in the framework of service
15.11 delivery is advocated.

15.12 Sec. 9. Minnesota Statutes 2022, section 252.282, is amended by adding a subdivision to
15.13 read:

15.14 Subd. 1a. **Definitions.** (a) For purposes of this section, the terms in this subdivision have
15.15 the meanings given.

15.16 (b) "Local system needs planning" means the determination of need for ICF/DD services
15.17 by program type, location, demographics, and size of licensed services for persons with
15.18 developmental disabilities or related conditions.

15.19 (c) "Related condition" has the meaning given in section 256B.02, subdivision 11.

15.20 Sec. 10. Minnesota Statutes 2023 Supplement, section 256.4764, subdivision 3, is amended
15.21 to read:

15.22 **Subd. 3. Allowable uses of grant money.** (a) Grantees must use grant money to provide
15.23 payments to eligible workers for the following purposes:

15.24 (1) retention, recruitment, and incentive payments;

15.25 (2) postsecondary loan and tuition payments;

15.26 (3) child care costs;

15.27 (4) transportation-related costs;

15.28 (5) personal care assistant background study costs; and

(6) other costs associated with retaining and recruiting workers, as approved by the commissioner.

(b) Eligible workers may receive cumulative payments up to \$1,000 per calendar year from the workforce incentive grant account and all other state money intended for the same purpose. Workers are not eligible for payments under this section if they received payments under section 256.4766.

(c) The commissioner must develop a grant cycle distribution plan that allows for equitable distribution of money among eligible employers. The commissioner's determination of the grant awards and amounts is final and is not subject to appeal.

EFFECTIVE DATE. This section is effective retroactively from July 1, 2023.

Sec. 11. Minnesota Statutes 2022, section 256B.02, subdivision 11, is amended to read:

Subd. 11. **Related condition.** "Related condition" means ~~that condition defined in section 252.27, subdivision 1a~~ a condition:

(1) that is found to be closely related to a developmental disability, including but not limited to cerebral palsy, epilepsy, autism, fetal alcohol spectrum disorder, and Prader-Willi syndrome; and

(2) that meets all of the following criteria:

(i) is severe and chronic;

(ii) results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with developmental disabilities;

(iii) requires treatment or services similar to those required for persons with developmental disabilities;

(iv) is manifested before the person reaches 22 years of age;

(v) is likely to continue indefinitely;

(vi) results in substantial functional limitations in three or more of the following areas of major life activity:

(A) self-care;

(B) understanding and use of language;

(C) learning;

(D) mobility;

17.1 (E) self-direction; or

17.2 (F) capacity for independent living; and

17.3 (vii) is not attributable to mental illness as defined in section 245.462, subdivision 20,
17.4 or an emotional disturbance as defined in section 245.4871, subdivision 15. For purposes
17.5 of this item, notwithstanding section 245.462, subdivision 20, or 245.4871, subdivision 15,
17.6 "mental illness" does not include autism or other pervasive developmental disorders.

17.7 Sec. 12. Minnesota Statutes 2022, section 256B.076, is amended by adding a subdivision
17.8 to read:

17.9 Subd. 4. **Case management provided under contract.** If a county agency provides
17.10 case management under contracts with other individuals or agencies and the county agency
17.11 utilizes a competitive proposal process for the procurement of contracted case management
17.12 services, the competitive proposal process must include evaluation criteria to ensure that
17.13 the county maintains a culturally responsive program for case management services adequate
17.14 to meet the needs of the population of the county. For the purposes of this section, "culturally
17.15 responsive program" means a case management services program that:

17.16 (1) ensures effective, equitable, comprehensive, and respectful quality care services that
17.17 are responsive to individuals within a specific population's values, beliefs, practices, health
17.18 literacy, preferred language, and other communication needs; and

17.19 (2) is designed to address the unique needs of individuals who share a common language
17.20 or racial, ethnic, or social background.

17.21 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to
17.22 procurement processes that commence on or after that date.

17.23 Sec. 13. Minnesota Statutes 2022, section 256B.0911, subdivision 12, is amended to read:

17.24 Subd. 12. **Exception to use of MnCHOICES assessment; contracted assessors.** ~~(a)~~
17.25 A lead agency that has not implemented MnCHOICES assessments and uses contracted
17.26 assessors as of January 1, 2022, is not subject to the requirements of subdivisions 11, clauses
17.27 (7) to (9); 13; 14, paragraphs (a) to (c); 16 to 21; 23; 24; and 29 to 31.

17.28 ~~(b) This subdivision expires upon statewide implementation of MnCHOICES assessments.~~
17.29 ~~The commissioner shall notify the revisor of statutes when statewide implementation has~~
17.30 ~~occurred.~~

18.1 Sec. 14. Minnesota Statutes 2023 Supplement, section 256B.0911, subdivision 13, is
18.2 amended to read:

18.3 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The
18.4 commissioner shall develop and implement a curriculum and an assessor certification
18.5 process.

18.6 (b) MnCHOICES certified assessors must:

18.7 (1) either have a bachelor's degree in social work, nursing with a public health nursing
18.8 certificate, or other closely related field or be a registered nurse ~~with at least two years of~~
18.9 ~~home and community-based experience~~; and

18.10 (2) have received training and certification specific to assessment and consultation for
18.11 long-term care services in the state.

18.12 (c) Certified assessors shall demonstrate best practices in assessment and support
18.13 planning, including person-centered planning principles, and have a common set of skills
18.14 that ensures consistency and equitable access to services statewide.

18.15 (d) Certified assessors must be recertified every three years.

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

18.17 Sec. 15. Minnesota Statutes 2022, section 256B.0911, subdivision 17, is amended to read:

18.18 Subd. 17. **MnCHOICES assessments.** (a) A person requesting long-term care
18.19 consultation services must be visited by a long-term care consultation team within 20
18.20 ~~calendar~~ working days after the date on which an assessment was requested or recommended.
18.21 Assessments must be conducted according to this subdivision and subdivisions 19 to 21,
18.22 23, 24, and 29 to 31.

18.23 (b) Lead agencies shall use certified assessors to conduct the assessment.

18.24 (c) For a person with complex health care needs, a public health or registered nurse from
18.25 the team must be consulted.

18.26 (d) The lead agency must use the MnCHOICES assessment provided by the commissioner
18.27 to complete a comprehensive, conversation-based, person-centered assessment. The
18.28 assessment must include the health, psychological, functional, environmental, and social
18.29 needs of the individual necessary to develop a person-centered assessment summary that
18.30 meets the individual's needs and preferences.

(e) Except as provided in subdivision 24, an assessment must be conducted by a certified assessor in an in-person conversational interview with the person being assessed.

Sec. 16. Minnesota Statutes 2022, section 256B.0911, subdivision 20, is amended to read:

Subd. 20. **MnCHOICES assessments; duration of validity.** (a) An assessment that is completed as part of an eligibility determination for multiple programs for the alternative care, elderly waiver, developmental disabilities, community access for disability inclusion, community alternative care, and brain injury waiver programs under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish service eligibility for no more than ~~60 calendar~~ 365 days after the date of the assessment.

(b) The effective eligibility start date for programs in paragraph (a) can never be prior to the date of assessment. ~~If an assessment was completed more than 60 days before the effective waiver or alternative care program eligibility start date, assessment and support plan information must be updated and documented in the department's Medicaid Management Information System (MMIS).~~ Notwithstanding retroactive medical assistance coverage of state plan services, the effective date of eligibility for programs included in paragraph (a) cannot be prior to the completion date of the most recent updated assessment.

~~(c) If an eligibility update is completed within 90 days of the previous assessment and documented in the department's Medicaid Management Information System (MMIS), the effective date of eligibility for programs included in paragraph (a) is the date of the previous in-person assessment when all other eligibility requirements are met.~~

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

Sec. 17. Minnesota Statutes 2023 Supplement, section 256B.092, subdivision 1a, is amended to read:

Subd. 1a. **Case management services.** (a) Each recipient of a home and community-based waiver shall be provided case management services by qualified vendors as described in the federally approved waiver application.

(b) Case management service activities provided to or arranged for a person include:

(1) development of the person-centered support plan under subdivision 1b;

(2) informing the individual or the individual's legal guardian or conservator, or parent if the person is a minor, of service options, including all service options available under the waiver plan;

- 20.1 (3) consulting with relevant medical experts or service providers;
- 20.2 (4) assisting the person in the identification of potential providers of chosen services,
- 20.3 including:
- 20.4 (i) providers of services provided in a non-disability-specific setting;
- 20.5 (ii) employment service providers;
- 20.6 (iii) providers of services provided in settings that are not controlled by a provider; and
- 20.7 (iv) providers of financial management services;
- 20.8 (5) assisting the person to access services and assisting in appeals under section 256.045;
- 20.9 (6) coordination of services, if coordination is not provided by another service provider;
- 20.10 (7) evaluation and monitoring of the services identified in the support plan, which must
- 20.11 incorporate at least one annual face-to-face visit by the case manager with each person; and
- 20.12 (8) reviewing support plans and providing the lead agency with recommendations for
- 20.13 service authorization based upon the individual's needs identified in the support plan.
- 20.14 (c) Case management service activities that are provided to the person with a
- 20.15 developmental disability shall be provided directly by county agencies or under contract.
- 20.16 If a county agency contracts for case management services, the county agency must provide
- 20.17 each recipient of home and community-based services who is receiving contracted case
- 20.18 management services with the contact information the recipient may use to file a grievance
- 20.19 with the county agency about the quality of the contracted services the recipient is receiving
- 20.20 from a county-contracted case manager. If a county agency provides case management
- 20.21 under contracts with other individuals or agencies and the county agency utilizes a
- 20.22 competitive proposal process for the procurement of contracted case management services,
- 20.23 the competitive proposal process must include evaluation criteria to ensure that the county
- 20.24 maintains a culturally responsive program for case management services adequate to meet
- 20.25 the needs of the population of the county. For the purposes of this section, "culturally
- 20.26 responsive program" means a case management services program that: (1) ensures effective,
- 20.27 equitable, comprehensive, and respectful quality care services that are responsive to
- 20.28 individuals within a specific population's values, beliefs, practices, health literacy, preferred
- 20.29 language, and other communication needs; and (2) is designed to address the unique needs
- 20.30 of individuals who share a common language or racial, ethnic, or social background.
- 20.31 (d) Case management services must be provided by a public or private agency that is
- 20.32 enrolled as a medical assistance provider determined by the commissioner to meet all of

the requirements in the approved federal waiver plans. Case management services must not be provided to a recipient by a private agency that has a financial interest in the provision of any other services included in the recipient's support plan. For purposes of this section, "private agency" means any agency that is not identified as a lead agency under section 256B.0911, subdivision 10.

~~(d)~~ (e) Case managers are responsible for service provisions listed in paragraphs (a) and (b). Case managers shall collaborate with consumers, families, legal representatives, and relevant medical experts and service providers in the development and annual review of the person-centered support plan and habilitation plan.

~~(e)~~ (f) For persons who need a positive support transition plan as required in chapter 245D, the case manager shall participate in the development and ongoing evaluation of the plan with the expanded support team. At least quarterly, the case manager, in consultation with the expanded support team, shall evaluate the effectiveness of the plan based on progress evaluation data submitted by the licensed provider to the case manager. The evaluation must identify whether the plan has been developed and implemented in a manner to achieve the following within the required timelines:

(1) phasing out the use of prohibited procedures;

(2) acquisition of skills needed to eliminate the prohibited procedures within the plan's timeline; and

(3) accomplishment of identified outcomes.

If adequate progress is not being made, the case manager shall consult with the person's expanded support team to identify needed modifications and whether additional professional support is required to provide consultation.

~~(f)~~ (g) The Department of Human Services shall offer ongoing education in case management to case managers. Case managers shall receive no less than 20 hours of case management education and disability-related training each year. The education and training must include person-centered planning, informed choice, cultural competency, employment planning, community living planning, self-direction options, and use of technology supports. By August 1, 2024, all case managers must complete an employment support training course identified by the commissioner of human services. For case managers hired after August 1, 2024, this training must be completed within the first six months of providing case management services. For the purposes of this section, "person-centered planning" or "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case managers must document completion of training in a system identified by the commissioner.

22.1 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to
22.2 procurement processes that commence on or after that date.

22.3 Sec. 18. Minnesota Statutes 2022, section 256B.0924, subdivision 3, is amended to read:

22.4 Subd. 3. **Eligibility.** Persons are eligible to receive targeted case management services
22.5 under this section if the requirements in paragraphs (a) and (b) are met.

22.6 (a) The person must be assessed and determined by the local county agency to:

22.7 (1) be age 18 or older;

22.8 (2) be receiving medical assistance;

22.9 (3) have significant functional limitations; and

22.10 (4) be in need of service coordination to attain or maintain living in an integrated
22.11 community setting.

22.12 (b) The person must be a vulnerable adult in need of adult protection as defined in section
22.13 626.5572, or is an adult with a developmental disability as defined in section 252A.02,
22.14 subdivision 2, or a related condition as defined in section ~~252.27, subdivision 1a~~ 256B.02,
22.15 subdivision 11, and is not receiving home and community-based waiver services, or is an
22.16 adult who lacks a permanent residence and who has been without a permanent residence
22.17 for at least one year or on at least four occasions in the last three years.

22.18 Sec. 19. Minnesota Statutes 2023 Supplement, section 256B.0949, subdivision 15, is
22.19 amended to read:

22.20 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be employed by an agency
22.21 and be:

22.22 (1) a licensed mental health professional who has at least 2,000 hours of supervised
22.23 clinical experience or training in examining or treating people with ASD or a related condition
22.24 or equivalent documented coursework at the graduate level by an accredited university in
22.25 ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child
22.26 development; or

22.27 (2) a developmental or behavioral pediatrician who has at least 2,000 hours of supervised
22.28 clinical experience or training in examining or treating people with ASD or a related condition
22.29 or equivalent documented coursework at the graduate level by an accredited university in
22.30 the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and
22.31 typical child development.

23.1 (b) A level I treatment provider must be employed by an agency and:

23.2 (1) have at least 2,000 hours of supervised clinical experience or training in examining
23.3 or treating people with ASD or a related condition or equivalent documented coursework
23.4 at the graduate level by an accredited university in ASD diagnostics, ASD developmental
23.5 and behavioral treatment strategies, and typical child development or an equivalent
23.6 combination of documented coursework or hours of experience; and

23.7 (2) have or be at least one of the following:

23.8 (i) a master's degree in behavioral health or child development or related fields including,
23.9 but not limited to, mental health, special education, social work, psychology, speech
23.10 pathology, or occupational therapy from an accredited college or university;

23.11 (ii) a bachelor's degree in a behavioral health, child development, or related field
23.12 including, but not limited to, mental health, special education, social work, psychology,
23.13 speech pathology, or occupational therapy, from an accredited college or university, and
23.14 advanced certification in a treatment modality recognized by the department;

23.15 (iii) a board-certified behavior analyst as defined by the Behavior Analyst Certification
23.16 Board or a qualified behavior analyst as defined by the Qualified Applied Behavior Analysis
23.17 Credentialing Board; or

23.18 (iv) a board-certified assistant behavior analyst with 4,000 hours of supervised clinical
23.19 experience that meets all registration, supervision, and continuing education requirements
23.20 of the certification.

23.21 (c) A level II treatment provider must be employed by an agency and must be:

23.22 (1) a person who has a bachelor's degree from an accredited college or university in a
23.23 behavioral or child development science or related field including, but not limited to, mental
23.24 health, special education, social work, psychology, speech pathology, or occupational
23.25 therapy; and meets at least one of the following:

23.26 (i) has at least 1,000 hours of supervised clinical experience or training in examining or
23.27 treating people with ASD or a related condition or equivalent documented coursework at
23.28 the graduate level by an accredited university in ASD diagnostics, ASD developmental and
23.29 behavioral treatment strategies, and typical child development or a combination of
23.30 coursework or hours of experience;

23.31 (ii) has certification as a board-certified assistant behavior analyst from the Behavior
23.32 Analyst Certification Board or a qualified autism service practitioner from the Qualified
23.33 Applied Behavior Analysis Credentialing Board;

24.1 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification
24.2 Board or an applied behavior analysis technician as defined by the Qualified Applied
24.3 Behavior Analysis Credentialing Board; or

24.4 (iv) is certified in one of the other treatment modalities recognized by the department;
24.5 or

24.6 (2) a person who has:

24.7 (i) an associate's degree in a behavioral or child development science or related field
24.8 including, but not limited to, mental health, special education, social work, psychology,
24.9 speech pathology, or occupational therapy from an accredited college or university; and

24.10 (ii) at least 2,000 hours of supervised clinical experience in delivering treatment to people
24.11 with ASD or a related condition. Hours worked as a mental health behavioral aide or level
24.12 III treatment provider may be included in the required hours of experience; or

24.13 (3) a person who has at least 4,000 hours of supervised clinical experience in delivering
24.14 treatment to people with ASD or a related condition. Hours worked as a mental health
24.15 behavioral aide or level III treatment provider may be included in the required hours of
24.16 experience; or

24.17 (4) a person who is a graduate student in a behavioral science, child development science,
24.18 or related field and is receiving clinical supervision by a QSP affiliated with an agency to
24.19 meet the clinical training requirements for experience and training with people with ASD
24.20 or a related condition; or

24.21 (5) a person who is at least 18 years of age and who:

24.22 (i) is fluent in a non-English language or is an individual certified by a Tribal Nation;

24.23 (ii) completed the level III EIDBI training requirements; and

24.24 (iii) receives observation and direction from a QSP or level I treatment provider at least
24.25 once a week until the person meets 1,000 hours of supervised clinical experience.

24.26 (d) A level III treatment provider must be employed by an agency, have completed the
24.27 level III training requirement, be at least 18 years of age, and have at least one of the
24.28 following:

24.29 (1) a high school diploma or commissioner of education-selected high school equivalency
24.30 certification;

24.31 (2) fluency in a non-English language or Tribal Nation certification;

(3) one year of experience as a primary personal care assistant, community health worker, waiver service provider, or special education assistant to a person with ASD or a related condition within the previous five years; or

(4) completion of all required EIDBI training within six months of employment.

Sec. 20. Minnesota Statutes 2023 Supplement, section 256B.49, subdivision 13, is amended to read:

Subd. 13. **Case management.** (a) Each recipient of a home and community-based waiver shall be provided case management services by qualified vendors as described in the federally approved waiver application. The case management service activities provided must include:

(1) finalizing the person-centered written support plan within the timelines established by the commissioner and section 256B.0911, subdivision 29;

(2) informing the recipient or the recipient's legal guardian or conservator of service options, including all service options available under the waiver plans;

(3) assisting the recipient in the identification of potential service providers of chosen services, including:

(i) available options for case management service and providers;

(ii) providers of services provided in a non-disability-specific setting;

(iii) employment service providers;

(iv) providers of services provided in settings that are not community residential settings; and

(v) providers of financial management services;

(4) assisting the recipient to access services and assisting with appeals under section 256.045; and

(5) coordinating, evaluating, and monitoring of the services identified in the service plan.

(b) The case manager may delegate certain aspects of the case management service activities to another individual provided there is oversight by the case manager. The case manager may not delegate those aspects which require professional judgment including:

(1) finalizing the person-centered support plan;

(2) ongoing assessment and monitoring of the person's needs and adequacy of the approved person-centered support plan; and

(3) adjustments to the person-centered support plan.

(c) Case management services must be provided by a public or private agency that is enrolled as a medical assistance provider determined by the commissioner to meet all of the requirements in the approved federal waiver plans. If a county agency provides case management under contracts with other individuals or agencies and the county agency utilizes a competitive proposal process for the procurement of contracted case management services, the competitive proposal process must include evaluation criteria to ensure that the county maintains a culturally responsive program for case management services adequate to meet the needs of the population of the county. For the purposes of this section, "culturally responsive program" means a case management services program that: (1) ensures effective, equitable, comprehensive, and respectful quality care services that are responsive to individuals within a specific population's values, beliefs, practices, health literacy, preferred language, and other communication needs; and (2) is designed to address the unique needs of individuals who share a common language or racial, ethnic, or social background.

(d) Case management services must not be provided to a recipient by a private agency that has any financial interest in the provision of any other services included in the recipient's support plan. For purposes of this section, "private agency" means any agency that is not identified as a lead agency under section 256B.0911, subdivision 10.

~~(d)~~ (e) For persons who need a positive support transition plan as required in chapter 245D, the case manager shall participate in the development and ongoing evaluation of the plan with the expanded support team. At least quarterly, the case manager, in consultation with the expanded support team, shall evaluate the effectiveness of the plan based on progress evaluation data submitted by the licensed provider to the case manager. The evaluation must identify whether the plan has been developed and implemented in a manner to achieve the following within the required timelines:

(1) phasing out the use of prohibited procedures;

(2) acquisition of skills needed to eliminate the prohibited procedures within the plan's timeline; and

(3) accomplishment of identified outcomes.

If adequate progress is not being made, the case manager shall consult with the person's expanded support team to identify needed modifications and whether additional professional support is required to provide consultation.

~~(e)~~ (f) The Department of Human Services shall offer ongoing education in case management to case managers. Case managers shall receive no less than 20 hours of case management education and disability-related training each year. The education and training must include person-centered planning, informed choice, cultural competency, employment planning, community living planning, self-direction options, and use of technology supports. By August 1, 2024, all case managers must complete an employment support training course identified by the commissioner of human services. For case managers hired after August 1, 2024, this training must be completed within the first six months of providing case management services. For the purposes of this section, "person-centered planning" or "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case managers shall document completion of training in a system identified by the commissioner.

EFFECTIVE DATE. This section is effective August 1, 2024, and applies to procurement processes that commence on or after that date.

Sec. 21. Minnesota Statutes 2022, section 256B.49, subdivision 16, is amended to read:

Subd. 16. **Services and supports.** (a) Services and supports included in the home and community-based waivers for persons with disabilities must meet the requirements set out in United States Code, title 42, section 1396n. The services and supports, which are offered as alternatives to institutional care, must promote consumer choice, community inclusion, self-sufficiency, and self-determination.

(b) The commissioner must simplify and improve access to home and community-based ~~waived~~ waiver services, to the extent possible, through the establishment of a common service menu that is available to eligible recipients regardless of age, disability type, or waiver program.

(c) Consumer-directed community supports must be offered as an option to all persons eligible for services under subdivision 11.

(d) Services and supports must be arranged and provided consistent with individualized written plans of care for eligible waiver recipients.

~~(e) A transitional supports allowance must be available to all persons under a home and community-based waiver who are moving from a licensed setting to a community setting. "Transitional supports allowance" means a onetime payment of up to \$3,000, to cover the~~

28.1 ~~costs, not covered by other sources, associated with moving from a licensed setting to a~~
 28.2 ~~community setting. Covered costs include:~~

28.3 ~~(1) lease or rent deposits;~~

28.4 ~~(2) security deposits;~~

28.5 ~~(3) utilities setup costs, including telephone;~~

28.6 ~~(4) essential furnishings and supplies; and~~

28.7 ~~(5) personal supports and transports needed to locate and transition to community settings.~~

28.8 ~~(f)~~ (e) The state of Minnesota and county agencies that administer home and
 28.9 community-based ~~waivered~~ waiver services for persons with disabilities must not be liable
 28.10 for damages, injuries, or liabilities sustained through the purchase of supports by the
 28.11 individual, the individual's family, legal representative, or the authorized representative
 28.12 with funds received through consumer-directed community supports under this section.
 28.13 Liabilities include but are not limited to workers' compensation liability, the Federal Insurance
 28.14 Contributions Act (FICA), or the Federal Unemployment Tax Act (FUTA).

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

28.16 Sec. 22. Minnesota Statutes 2022, section 256B.4911, is amended by adding a subdivision
 28.17 to read:

28.18 Subd. 7. **Budget procedures.** When a lead agency authorizes or reauthorizes
 28.19 consumer-directed community supports services for a home and community-based services
 28.20 waiver participant, the lead agency must provide to the waiver participant and the waiver
 28.21 participant's legal representative the following information in an accessible format and in
 28.22 a manner that meets the participant's needs:

28.23 (1) an explanation of how the participant's consumer-directed community supports
 28.24 services budget was calculated, including a detailed explanation of the variables used in the
 28.25 budget formula;

28.26 (2) a copy of the formula used to calculate the participant's consumer-directed community
 28.27 supports services budget; and

28.28 (3) information about the participant's right to appeal the consumer-directed community
 28.29 supports services budget in accordance with sections 256.045 and 256.0451.

29.1 Sec. 23. Minnesota Statutes 2022, section 256B.4911, is amended by adding a subdivision
29.2 to read:

29.3 Subd. 8. **Consumer-directed community supports policy.** Policies governing the
29.4 consumer-directed community supports program must be created solely by the commissioner.
29.5 Lead agencies must not create or implement any policies that are in addition to or inconsistent
29.6 with policies created by the commissioner or federal or state laws. Any handbooks,
29.7 procedures, or other guidance documents maintained by a lead agency do not have the force
29.8 or effect of law, and must not be given deference if introduced in a state fair hearing
29.9 conducted under sections 256.045 and 256.0451.

29.10 Sec. 24. Minnesota Statutes 2022, section 256B.4912, subdivision 1, is amended to read:

29.11 Subdivision 1. **Provider qualifications.** (a) For the home and community-based waivers
29.12 providing services to seniors and individuals with disabilities under chapter 256S and
29.13 sections 256B.0913, 256B.092, and 256B.49, the commissioner shall establish:

29.14 (1) agreements with enrolled waiver service providers to ensure providers meet Minnesota
29.15 health care program requirements;

29.16 (2) regular reviews of provider qualifications, and including requests of proof of
29.17 documentation; and

29.18 (3) processes to gather the necessary information to determine provider qualifications.

29.19 (b) A provider shall not require or coerce any service recipient to change waiver programs
29.20 or move to a different location, consistent with the informed choice and independent living
29.21 policies under section 256B.4905, subdivisions 1a, 2a, 3a, 7, and 8.

29.22 ~~(b)~~ (c) Beginning July 1, 2012, staff that provide direct contact, as defined in section
29.23 245C.02, subdivision 11, for services specified in the federally approved waiver plans must
29.24 meet the requirements of chapter 245C prior to providing waiver services and as part of
29.25 ongoing enrollment. Upon federal approval, this requirement must also apply to
29.26 consumer-directed community supports.

29.27 ~~(c)~~ (d) Beginning January 1, 2014, service owners and managerial officials overseeing
29.28 the management or policies of services that provide direct contact as specified in the federally
29.29 approved waiver plans must meet the requirements of chapter 245C prior to reenrollment
29.30 or revalidation or, for new providers, prior to initial enrollment if they have not already
29.31 done so as a part of service licensure requirements.

Sec. 25. Minnesota Statutes 2023 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, 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, and 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, and prosthetics and orthotics, provided on or after July 1, 2015, shall be increased by three percent from the rates as determined under paragraphs (i) and (j).

(g) Effective for services provided on or after July 1, 2015, payments for outpatient hospital facility fees, medical supplies and durable medical equipment not subject to a volume purchase contract, prosthetics, and orthotics to a hospital meeting the criteria specified in section 62Q.19, subdivision 1, paragraph (a), clause (4), shall be increased by 90 percent from the rates in effect on June 30, 2015. Payments made to managed care plans and county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

(h) 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.

(i) Effective for services provided on or after July 1, 2015, the following categories of medical supplies and durable medical equipment shall be individually priced items: customized and other specialized tracheostomy tubes and supplies, electric patient lifts, and durable medical equipment repair and service. This paragraph does not apply to medical supplies and durable medical equipment subject to a volume purchase contract, products subject to the preferred diabetic testing supply program, and items provided to dually eligible recipients when Medicare is the primary payer for the item. The commissioner shall not apply any medical assistance rate reductions to durable medical equipment as a result of Medicare competitive bidding.

(j) Effective for services provided on or after July 1, 2015, medical assistance payment rates for durable medical equipment, prosthetics, orthotics, or supplies shall be increased as follows:

(1) payment rates for durable medical equipment, prosthetics, orthotics, or supplies that were subject to the Medicare competitive bid that took effect in January of 2009 shall be increased by 9.5 percent; and

(2) payment rates for durable medical equipment, prosthetics, orthotics, or supplies on the medical assistance fee schedule, whether or not subject to the Medicare competitive bid

32.1 that took effect in January of 2009, shall be increased by 2.94 percent, with this increase
32.2 being applied after calculation of any increased payment rate under clause (1).

32.3 This paragraph does not apply to medical supplies and durable medical equipment subject
32.4 to a volume purchase contract, products subject to the preferred diabetic testing supply
32.5 program, items provided to dually eligible recipients when Medicare is the primary payer
32.6 for the item, and individually priced items identified in paragraph (i). Payments made to
32.7 managed care plans and county-based purchasing plans shall not be adjusted to reflect the
32.8 rate increases in this paragraph.

32.9 (k) Effective for nonpressure support ventilators provided on or after January 1, 2016,
32.10 the rate shall be the lower of the submitted charge or the Medicare fee schedule rate. Effective
32.11 for pressure support ventilators provided on or after January 1, 2016, the rate shall be the
32.12 lower of the submitted charge or 47 percent above the Medicare fee schedule rate. For
32.13 payments made in accordance with this paragraph, if, and to the extent that, the commissioner
32.14 identifies that the state has received federal financial participation for ventilators in excess
32.15 of the amount allowed effective January 1, 2018, under United States Code, title 42, section
32.16 1396b(i)(27), the state shall repay the excess amount to the Centers for Medicare and
32.17 Medicaid Services with state funds and maintain the full payment rate under this paragraph.

32.18 (l) Payment rates for durable medical equipment, prosthetics, orthotics or supplies, that
32.19 are subject to the upper payment limit in accordance with section 1903(i)(27) of the Social
32.20 Security Act, shall be paid the Medicare rate. Rate increases provided in this chapter shall
32.21 not be applied to the items listed in this paragraph.

32.22 (m) For dates of service on or after July 1, 2023, through June 30, ~~2024~~ 2025, enteral
32.23 nutrition and supplies must be paid according to this paragraph. If sufficient data exists for
32.24 a product or supply, payment must be based upon the 50th percentile of the usual and
32.25 customary charges per product code submitted to the commissioner, using only charges
32.26 submitted per unit. Increases in rates resulting from the 50th percentile payment method
32.27 must not exceed 150 percent of the previous fiscal year's rate per code and product
32.28 combination. Data are sufficient if: (1) the commissioner has at least 100 paid claim lines
32.29 by at least ten different providers for a given product or supply; or (2) in the absence of the
32.30 data in clause (1), the commissioner has at least 20 claim lines by at least five different
32.31 providers for a product or supply that does not meet the requirements of clause (1). If
32.32 sufficient data are not available to calculate the 50th percentile for enteral products or
32.33 supplies, the payment rate must be the payment rate in effect on June 30, 2023.

(n) For dates of service on or after July 1, ~~2024~~ 2025, enteral nutrition and supplies must be paid according to this paragraph and updated annually each January 1. If sufficient data exists for a product or supply, payment must be based upon the 50th percentile of the usual and customary charges per product code submitted to the commissioner for the previous calendar year, using only charges submitted per unit. Increases in rates resulting from the 50th percentile payment method must not exceed 150 percent of the previous year's rate per code and product combination. Data are sufficient if: (1) the commissioner has at least 100 paid claim lines by at least ten different providers for a given product or supply; or (2) in the absence of the data in clause (1), the commissioner has at least 20 claim lines by at least five different providers for a product or supply that does not meet the requirements of clause (1). If sufficient data are not available to calculate the 50th percentile for enteral products or supplies, the payment must be the manufacturer's suggested retail price of that product or supply minus 20 percent. If the manufacturer's suggested retail price is not available, payment must be the actual acquisition cost of that product or supply plus 20 percent.

Sec. 26. Minnesota Statutes 2022, section 256B.77, subdivision 7a, is amended to read:

Subd. 7a. **Eligible individuals.** (a) Persons are eligible for the demonstration project as provided in this subdivision.

(b) "Eligible individuals" means those persons living in the demonstration site who are eligible for medical assistance and are disabled based on a disability determination under section 256B.055, subdivisions 7 and 12, or who are eligible for medical assistance and have been diagnosed as having:

(1) serious and persistent mental illness as defined in section 245.462, subdivision 20;

(2) severe emotional disturbance as defined in section 245.4871, subdivision 6; or

(3) developmental disability, or being a person with a developmental disability as defined in section 252A.02, or a related condition as defined in section ~~252.27, subdivision 1a~~ 256B.02, subdivision 11.

Other individuals may be included at the option of the county authority based on agreement with the commissioner.

(c) Eligible individuals include individuals in excluded time status, as defined in chapter 256G. Enrollees in excluded time at the time of enrollment shall remain in excluded time status as long as they live in the demonstration site and shall be eligible for 90 days after placement outside the demonstration site if they move to excluded time status in a county within Minnesota other than their county of financial responsibility.

(d) A person who is a sexual psychopathic personality as defined in section 253D.02, subdivision 15, or a sexually dangerous person as defined in section 253D.02, subdivision 16, is excluded from enrollment in the demonstration project.

Sec. 27. Minnesota Statutes 2022, section 256S.07, subdivision 1, is amended to read:

Subdivision 1. Elderly waiver case management provided by counties and tribes. (a) For participants not enrolled in a managed care organization, the county of residence or tribe must provide or arrange to provide elderly waiver case management activities under section 256S.09, subdivisions 2 and 3.

(b) If a county agency provides case management under contracts with other individuals or agencies and the county agency utilizes a competitive proposal process for the procurement of contracted case management services, the competitive proposal process must include evaluation criteria to ensure that the county maintains a culturally responsive program for case management services adequate to meet the needs of the population of the county. For the purposes of this section, "culturally responsive program" means a case management services program that:

(1) ensures effective, equitable, comprehensive, and respectful quality care services that are responsive to individuals within a specific population's values, beliefs, practices, health literacy, preferred language, and other communication needs; and

(2) is designed to address the unique needs of individuals who share a common language or racial, ethnic, or social background.

EFFECTIVE DATE. This section is effective August 1, 2024, and applies to procurement processes that commence on or after that date.

Sec. 28. Minnesota Statutes 2023 Supplement, section 270B.14, subdivision 1, is amended to read:

Subdivision 1. Disclosure to commissioner of human services. (a) On the request of the commissioner of human services, the commissioner shall disclose return information regarding taxes imposed by chapter 290, and claims for refunds under chapter 290A, to the extent provided in paragraph (b) and for the purposes set forth in paragraph (c).

(b) Data that may be disclosed are limited to data relating to the identity, whereabouts, employment, income, and property of a person owing or alleged to be owing an obligation of child support.

(c) The commissioner of human services may request data only for the purposes of carrying out the child support enforcement program and to assist in the location of parents who have, or appear to have, deserted their children. Data received may be used only as set forth in section 256.978.

(d) The commissioner shall provide the records and information necessary to administer the supplemental housing allowance to the commissioner of human services.

(e) At the request of the commissioner of human services, the commissioner of revenue shall electronically match the Social Security or individual taxpayer identification numbers and names of participants in the telephone assistance plan operated under sections 237.69 to 237.71, with those of property tax refund filers under chapter 290A or renter's credit filers under section 290.0693, and determine whether each participant's household income is within the eligibility standards for the telephone assistance plan.

(f) The commissioner may provide records and information collected under sections 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law 102-234. Upon the written agreement by the United States Department of Health and Human Services to maintain the confidentiality of the data, the commissioner may provide records and information collected under sections 295.50 to 295.59 to the Centers for Medicare and Medicaid Services section of the United States Department of Health and Human Services for purposes of meeting federal reporting requirements.

(g) The commissioner may provide records and information to the commissioner of human services as necessary to administer the early refund of refundable tax credits.

(h) The commissioner may disclose information to the commissioner of human services as necessary for income verification for eligibility and premium payment under the MinnesotaCare program, under section 256L.05, subdivision 2, as well as the medical assistance program under chapter 256B.

(i) The commissioner may disclose information to the commissioner of human services necessary to verify whether applicants or recipients for the Minnesota family investment program, general assistance, the Supplemental Nutrition Assistance Program (SNAP), Minnesota supplemental aid program, and child care assistance have claimed refundable tax credits under chapter 290 and the property tax refund under chapter 290A, and the amounts of the credits.

~~(i) The commissioner may disclose information to the commissioner of human services necessary to verify income for purposes of calculating parental contribution amounts under section 252.27, subdivision 2a.~~

~~(k)~~ (j) At the request of the commissioner of human services and when authorized in writing by the taxpayer, the commissioner of revenue may match the business legal name or individual legal name, and the Minnesota tax identification number, federal Employer Identification Number, or Social Security number of the applicant under section 245A.04, subdivision 1; 245I.20; or 245H.03; or license or certification holder. The commissioner of revenue may share the matching with the commissioner of human services. The matching may only be used by the commissioner of human services to determine eligibility for provider grant programs and to facilitate the regulatory oversight of license and certification holders as it relates to ownership and public funds program integrity. This paragraph applies only if the commissioner of human services and the commissioner of revenue enter into an interagency agreement for the purposes of this paragraph.

Sec. 29. Minnesota Statutes 2022, section 447.42, subdivision 1, is amended to read:

Subdivision 1. **Establishment.** Notwithstanding any provision of Minnesota Statutes to the contrary, any city, county, town, or nonprofit corporation approved by the commissioner of human services, or any combination of them may establish and operate a community residential facility for persons with developmental disabilities or related conditions, as defined in section ~~252.27, subdivision 1a~~ 256B.02, subdivision 11.

Sec. 30. Laws 2021, First Special Session chapter 7, article 13, section 68, is amended to read:

**Sec. 68. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;
DIRECT CARE SERVICES DURING SHORT-TERM ACUTE HOSPITAL VISITS.**

The commissioner of human services, in consultation with stakeholders, shall develop a new covered state plan service under Minnesota Statutes, chapter 256B, or develop modifications to existing covered state plan services, ~~that permits receipt of direct care services in an acute care hospital in a manner consistent with the requirements of~~ for people eligible for home care services as identified in Minnesota Statutes, section 256B.0651, and community first services and supports as identified in Minnesota Statutes, section 256B.85, for the purposes of support during acute care hospital stays, as authorized under United States Code, title 42, section 1396a(h). By ~~August 31, 2022~~ January 1, 2025, the commissioner must provide to the chairs and ranking minority members of the house of

37.1 representatives and senate committees ~~and divisions~~ with jurisdiction over direct care services
37.2 any draft legislation as may be necessary to implement the new or modified covered state
37.3 plan service.

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

37.5 Sec. 31. Laws 2023, chapter 61, article 1, section 60, subdivision 1, is amended to read:

37.6 Subdivision 1. **Definition.** "New American" means an individual born abroad and the
37.7 individual's children, ~~irrespective of immigration status.~~

37.8 Sec. 32. Laws 2023, chapter 61, article 1, section 60, subdivision 2, is amended to read:

37.9 Subd. 2. **Grant program established.** The commissioner of human services shall
37.10 establish a new American legal, social services, and long-term care workforce grant program
37.11 for organizations that serve and support new Americans:

37.12 (1) in seeking or maintaining legal or citizenship status ~~to legally obtain or retain~~ and
37.13 obtaining or retaining legal authorization for employment in the United States in any field
37.14 or industry; or

37.15 (2) to provide specialized services and supports to new Americans to enter the long-term
37.16 care workforce.

37.17 Sec. 33. **ASSISTIVE TECHNOLOGY LEAD AGENCY PARTNERSHIPS.**

37.18 (a) Lead agencies may establish partnerships with enrolled medical assistance providers
37.19 of home and community-based services under Minnesota Statutes, section 256B.0913,
37.20 256B.092, 256B.093, or 256B.49, or Minnesota Statutes, chapter 256S, to evaluate the
37.21 benefits of informed choice in accessing the following existing assistive technology home
37.22 and community-based waiver services:

37.23 (1) assistive technology;

37.24 (2) specialized equipment and supplies;

37.25 (3) environmental accessibility adaptations; and

37.26 (4) 24-hour emergency assistance.

37.27 (b) Lead agencies may identify eligible individuals who desire to participate in the
37.28 partnership authorized by this section using existing home and community-based waiver
37.29 criteria under Minnesota Statutes, chapters 256B and 256S.

(c) Lead agencies must ensure individuals who choose to participate have informed choice in accessing the services and must adhere to conflict-free case management requirements.

(d) Lead agencies may identify efficiencies for service authorizations, provide evidence-based cost data and quality analysis to the commissioner, and collect feedback on the use of technology systems from home and community-based waiver services recipients, family caregivers, and any other interested community partners.

Sec. 34. DIRECTION TO COMMISSIONER; CONSUMER-DIRECTED COMMUNITY SUPPORTS.

By December 31, 2024, the commissioner of human services shall seek any necessary changes to home and community-based services waiver plans regarding consumer-directed community supports in order to:

(1) clarify that allowable goods and services for a consumer-directed community supports participant do not need to be for the sole benefit of the participant, and that goods and services may benefit others if there is also a direct benefit to the participant based on the participant's assessed needs;

(2) clarify that goods or services that support the participant's assessed needs for community integration and inclusion are allowable under the consumer-directed community supports program;

(3) clarify that the rate authorized for services approved under the consumer-directed community supports personal assistance category may exceed the reasonable range of similar services in the participant's community if the participant has an assessed need for an enhanced rate; and

(4) clarify that a participant's spouse or a parent of a minor participant, as defined in the waiver plans, may be paid for consumer-directed community support services at a rate that exceeds that which would otherwise be paid to a provider of a similar service or that exceeds what is allowed by the commissioner for the payment of personal care assistance services if the participant has an assessed need for an enhanced rate.

39.1 Sec. 35. **REIMBURSEMENT FOR COMMUNITY-FIRST SERVICES AND**
39.2 **SUPPORTS WORKERS REPORT.**

39.3 (a) The commissioner of human services must explore options to permit reimbursement
39.4 of community-first services and supports workers under Minnesota Statutes, sections 256B.85
39.5 and 256B.851, to provide:

39.6 (1) up to eight hours of overtime per week per worker beyond the current maximum
39.7 number of reimbursable hours per month;

39.8 (2) asleep overnight and awake overnight staffing in the same manner as direct support
39.9 professionals under the brain injury waiver, community alternative care waiver, community
39.10 access for disability inclusion waiver, and developmental disabilities waiver; and

39.11 (3) services in shifts of up to 80 consecutive hours when otherwise compliant with federal
39.12 and state labor laws.

39.13 (b) The commissioner must report recommendations to the chairs and ranking minority
39.14 members of the legislative committees with jurisdiction over human services policy and
39.15 finance by February 1, 2025.

39.16 Sec. 36. **DISABILITY HOME AND COMMUNITY-BASED SERVICES**
39.17 **REIMBURSEMENT IN ACUTE CARE HOSPITAL STAYS.**

39.18 (a) The commissioner of human services must seek approval to amend Minnesota's
39.19 federally approved disability waiver plans under Minnesota Statutes, sections 256B.092
39.20 and 256B.49, to reimburse for delivery of unit-based services under Minnesota Statutes,
39.21 section 256B.4914, in acute care hospital settings, as authorized under United States Code,
39.22 title 42, section 1396a(h).

39.23 (b) Reimbursed services must:

39.24 (1) be identified in an individual's person-centered support plan as required under
39.25 Minnesota Statutes, section 256B.0911;

39.26 (2) be provided to meet the needs of the person that are not met through the provision
39.27 of hospital services;

39.28 (3) not substitute services that the hospital is obligated to provide as required under state
39.29 and federal law; and

39.30 (4) be designed to ensure smooth transitions between acute care settings and home and
39.31 community-based settings and to preserve the person's functional abilities.

EFFECTIVE DATE. Paragraph (b) is effective January 1, 2025, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 37. **ELECTRONIC VISIT VERIFICATION IMPLEMENTATION GRANT.**

Subdivision 1. **Establishment.** The commissioner of human services must establish a onetime grant program to assist home care service providers with a portion of the costs of implementation of electronic visit verification.

Subd. 2. **Eligible grant recipients.** Eligible grant recipients must:

(1) be providers of home care services licensed under Minnesota Statutes, chapter 144A;

(2) have an average daily census of at least 30 individuals; and

(3) have an average daily census of medical assistance and MinnesotaCare enrollees of 20 percent or higher in the 12 months prior to application.

Subd. 3. **Allowable uses.** Allowable uses of grant money include:

(1) administrative implementation of an electronic visit verification system, including but not limited to staff costs for loading patient information into the portal, programming, and training staff;

(2) electronic visit verification operations and maintenance, including but not limited to staff costs for addressing system flaws related to geographical location and clocking in and out;

(3) purchase and monthly fees for an upgraded electronic visit verification system;

(4) purchase of or reimbursement for cell phones and electronic tablets to be used by staff and the monthly fee for the phone service; and

(5) other activities approved by the commissioner.

Subd. 4. **Application for and distribution of grant money.** In order to receive a grant under this section, providers must apply to the commissioner by November 1, 2024. Grants must be distributed no later than February 1, 2025. Grant amounts awarded to each approved applicant must be determined by the total number of approved grantees and each approved applicant's medical assistance and MinnesotaCare average daily census.

Subd. 5. **Expiration.** This section expires June 30, 2026.

41.1 Sec. 38. **EMERGENCY RELIEF GRANTS FOR RURAL EARLY INTENSIVE**
41.2 **DEVELOPMENTAL AND BEHAVIORAL INTERVENTION PROVIDERS.**

41.3 Subdivision 1. Establishment and purpose. (a) The commissioner of human services
41.4 shall award grants to financially distressed organizations that provide early intensive
41.5 developmental and behavioral intervention services to rural communities. For the purposes
41.6 of this section, "rural communities" means communities outside the metropolitan counties
41.7 listed in Minnesota Statutes, section 473.121, subdivision 4, and outside the cities of Duluth,
41.8 Mankato, Moorhead, Rochester, and St. Cloud.

41.9 (b) The commissioner shall conduct community engagement, provide technical assistance,
41.10 and work with the commissioners of management and budget and administration to mitigate
41.11 barriers in accessing grant money.

41.12 (c) The commissioner shall limit expenditures under this section to the amount
41.13 appropriated for this purpose.

41.14 Subd. 2. Eligibility. (a) To be an eligible applicant for a grant under this section, a
41.15 provider of early intensive developmental and behavioral intervention services must submit
41.16 to the commissioner of human services a grant application in the form and according to the
41.17 timelines established by the commissioner.

41.18 (b) In a grant application, an applicant must demonstrate that:

41.19 (1) the total net income of the provider of early intensive developmental and behavioral
41.20 intervention services is not generating sufficient revenue to cover the provider's operating
41.21 expenses;

41.22 (2) the provider is at risk of closure or ceasing to provide early intensive developmental
41.23 and behavioral intervention services; and

41.24 (3) additional emergency operating revenue is necessary to preserve access to early
41.25 intensive developmental and behavioral intervention services within the rural community
41.26 the provider serves.

41.27 (c) In a grant application, the applicant must make a request based on the information
41.28 submitted under paragraph (b) for the minimal funding amount sufficient to preserve access
41.29 to early intensive developmental and behavioral intervention services within the rural
41.30 community the provider serves.

41.31 Subd. 3. Approving grants. The commissioner must evaluate all grant applications on
41.32 a competitive basis and award grants to successful applicants within available appropriations
41.33 for this purpose. The commissioner's decisions are final and not subject to appeal.

42.1 **Sec. 39. LEGISLATIVE TASK FORCE ON GUARDIANSHIP.**

42.2 Subdivision 1. **Membership.** (a) The Legislative Task Force on Guardianship consists
42.3 of the following members:

42.4 (1) one member of the house of representatives, appointed by the speaker of the house
42.5 of representatives;

42.6 (2) one member of the house of representatives, appointed by the minority leader of the
42.7 house of representatives;

42.8 (3) one member of the senate, appointed by the senate majority leader;

42.9 (4) one member of the senate, appointed by the senate minority leader;

42.10 (5) one judge who has experience working on guardianship cases, appointed by the chief
42.11 justice of the supreme court;

42.12 (6) two individuals presently or formerly under guardianship or emergency guardianship,
42.13 appointed by the Minnesota Council on Disability;

42.14 (7) one private, professional guardian, appointed by the Minnesota Council on Disability;

42.15 (8) one private, nonprofessional guardian, appointed by the Minnesota Council on
42.16 Disability;

42.17 (9) one representative of the Department of Human Services with knowledge of public
42.18 guardianship issues, appointed by the commissioner of human services;

42.19 (10) one member appointed by the Minnesota Council on Disability;

42.20 (11) two members of two different disability advocacy organizations, appointed by the
42.21 Minnesota Council on Disability;

42.22 (12) one member of a professional or advocacy group representing the interests of the
42.23 guardian who has experience working in the judicial system on guardianship cases, appointed
42.24 by the Minnesota Council on Disability;

42.25 (13) one member of a professional or advocacy group representing the interests of persons
42.26 subject to guardianship who has experience working in the judicial system on guardianship
42.27 cases, appointed by the Minnesota Council on Disability;

42.28 (14) two members of two different advocacy groups representing the interests of older
42.29 Minnesotans who are or may find themselves subject to guardianship, appointed by the
42.30 Minnesota Council on Disability;

(15) one employee acting as the Disability Systems Planner in the Center for Health Equity at the Minnesota Department of Health, appointed by the commissioner of health;

(16) one member appointed by the Minnesota Indian Affairs Council;

(17) one member from the Commission of the Deaf, Deafblind, and Hard-of-Hearing, appointed by the executive director of the commission;

(18) one member of the Council on Developmental Disabilities, appointed by the executive director of the council;

(19) one employee from the Office of Ombudsman for Mental Health and Developmental Disabilities, appointed by the ombudsman;

(20) one employee from the Office of Ombudsman for Long Term Care, appointed by the ombudsman;

(21) one member appointed by the Minnesota Association of County Social Services Administrators (MACSSA);

(22) one employee from the Olmstead Implementation Office, appointed by the director of the office; and

(23) one member representing an organization dedicated to supported decision-making alternatives to guardianship, appointed by the Minnesota Council on Disability.

(b) Appointees to the task force must be named by each appointing authority by June 30, 2025. Appointments made by an agency or commissioner may also be made by a designee.

(c) The member from the Minnesota Council on Disability serves as chair of the task force. The chair must designate a member to serve as secretary.

Subd. 2. **Meetings; administrative support.** The first meeting of the task force must be convened by the chair no later than September 1, 2025, if an appropriation is made by that date for the task force. The task force must meet at least quarterly. Meetings are subject to Minnesota Statutes, chapter 13D. The task force may meet by telephone or interactive technology consistent with Minnesota Statutes, section 13D.015. The Minnesota Council on Disability shall provide meeting space and administrative and research support to the task force.

Subd. 3. **Duties.** (a) The task force must make recommendations to address concerns and gaps related to guardianships and less restrictive alternatives to guardianships in Minnesota, including but not limited to:

44.1 (1) developing efforts to sustain and increase the number of qualified guardians;

44.2 (2) increasing compensation for in forma pauperis (IFP) guardians by studying current
44.3 funding streams to develop approaches to ensure that the funding streams are consistent
44.4 across the state and sufficient to serve the needs of persons subject to guardianship;

44.5 (3) securing ongoing funding for guardianships and less restrictive alternatives;

44.6 (4) establishing guardian certification or licensure;

44.7 (5) identifying standards of practice for guardians and options for providing education
44.8 to guardians on standards and less restrictive alternatives;

44.9 (6) securing ongoing funding for the guardian and conservator administrative complaint
44.10 process;

44.11 (7) identifying and understanding alternatives to guardianship whenever possible to meet
44.12 the needs of patients and the challenges of providers in the delivery of health care, behavioral
44.13 health care, and residential and home-based care services;

44.14 (8) expanding supported decision-making alternatives to guardianships and
44.15 conservatorships;

44.16 (9) reducing the removal of civil rights when appointing a guardian, including by ensuring
44.17 guardianship is only used as a last resort; and

44.18 (10) identifying ways to preserve and to maximize the civil rights of the person, including
44.19 due process considerations.

44.20 (b) The task force must seek input from the public, the judiciary, people subject to
44.21 guardianship, guardians, advocacy groups, and attorneys. The task force must hold hearings
44.22 to gather information to fulfill the purpose of the task force.

44.23 Subd. 4. **Compensation; expenses.** Members of the task force may receive compensation
44.24 and expense reimbursement as provided in Minnesota Statutes, section 15.059, subdivision
44.25 3.

44.26 Subd. 5. **Report; expiration.** The task force shall submit a report to the chairs and
44.27 ranking minority members of the legislative committees with jurisdiction over guardianship
44.28 issues no later than January 15, 2027. The report must describe any concerns about the
44.29 current guardianship system identified by the task force and recommend policy options to
44.30 address those concerns and to promote less restrictive alternatives to guardianship. The
44.31 report must include draft legislation to implement recommended policy.

Subd. 6. **Expiration.** The task force expires upon submission of its report, or January 16, 2027, whichever is earlier.

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

Sec. 40. **TRANSITIONAL SUPPORTS ALLOWANCE INCREASE.**

Upon federal approval, the commissioner of human services must increase to \$5,000 the transitional supports allowance under Minnesota's federally approved home and community-based service waiver plans authorized under Minnesota Statutes, sections 256B.092 and 256B.49.

EFFECTIVE DATE. This section is effective January 1, 2025, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 41. **TRIBAL VULNERABLE ADULT AND DEVELOPMENTAL DISABILITY TARGETED CASE MANAGEMENT MEDICAL ASSISTANCE BENEFIT.**

(a) The commissioner of human services must engage with Minnesota's federally-recognized Tribal Nations and urban American Indian providers and leaders to design and recommend a Tribal-specific vulnerable adult and developmental disability medical assistance targeted case management benefit to meet community needs and reduce disparities experienced by Tribal members and urban American Indian populations. The commissioner must honor and uphold Tribal sovereignty as part of this engagement, ensuring Tribal Nations are equitably and authentically included in planning and policy discussions.

(b) By January 1, 2025, the commissioner must report recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services finance and policy. Recommendations must include a description of engagement with Tribal Nations, Tribal perspectives shared throughout the engagement process, service design, and reimbursement methodology.

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

Sec. 42. **ELECTRONIC VISIT VERIFICATION SIMPLIFICATION FOR LIVE-IN CAREGIVERS.**

The commissioner must explore options to simplify documentation requirements for direct support professionals who live in the same house as the person they support and are reimbursed for services subject to electronic visit verification requirements under Minnesota

Statutes, section 256B.073. The commissioner may evaluate information technology barriers and opportunities, attestation options, worker identification options, and program integrity considerations. The commissioner must report recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by February 1, 2025, with short- and long-term policy changes that will simplify documentation requirements and minimize burdens on providers and recipients.

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

Sec. 43. LICENSE TRANSITION SUPPORT FOR SMALL DISABILITY WAIVER PROVIDERS.

Subdivision 1. Onetime transition support. The commissioner of human services must distribute onetime payments to medical assistance disability waiver customized living and community residential providers to assist with the transition from small, customized living settings to licensed community residential services under Minnesota Statutes, chapter 245D and section 256B.49.

Subd. 2. Definitions. For purposes of this section, "eligible provider" means an enrolled provider that received approval from the commissioner of human services for a corporate foster care moratorium exception under Minnesota Statutes, section 245A.03, subdivision 7, related to transitioning between customized living services and community residential services. This approval must have been received between July 1, 2022, and December 31, 2023.

Subd. 3. Allowable uses of payments. Allowable uses of payments include costs incurred by a community residential service provider or customized living provider directly related to the provider's transition from providing medical assistance customized living or 24-hour customized living and technical assistance to adapt business models and meet policy and regulatory guidance.

Subd. 4. Payment request and requirements. License holders of eligible settings must apply for payments using an application process determined by the commissioner of human services. Payments are onetime amounts of \$15,000 per eligible setting. To be considered for a payment, eligible settings must submit a payment application no later than March 1, 2025. The commissioner may approve payment applications on a rolling basis. Payments must be distributed without compliance to time-consuming procedures and formalities prescribed in law, including the following statutes and related policies: Minnesota Statutes, sections 16A.15, subdivision 3; 16B.97; and 16B.98, subdivisions 5, 7, and 8, the express

audit clause requirement. The commissioner's determination of the payment amount determined under this section is final and is not subject to appeal. This subdivision does not apply to recoupment by the commissioner under subdivision 7.

Subd. 5. **Attestation.** As a condition of obtaining payments under this section, an eligible provider must attest, on the payment application form, to the following:

(1) the provider's intent to provide services through December 31, 2027; and

(2) the provider's intent to use the payment for allowable uses under subdivision 3.

Subd. 6. **Agreement.** As a condition of obtaining a payment under this section, an eligible provider must agree to the following on the payment application form:

(1) to cooperate with the commissioner of human services to deliver services according to the requirements in this section;

(2) to maintain documentation sufficient to demonstrate the costs required to transition to a new setting as described under subdivision 3; and

(3) to acknowledge that payments may be subject to a recoupment under this section if a state audit performed under this section determines that the provider used payments for purposes not authorized under this section.

Subd. 7. **Recoupment.** (a) The commissioner of human services may perform an audit under this section up to six years after the payments are distributed to ensure the funds are utilized solely for the purposes stated in subdivision 3.

(b) If the commissioner determines that a provider used the allocated payment for purposes not authorized under this section, the commissioner must treat any amount used for a purpose not authorized under this section as an overpayment. The commissioner must recover any overpayment.

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

Sec. 44. **DISABILITY SERVICES PERSON-CENTERED ENGAGEMENT AND NAVIGATION STUDY.**

(a) The commissioner of human services must issue a request for proposals for the design and administration of a study of a person's experience in accessing and navigating medical assistance state plan and home and community-based waiver services and state funded disability services to improve people's experiences in accessing and navigating the system.

(b) The person-centered disability services engagement and navigation study must engage with people and families who use services, lead agencies, and providers to assess:

(1) access to the full range of disability services programs in metropolitan, suburban, and rural counties with a focus on non-English-speaking communities and by various populations, including but not limited to Black people, Indigenous people, people of color, and communities with vision, hearing, physical, neurocognitive, or intellectual developmental disabilities;

(2) how people and families experience and navigate the system, including their customer service experiences and barriers to person-centered and culturally responsive navigation support and resources; and

(3) opportunities to improve state, lead agency, and provider capacity to improve the experiences of people accessing and navigating the system.

(c) To be eligible to respond to the request for proposals, an entity must demonstrate that it has engaged successfully with people who use disability services and their families.

(d) The commissioner must report the results of the study and provide specific recommendations and administrative strategy or policy modifications to improve system accessibility, efficiency, and person-centered systemic design to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services finance and policy by January 15, 2026.

Sec. 45. PERSONAL CARE ASSISTANCE COMPENSATION FOR SERVICES PROVIDED BY A PARENT OR SPOUSE.

(a) Notwithstanding Minnesota Statutes, section 256B.0659, subdivision 3, paragraph (a), clause (1); subdivision 11, paragraph (c); and subdivision 19, paragraph (b), clause (3), beginning October 1, 2024, a parent, stepparent, or legal guardian of a minor who is a personal care assistance recipient or the spouse of a personal care assistance recipient may provide and be paid for providing personal care assistance services under medical assistance.

(b) This section expires upon full implementation of community first services and supports under Minnesota Statutes, section 256B.85. The commissioner of human services shall notify the revisor of statutes when this section expires.

EFFECTIVE DATE. This section is effective for services rendered on or after October 1, 2024.

49.1 Sec. 46. **OWN HOME SERVICES PROVIDER CAPACITY-BUILDING GRANTS.**

49.2 Subdivision 1. Establishment. The commissioner of human services shall establish a
49.3 onetime grant program to incentivize providers to support individuals to move out of
49.4 congregate living settings and into an individual's own home as described in Minnesota
49.5 Statutes, section 256B.492, subdivision 3.

49.6 Subd. 2. Eligible grant recipients. Eligible grant recipients are providers of home and
49.7 community-based services under Minnesota Statutes, chapter 245D.

49.8 Subd. 3. Grant application. In order to receive a grant under this section, providers
49.9 must apply to the commissioner on the forms and according to the timelines established by
49.10 the commissioner.

49.11 Subd. 4. Allowable uses of grant money. Allowable uses of grant money include:

49.12 (1) enhancing resources and staffing to support people and families in understanding
49.13 housing options;

49.14 (2) housing expenses related to moving an individual into their own home, if the person
49.15 is not eligible for other available housing services;

49.16 (3) moving expenses that are not covered by other housing services for which the
49.17 individual is eligible;

49.18 (4) implementing and testing innovative approaches to better support people with
49.19 disabilities and their families in living in their own homes;

49.20 (5) financial incentives for providers that have successfully moved an individual out of
49.21 congregate living and into their own home; and

49.22 (6) other activities approved by the commissioner.

49.23 Subd. 5. Expiration. This section expires June 30, 2026.

49.24 Sec. 47. **DIRECTION TO COMMISSIONER; PEDIATRIC HOSPITAL-TO-HOME**
49.25 **TRANSITION PILOT PROGRAM.**

49.26 (a) The commissioner of human services must award a single competitive grant to a
49.27 home care nursing provider to develop and implement, in coordination with the commissioner
49.28 of health, Fairview Masonic Children's Hospital, Gillette Children's Specialty Healthcare,
49.29 and Children's Minnesota of St. Paul and Minneapolis, a pilot program to expedite and
49.30 facilitate pediatric hospital-to-home discharges for patients receiving services in this state

50.1 under medical assistance, including under the community alternative care waiver, community
50.2 access for disability inclusion waiver, and developmental disabilities waiver.

50.3 (b) Grant money awarded under this section must be used only to support the
50.4 administrative, training, and auxiliary services necessary to reduce:

50.5 (1) delayed discharge days due to unavailability of home care nursing staffing to
50.6 accommodate complex pediatric patients;

50.7 (2) avoidable rehospitalization days for pediatric patients;

50.8 (3) unnecessary emergency department utilization by pediatric patients following
50.9 discharge;

50.10 (4) long-term nursing needs for pediatric patients; and

50.11 (5) the number of school days missed by pediatric patients.

50.12 (c) Grant money must not be used to supplant payment rates for services covered under
50.13 Minnesota Statutes, chapter 256B.

50.14 (d) No later than December 15, 2026, the commissioner must prepare a report
50.15 summarizing the impact of the pilot program that includes but is not limited to: (1) the
50.16 number of delayed discharge days eliminated; (2) the number of rehospitalization days
50.17 eliminated; (3) the number of unnecessary emergency department admissions eliminated;
50.18 (4) the number of missed school days eliminated; and (5) an estimate of the return on
50.19 investment of the pilot program.

50.20 (e) The commissioner must submit the report under paragraph (d) to the chairs and
50.21 ranking minority members of the legislative committees with jurisdiction over health and
50.22 human services finance and policy.

50.23 Sec. 48. **REPEALER.**

50.24 (a) Minnesota Statutes 2022, section 252.27, subdivisions 1a, 2, 3, 4a, 5, and 6, are
50.25 repealed.

50.26 (b) Minnesota Statutes 2022, section 256B.0916, subdivision 10, is repealed.

50.27 (c) Minnesota Statutes 2023 Supplement, section 252.27, subdivision 2a, is repealed.

50.28 (d) Laws 2024, chapter 79, article 4, section 1, subdivision 3, is repealed.

50.29 **EFFECTIVE DATE.** Paragraph (b) is effective January 1, 2025.

ARTICLE 2

AGING SERVICES

Section 1. **[144G.195] FACILITY RELOCATION.**

Subdivision 1. New license not required. (a) Beginning March 15, 2025, an assisted living facility with a licensed resident capacity of five residents or fewer may operate under the licensee's current license if the facility is relocated with the approval of the commissioner of health during the period the current license is valid.

(b) A licensee is not required to apply for a new license solely because the licensee receives approval to relocate a facility. The licensee's license for the relocated facility remains valid until the expiration date specified on the existing license. The commissioner of health must apply the licensing and survey cycle previously established for the facility's prior location to the facility's new location.

(c) A licensee must notify the commissioner of health, on a form developed by the commissioner, of the licensee's intent to relocate the licensee's facility and submit a nonrefundable relocation fee of \$3,905. The commissioner must deposit all relocation fees in the state treasury to be credited to the state government special revenue fund.

(d) The licensee must obtain plan review approval for the building to which the licensee intends to relocate the facility and a certificate of occupancy from the commissioner of labor and industry or the commissioner of labor and industry's delegated authority for the building. Upon issuance of a certificate of occupancy, the commissioner of health must review and inspect the building to which the licensee intends to relocate the facility and approve or deny the license relocation within 30 calendar days.

(e) A licensee may only relocate a facility within the geographic boundaries of the municipality in which the facility is currently located or within the geographic boundaries of a contiguous municipality.

(f) A licensee may only relocate one time in any three-year period, except that the commissioner may approve an additional relocation within a three-year period upon a licensee's demonstration of an extenuating circumstance, including but not limited to the criteria outlined in section 256B.49, subdivision 28a, paragraph (c).

(g) A licensee that receives approval from the commissioner to relocate a facility must provide each resident with a new assisted living contract and comply with the coordinated move requirements under section 144G.55.

(h) A licensee denied approval by the commissioner of health to relocate a facility may continue to operate the facility in its current location, follow the requirements in section 144G.57 and close the facility, or notify the commissioner of health of the licensee's intent to relocate the facility to an alternative new location. If the licensee notifies the commissioner of the licensee's intent to relocate the facility to an alternative new location, paragraph (c) applies, including the timelines for approving or denying the license relocation for the alternative new location.

Subd. 2. Limited exemption from the customized living setting moratorium and age limitations. (a) A licensee that receives approval from the commissioner of health under subdivision 1 to relocate a facility that is also enrolled with the Department of Human Services as a customized living setting to deliver 24-hour customized living services or customized living services to participants through the brain injury and community access for disability inclusion home and community-based services waiver plans and under section 256B.49 must inform the commissioner of human services of the licensee's intent to relocate.

(b) If the licensee at the time of the intended relocation is providing customized living or 24-hour customized living services under the brain injury and community access for disability inclusion home and community-based services waiver plans and section 256B.49 to at least one individual, and the licensee intends to continue serving that individual in the new location, the licensee must inform the commissioner of human services of the licensee's intention to do so and meet the requirements specified under section 256B.49, subdivision 28a.

EFFECTIVE DATE. This section is effective January 1, 2025, except subdivision 2 is effective January 1, 2025, or 90 days after federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 2. Minnesota Statutes 2022, section 144G.41, subdivision 1, is amended to read:

Subdivision 1. **Minimum requirements.** All assisted living facilities shall:

(1) distribute to residents the assisted living bill of rights;

(2) provide services in a manner that complies with the Nurse Practice Act in sections 148.171 to 148.285;

(3) utilize a person-centered planning and service delivery process;

53.1 (4) have and maintain a system for delegation of health care activities to unlicensed
53.2 personnel by a registered nurse, including supervision and evaluation of the delegated
53.3 activities as required by the Nurse Practice Act in sections 148.171 to 148.285;

53.4 (5) provide a means for residents to request assistance for health and safety needs 24
53.5 hours per day, seven days per week;

53.6 (6) allow residents the ability to furnish and decorate the resident's unit within the terms
53.7 of the assisted living contract;

53.8 (7) permit residents access to food at any time;

53.9 (8) allow residents to choose the resident's visitors and times of visits;

53.10 (9) allow the resident the right to choose a roommate if sharing a unit;

53.11 (10) notify the resident of the resident's right to have and use a lockable door to the
53.12 resident's unit. The licensee shall provide the locks on the unit. Only a staff member with
53.13 a specific need to enter the unit shall have keys, and advance notice must be given to the
53.14 resident before entrance, when possible. An assisted living facility must not lock a resident
53.15 in the resident's unit;

53.16 (11) develop and implement a staffing plan for determining its staffing level that:

53.17 (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness
53.18 of staffing levels in the facility;

53.19 (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably
53.20 foreseeable unscheduled needs of each resident as required by the residents' assessments
53.21 and service plans on a 24-hour per day basis; and

53.22 (iii) ensures that the facility can respond promptly and effectively to individual resident
53.23 emergencies and to emergency, life safety, and disaster situations affecting staff or residents
53.24 in the facility;

53.25 (12) ensure that one or more persons are available 24 hours per day, seven days per
53.26 week, who are responsible for responding to the requests of residents for assistance with
53.27 health or safety needs. Such persons must be:

53.28 (i) awake;

53.29 (ii) located in the same building, in an attached building, or on a contiguous campus
53.30 with the facility in order to respond within a reasonable amount of time;

53.31 (iii) capable of communicating with residents;

- 54.1 (iv) capable of providing or summoning the appropriate assistance; and
- 54.2 (v) capable of following directions; and
- 54.3 ~~(13) offer to provide or make available at least the following services to residents:~~
- 54.4 ~~(i) at least three nutritious meals daily with snacks available seven days per week,~~
- 54.5 ~~according to the recommended dietary allowances in the United States Department of~~
- 54.6 ~~Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The~~
- 54.7 ~~following apply:~~
- 54.8 ~~(A) menus must be prepared at least one week in advance, and made available to all~~
- 54.9 ~~residents. The facility must encourage residents' involvement in menu planning. Meal~~
- 54.10 ~~substitutions must be of similar nutritional value if a resident refuses a food that is served.~~
- 54.11 ~~Residents must be informed in advance of menu changes;~~
- 54.12 ~~(B) food must be prepared and served according to the Minnesota Food Code, Minnesota~~
- 54.13 ~~Rules, chapter 4626; and~~
- 54.14 ~~(C) the facility cannot require a resident to include and pay for meals in their contract;~~
- 54.15 ~~(ii) weekly housekeeping;~~
- 54.16 ~~(iii) weekly laundry service;~~
- 54.17 ~~(iv) upon the request of the resident, provide direct or reasonable assistance with arranging~~
- 54.18 ~~for transportation to medical and social services appointments, shopping, and other recreation,~~
- 54.19 ~~and provide the name of or other identifying information about the persons responsible for~~
- 54.20 ~~providing this assistance;~~
- 54.21 ~~(v) upon the request of the resident, provide reasonable assistance with accessing~~
- 54.22 ~~community resources and social services available in the community, and provide the name~~
- 54.23 ~~of or other identifying information about persons responsible for providing this assistance;~~
- 54.24 ~~(vi) provide culturally sensitive programs; and~~
- 54.25 ~~(vii) have a daily program of social and recreational activities that are based upon~~
- 54.26 ~~individual and group interests, physical, mental, and psychosocial needs, and that creates~~
- 54.27 ~~opportunities for active participation in the community at large; and~~
- 54.28 ~~(14)~~ (13) provide staff access to an on-call registered nurse 24 hours per day, seven days
- 54.29 per week.

Sec. 3. Minnesota Statutes 2022, section 144G.41, is amended by adding a subdivision to read:

Subd. 1a. **Minimum requirements; required food services.** (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance, and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.

(b) For an assisted living facility with a licensed capacity of ten or fewer residents:

(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;

(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;

(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;

(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;

(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;

(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and

(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.

Sec. 4. Minnesota Statutes 2022, section 144G.41, is amended by adding a subdivision to read:

Subd. 1b. **Minimum requirements; other required services.** All assisted living facilities must offer to provide or make available the following services to residents:

(1) weekly housekeeping;

(2) weekly laundry service;

(3) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance;

(4) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance;

(5) provide culturally sensitive programs; and

(6) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large.

Sec. 5. Minnesota Statutes 2022, section 144G.63, subdivision 1, is amended to read:

Subdivision 1. **Orientation of staff and supervisors.** (a) All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility, except as provided in paragraph (b).

(b) A staff person is not required to repeat the orientation required under subdivision 2 if the staff person transfers from one licensed assisted living facility to another facility

operated by the same licensee or by a licensee affiliated with the same corporate organization as the licensee of the first facility, or to another facility managed by the same entity managing the first facility. The facility to which the staff person transfers must document that the staff person completed the orientation at the prior facility. The facility to which the staff person transfers must nonetheless provide the transferred staff person with supplemental orientation specific to the facility and document that the supplemental orientation was provided. The supplemental orientation must include the types of assisted living services the staff person will be providing, the facility's category of licensure, and the facility's emergency procedures. A staff person cannot transfer to an assisted living facility with dementia care without satisfying the additional training requirements under section 144G.83.

Sec. 6. Minnesota Statutes 2022, section 144G.63, subdivision 4, is amended to read:

Subd. 4. **Training required relating to dementia, mental illness, and de-escalation.** All direct care staff and supervisors providing direct services must demonstrate an understanding of the training specified in section 144G.64.

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

Sec. 7. Minnesota Statutes 2022, section 144G.64, is amended to read:

144G.64 TRAINING IN DEMENTIA CARE, MENTAL ILLNESS, AND DE-ESCALATION REQUIRED.

(a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements:

(1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date, ~~and~~. Supervisors must have at least two hours of training on topics related to dementia ~~care~~ and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;

(2) direct-care employees must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on

58.1 site who has completed the initial eight hours of training on topics related to dementia ~~care~~
58.2 and the initial two hours of training on topics related to mental illness and de-escalation and
58.3 who can act as a resource and assist if issues arise. A trainer of the requirements under
58.4 paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for
58.5 consultation with the new employee until the training requirement is complete. Direct-care
58.6 employees must have at least two hours of training on topics related to dementia and one
58.7 hour of training on topics related to mental illness and de-escalation for each 12 months of
58.8 employment thereafter;

58.9 (3) for assisted living facilities with dementia care, direct-care employees must have
58.10 completed at least eight hours of initial training on topics specified under paragraph (b)
58.11 within 80 working hours of the employment start date. Until this initial training is complete,
58.12 an employee must not provide direct care unless there is another employee on site who has
58.13 completed the initial eight hours of training on topics related to dementia ~~care~~ and two hours
58.14 of training on topics related to mental illness and de-escalation and who can act as a resource
58.15 and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor
58.16 meeting the requirements in clause (1) must be available for consultation with the new
58.17 employee until the training requirement is complete. Direct-care employees must have at
58.18 least two hours of training on topics related to dementia and one hour of training on topics
58.19 related to mental illness and de-escalation for each 12 months of employment thereafter;

58.20 (4) staff who do not provide direct care, including maintenance, housekeeping, and food
58.21 service staff, must have at least four hours of initial training on topics specified under
58.22 paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and
58.23 de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working
58.24 hours of the employment start date, and must have at least two hours of training on topics
58.25 related to dementia ~~care~~ and one hour of training on topics related to mental illness and
58.26 de-escalation for each 12 months of employment thereafter; and

58.27 (5) new employees may satisfy the initial training requirements by producing written
58.28 proof of previously completed required training within the past 18 months.

58.29 (b) Areas of required dementia, mental illness, and de-escalation training include:

58.30 (1) an explanation of Alzheimer's disease and other dementias;

58.31 (2) assistance with activities of daily living;

58.32 (3) problem solving with challenging behaviors;

58.33 (4) communication skills; ~~and~~

59.1 (5) person-centered planning and service delivery;

59.2 (6) recognizing symptoms of common mental illness diagnoses, including but not limited
 59.3 to mood disorders, anxiety disorders, trauma- and stressor-related disorders, personality
 59.4 and psychotic disorders, substance use disorder, and substance misuse;

59.5 (7) de-escalation techniques and communication; and

59.6 (8) crisis resolution and suicide prevention, including procedures for contacting county
 59.7 crisis response teams and 988 suicide and crisis lifelines.

59.8 (c) The facility shall provide to consumers in written or electronic form a description of
 59.9 the training program, the categories of employees trained, the frequency of training, and
 59.10 the basic topics covered.

59.11 **EFFECTIVE DATE.** This section is effective July 1, 2025.

59.12 Sec. 8. Minnesota Statutes 2022, section 256.9755, subdivision 2, is amended to read:

59.13 Subd. 2. **Authority.** The Minnesota Board on Aging shall allocate ~~to area agencies on~~
 59.14 ~~aging~~ the state funds ~~which that~~ are received under this section for the caregiver support
 59.15 program ~~in a manner consistent with federal requirements~~. The board shall give priority to
 59.16 those areas where there is a high need of respite services as evidenced by the data provided
 59.17 by the board.

59.18 Sec. 9. Minnesota Statutes 2022, section 256.9755, subdivision 3, is amended to read:

59.19 Subd. 3. **Caregiver support services.** Funds allocated under this section ~~to an area~~
 59.20 ~~agency on aging~~ for caregiver support services must be used ~~in a manner consistent with~~
 59.21 ~~the National Family Caregiver Support Program~~ to reach family caregivers of persons with
 59.22 ALS, ~~except that~~ and such funds may be used to provide services benefiting people under
 59.23 the age of 60 and their caregivers. The funds must be used to provide social,
 59.24 community-based services and activities that provide social interaction for participants. The
 59.25 funds may also be used to provide respite care.

59.26 Sec. 10. Minnesota Statutes 2023 Supplement, section 256.9756, subdivision 1, is amended
 59.27 to read:

59.28 Subdivision 1. **Caregiver respite services grant program established.** The Minnesota
 59.29 Board on Aging must establish a caregiver respite services grant program to increase the
 59.30 availability of respite services for family caregivers of people with dementia ~~and older adults~~
 59.31 and to provide information, education, and training to respite caregivers and volunteers

60.1 regarding caring for people with dementia. From the money made available for this purpose,
60.2 the board must award grants on a competitive basis to respite service providers, giving
60.3 priority to areas of the state where there is a high need of respite services.

60.4 Sec. 11. Minnesota Statutes 2023 Supplement, section 256.9756, subdivision 2, is amended
60.5 to read:

60.6 Subd. 2. **Eligible uses.** Grant recipients awarded grant money under this section must
60.7 use a portion of the grant award as determined by the board to provide free or subsidized
60.8 respite services for family caregivers of people with dementia ~~and older adults~~.

60.9 Sec. 12. Minnesota Statutes 2023 Supplement, section 256B.0913, subdivision 5, as
60.10 amended by Laws 2024, chapter 85, section 68, is amended to read:

60.11 Subd. 5. **Services covered under alternative care.** (a) Alternative care funding may
60.12 be used for payment of costs of:

- 60.13 (1) adult day services and adult day services bath;
- 60.14 (2) home care;
- 60.15 (3) homemaker services;
- 60.16 (4) personal care;
- 60.17 (5) case management and conversion case management;
- 60.18 (6) respite care;
- 60.19 (7) specialized supplies and equipment;
- 60.20 (8) home-delivered meals;
- 60.21 (9) nonmedical transportation;
- 60.22 (10) nursing services;
- 60.23 (11) chore services;
- 60.24 (12) companion services;
- 60.25 (13) nutrition services;
- 60.26 (14) family caregiver training and education;
- 60.27 (15) coaching and counseling;

61.1 (16) telehome care to provide services in their own homes in conjunction with in-home
61.2 visits;

61.3 (17) consumer-directed community supports;

61.4 (18) environmental accessibility and adaptations; ~~and~~

61.5 (19) transitional services; and

61.6 ~~(19)~~ (20) discretionary services, for which lead agencies may make payment from their
61.7 alternative care program allocation for services not otherwise defined in this section or
61.8 section 256B.0625, following approval by the commissioner.

61.9 (b) Total annual payments for discretionary services for all clients served by a lead
61.10 agency must not exceed 25 percent of that lead agency's annual alternative care program
61.11 base allocation, except that when alternative care services receive federal financial
61.12 participation under the 1115 waiver demonstration, funding shall be allocated in accordance
61.13 with subdivision 17.

61.14 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
61.15 whichever is later. The commissioner of human services shall notify the revisor of statutes
61.16 when federal approval is obtained.

61.17 Sec. 13. Minnesota Statutes 2022, section 256B.0913, subdivision 5a, is amended to read:

61.18 Subd. 5a. **Services; service definitions; service standards.** (a) Unless specified in
61.19 statute, the services, service definitions, and standards for alternative care services shall be
61.20 the same as the services, service definitions, and standards specified in the federally approved
61.21 elderly waiver plan, except alternative care does not cover ~~transitional support services,~~
61.22 assisted living services, adult foster care services, and residential care and benefits defined
61.23 under section 256B.0625 that meet primary and acute health care needs.

61.24 (b) The lead agency must ensure that the funds are not used to supplant or supplement
61.25 services available through other public assistance or services programs, including
61.26 supplementation of client co-pays, deductibles, premiums, or other cost-sharing arrangements
61.27 for health-related benefits and services or entitlement programs and services that are available
61.28 to the person, but in which they have elected not to enroll. The lead agency must ensure
61.29 that the benefit department recovery system in the Medicaid Management Information
61.30 System (MMIS) has the necessary information on any other health insurance or third-party
61.31 insurance policy to which the client may have access. Supplies and equipment may be
61.32 purchased from a vendor not certified to participate in the Medicaid program if the cost for
61.33 the item is less than that of a Medicaid vendor.

(c) Personal care services must meet the service standards defined in the federally approved elderly waiver plan, except that a lead agency may authorize services to be provided by a client's relative who meets the relative hardship waiver requirements or a relative who meets the criteria and is also the responsible party under an individual service plan that ensures the client's health and safety and supervision of the personal care services by a qualified professional as defined in section 256B.0625, subdivision 19c. Relative hardship is established by the lead agency when the client's care causes a relative caregiver to do any of the following: resign from a paying job, reduce work hours resulting in lost wages, obtain a leave of absence resulting in lost wages, incur substantial client-related expenses, provide services to address authorized, unstaffed direct care time, or meet special needs of the client unmet in the formal service plan.

(d) Alternative care covers sign language interpreter services and spoken language interpreter services for recipients eligible for alternative care when the services are necessary to help deaf and hard-of-hearing recipients or recipients with limited English proficiency obtain covered services. Coverage for face-to-face spoken language interpreter services shall be provided only if the spoken language interpreter used by the enrolled health care provider is listed in the registry or roster established under section 144.058.

EFFECTIVE DATE. This section is effective January 1, 2025, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 14. Minnesota Statutes 2022, section 256B.434, is amended by adding a subdivision to read:

Subd. 4k. Property rate increase for certain nursing facilities. (a) A rate increase under this subdivision ends upon the effective date of the transition of the facility's property rate to a property payment rate under section 256R.26, subdivision 8, or May 31, 2026, whichever is earlier.

(b) The commissioner shall increase the property rate of a nursing facility located in the city of St. Paul at 1415 Almond Avenue in Ramsey County by \$10.65 on January 1, 2025.

(c) The commissioner shall increase the property rate of a nursing facility located in the city of Duluth at 3111 Church Place in St. Louis County by \$20.81 on January 1, 2025.

(d) The commissioner shall increase the property rate of a nursing facility located in the city of Chatfield at 1102 Liberty Street SE in Fillmore County by \$21.35 on January 1, 2025.

(e) Effective January 1, 2025, through June 30, 2025, the commissioner shall increase the property rate of a nursing facility located in the city of Fergus Falls at 1131 South Mabelle Avenue in Ottertail County by \$38.56.

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

Sec. 15. Minnesota Statutes 2022, section 256B.49, is amended by adding a subdivision to read:

Subd. 28a. **Transfer of customized living enrollment dates.** (a) For the purposes of this subdivision, "operational" has the meaning given in subdivision 28.

(b) This paragraph applies only to customized living settings enrolled and operational on or before June 30, 2021, and customized living settings that have previously transferred their customized living enrollment date under this paragraph. A provider that receives approval from the commissioner of health under section 144G.195, subdivision 1, to relocate a licensed assisted living facility that was enrolled prior to January 11, 2021, to deliver medical assistance 24-hour customized living services, or customized living services as defined by the brain injury and community access for disability inclusion federally approved home and community-based services waiver plans, may continue to operate the customized living setting under the original setting's customized living enrollment date if all of the requirements under this subdivision are met.

(c) A transfer of enrollment date is allowed under this subdivision only if the facility relocation is due to:

(1) a provider that rents the original setting being unable to continue to rent the original setting because of eviction, nonrenewal of its lease by the property owner, or sale of the property by the owner;

(2) a provider that rents the original setting being unable to make the necessary updates or improvements to the original setting to comply with the physical plant and other requirements under state or federal law, including but not limited to chapter 144G;

(3) a provider's monthly rent increasing more than three percent in a 12-month period;

(4) the original setting being destroyed or damaged by fire, lightning, flood, wind, ground shifts, or other such hazards, including environmental hazards, to such an extent that the original setting cannot be repaired and the safety of residents would be jeopardized by continuing to reside in the original setting; or

64.1 (5) a provider or an entity that directly or indirectly through one or more intermediaries
64.2 is controlled by, is under common control with, or controls the entity enrolled to provide
64.3 customized living services at the current setting purchases a new setting and the commissioner
64.4 of health approves the relocation of the provider's assisted living facility license to the newly
64.5 purchased setting.

64.6 (d) When a relocation is necessitated by a qualifying situation under paragraph (c),
64.7 clauses (1) to (5), the provider must submit a notification to the commissioner of human
64.8 services, the ombudsman of long-term care, the ombudsperson of mental health and
64.9 developmental disabilities, relevant lead agencies, each resident's case manager, and either
64.10 each person receiving services at the setting or the person's legal representative. The
64.11 notification must be made at least 30 days prior to the relocation date and on forms and in
64.12 the manner prescribed by the commissioner of human services.

64.13 (e) A provider proposing to transfer a customized living setting enrollment date to a new
64.14 setting must submit, with the provider's notification to the commissioner of human services
64.15 under paragraph (d), the following information:

64.16 (1) the addresses of the vacating location and of the proposed new location;

64.17 (2) the anticipated date of the move to the new location;

64.18 (3) contacts for the lead agency and each resident's waiver case manager;

64.19 (4) documentation that the Department of Health has received an application to relocate
64.20 pursuant to section 144G.195, subdivision 1, for the new location; and

64.21 (5) documentation that the customized living provider's assisted living facility license
64.22 is not conditional.

64.23 (f) The commissioner of human services has 30 days to approve or deny requests to
64.24 transfer the original setting's customized living enrollment date to the new setting.

64.25 (g) The commissioner of human services must deny requests to transfer a customized
64.26 living enrollment date to a new setting if:

64.27 (1) the new setting approved by the commissioner of health under section 144G.195,
64.28 subdivision 1, is adjoined to or on the same property as an institution as defined in Code of
64.29 Federal Regulations, title 42, section 441.301(c), or one or more licensed assisted living
64.30 facilities;

64.31 (2) the requesting provider fails to notify the commissioner of human services of the
64.32 proposed relocation within the time frames required under this subdivision;

65.1 (3) the requesting provider's assisted living facility license is conditional; or

65.2 (4) the requesting provider is changing ownership at the same time as the proposed
65.3 relocation.

65.4 (h) The setting to which the original customized living enrollment date is transferred
65.5 must:

65.6 (1) comply with setting requirements in the brain injury and community access for
65.7 disability inclusion federally approved home and community-based services waiver plans
65.8 and under this section as the requirements existed on the customized living enrollment date
65.9 of the original setting;

65.10 (2) have a resident capacity less than or equal to the resident capacity of the original
65.11 setting;

65.12 (3) not require or coerce any resident of the original setting to move to the new setting,
65.13 consistent with informed choice and independent living policies under section 256B.4905,
65.14 subdivisions 1a, 2a, 3a, and 8; and

65.15 (4) provide each resident with a new assisted living contract and comply with the
65.16 coordinated move requirements under section 144G.55.

65.17 **EFFECTIVE DATE.** This section is effective January 1, 2025, or 90 days after federal
65.18 approval, whichever is later. The commissioner of human services shall notify the revisor
65.19 of statutes when federal approval is obtained.

65.20 Sec. 16. Minnesota Statutes 2023 Supplement, section 256R.55, is amended to read:

65.21 **256R.55 FINANCIALLY DISTRESSED NURSING FACILITY LONG-TERM**
65.22 **SERVICES AND SUPPORTS LOAN PROGRAM.**

65.23 Subdivision 1. ~~Financially distressed nursing facility loans~~ **Long-term services and**
65.24 **supports loan program.** The commissioner of human services shall establish a competitive
65.25 ~~financially distressed nursing facility~~ loan program to provide operating loans to eligible
65.26 ~~nursing long-term services and supports providers and~~ facilities. The commissioner shall
65.27 initiate the application process for the loan described in this section at least once annually
65.28 if money is available. A second application process may be initiated each year at the
65.29 discretion of the commissioner.

65.30 Subd. 2. **Eligibility.** To be an eligible applicant for a loan under this section, a ~~nursing~~
65.31 ~~facility provider~~ **must submit to the commissioner of human services a loan application in**

the form and according to the timelines established by the commissioner. In its loan application, a loan applicant must demonstrate ~~that~~ the following:

(1) for nursing facilities with a medical assistance provider agreement that are licensed as a nursing home or boarding care home according to section 256R.02, subdivision 33:

~~(1)~~ (i) the total net income of the nursing facility is not generating sufficient revenue to cover the nursing facility's operating expenses;

~~(2)~~ (ii) the nursing facility is at risk of closure; and

~~(3)~~ (iii) additional operating revenue is necessary to either preserve access to nursing facility services within the community or support people with complex, high-acuity support needs; and

(2) for other long-term services and supports providers:

(i) demonstration that the provider is enrolled in a Minnesota health care program and provides one or more of the following services in a Minnesota health care program:

(A) home and community-based services under chapter 245D;

(B) personal care assistance services under section 256B.0659;

(C) community first services and supports under section 256B.85;

(D) early intensive developmental and behavioral intervention services under section 256B.0949;

(E) home care services as defined under section 256B.0651, subdivision 1, paragraph (d); or

(F) customized living services as defined in section 256S.02; and

(ii) additional operating revenue is necessary to preserve access to services within the community, expand services to people within the community, expand services to new communities, or support people with complex, high-acuity support needs.

Subd. 2a. Allowable uses of loan money. (a) A loan awarded to a nursing facility under subdivision 2, clause (1), must only be used to cover the facility's short-term operating expenses. Nursing facilities receiving loans must not use the loan proceeds to pay related organizations as defined in section 256R.02, subdivision 43.

(b) A loan awarded to a long-term services and supports provider under subdivision 2, clause (2), must only be used to cover expenses related to achieving outcomes identified in subdivision 2, clause (2), item (ii).

67.1 Subd. 3. **Approving loans.** The commissioner must evaluate all loan applications on a
67.2 competitive basis and award loans to successful applicants within available appropriations
67.3 for this purpose. The commissioner's decisions are final and not subject to appeal.

67.4 Subd. 4. **Disbursement schedule.** Successful loan applicants under this section may
67.5 receive loan disbursements as a lump sum, or on an agreed upon disbursement schedule, ~~or~~
67.6 ~~as a time-limited line of credit.~~ The commissioner shall approve disbursements to successful
67.7 loan applicants through a memorandum of understanding. Memoranda of understanding
67.8 must specify the amount and schedule of loan disbursements.

67.9 Subd. 5. **Loan administration.** The commissioner may contract with an independent
67.10 third party to administer the loan program under this section.

67.11 Subd. 6. **Loan payments.** The commissioner shall negotiate the terms of the loan
67.12 repayment, including the start of the repayment plan, the due date of the repayment, and
67.13 the frequency of the repayment installments. Repayment installments must not begin until
67.14 at least 18 months after the first disbursement date. The memoranda of understanding must
67.15 specify the amount and schedule of loan payments. The repayment term must not exceed
67.16 72 months. If any loan payment to the commissioner is not paid within the time specified
67.17 by the memoranda of understanding, the late payment must be assessed a penalty rate of
67.18 0.01 percent of the original loan amount each month the payment is past due. For nursing
67.19 facilities, this late fee is not an allowable cost on the department's cost report. The
67.20 commissioner shall have the power to abate penalties when discrepancies occur resulting
67.21 from but not limited to circumstances of error and mail delivery.

67.22 Subd. 7. **Loan repayment.** (a) If a borrower is more than 60 calendar days delinquent
67.23 in the timely payment of a contractual payment under this section, the provisions in
67.24 paragraphs (b) to (e) apply.

67.25 (b) The commissioner may withhold some or all of the amount of the delinquent loan
67.26 payment, together with any penalties due and owing on those amounts, from any money
67.27 the department owes to the borrower. The commissioner may, at the commissioner's
67.28 discretion, also withhold future contractual payments from any money the commissioner
67.29 owes the provider as those contractual payments become due and owing. The commissioner
67.30 may continue this withholding until the commissioner determines there is no longer any
67.31 need to do so.

67.32 (c) The commissioner shall give prior notice of the commissioner's intention to withhold
67.33 by mail, facsimile, or email at least ten business days before the date of the first payment

period for which the withholding begins. The notice must be deemed received as of the date of mailing or receipt of the facsimile or electronic notice. The notice must:

(1) state the amount of the delinquent contractual payment;

(2) state the amount of the withholding per payment period;

(3) state the date on which the withholding is to begin;

(4) state whether the commissioner intends to withhold future installments of the provider's contractual payments; and

(5) state other contents as the commissioner deems appropriate.

(d) The commissioner, or the commissioner's designee, may enter into written settlement agreements with a provider to resolve disputes and other matters involving unpaid loan contractual payments or future loan contractual payments.

(e) Notwithstanding any law to the contrary, all unpaid loans, plus any accrued penalties, are overpayments for the purposes of section 256B.0641, subdivision 1. The current owner of a nursing home ~~or~~, boarding care home, or long-term services and supports provider is liable for the overpayment amount owed by a former owner for any facility sold, transferred, or reorganized.

Subd. 8. **Audit.** Loan money allocated under this section is subject to audit to determine whether the money was spent as authorized under this section.

Subd. 8a. **Special revenue account.** A long-term services and supports loan account is created in the special revenue fund in the state treasury. Money appropriated for the purposes of this section must be transferred to the long-term services and supports loan account. All payments received under subdivision 6, along with fees, penalties, and interest, must be deposited into the special revenue account and are appropriated to the commissioner for the purposes of this section.

Subd. 9. **Carryforward.** Notwithstanding section 16A.28, subdivision 3, ~~any appropriation~~ money in the long-term services and supports loan account for the purposes under this section carries forward and does not lapse ~~until the close of the fiscal year in which this section expires.~~

~~Subd. 10. **Expiration.** This section expires June 30, 2029.~~

EFFECTIVE DATE. This section is effective July 1, 2024, except that subdivision 8a is effective retroactively from July 1, 2023.

Sec. 17. **[256S.191] ELDERLY WAIVER BUDGET AND RATE EXCEPTIONS;
HIGH-NEED PARTICIPANTS.**

Subdivision 1. Eligibility for budget and rate exceptions. A participant is eligible to request an elderly waiver budget and rate exception when:

(1) hospitalization of the participant is no longer medically necessary but the participant has not been discharged to the community due to lack of community care options;

(2) the participant requires a support plan that exceeds elderly waiver budgets and rates due to the participant's specific assessed needs; and

(3) the participant meets all eligibility criteria for the elderly waiver.

Subd. 2. Requests for budget and rate exceptions. (a) A participant eligible under subdivision 1 may request, in a format prescribed by the commissioner, an elderly waiver budget and rate exception when requesting an eligibility determination for elderly waiver services. The participant may request an exception to the elderly waiver case mix caps, the customized living service rate limits, service rates, or any combination of the three.

(b) The participant must document in the request that the participant's needs cannot be met within the existing case mix caps, customized living service rate limits, or service rates and how an exception to any of the three will meet the participant's needs.

(c) The participant must include in the request the basis for the underlying costs used to determine the overall cost of the proposed service plan.

(d) The commissioner must respond to all exception requests, whether the request is granted, denied, or granted as modified. The commissioner must include in the response the basis for the action and provide notification of the right to appeal.

(e) Participants granted exceptions under this section must apply annually in a format prescribed by the commissioner to continue or modify the exception.

(f) A participant no longer qualifies for an exception when the participant's needs can be met within standard elderly waiver budgets and rates.

EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

70.1 Sec. 18. Minnesota Statutes 2022, section 256S.205, subdivision 2, is amended to read:

70.2 Subd. 2. **Rate adjustment application.** (a) Effective through September 30, 2023, a
70.3 facility may apply to the commissioner for designation as a disproportionate share facility.
70.4 Applications must be submitted annually between September 1 and September 30. The
70.5 applying facility must apply in a manner determined by the commissioner. The applying
70.6 facility must document each of the following on the application:

70.7 (1) the number of customized living residents in the facility on September 1 of the
70.8 application year, broken out by specific waiver program; and

70.9 (2) the total number of people residing in the facility on September 1 of the application
70.10 year.

70.11 (b) Effective October 1, 2023, the commissioner must not process any new applications
70.12 for disproportionate share facilities after the September 1 through September 30, 2023,
70.13 application period.

70.14 (c) A facility that receives rate floor payments in rate year 2024 may submit an application
70.15 under this subdivision to maintain its designation as a disproportionate share facility for
70.16 rate year 2025.

70.17 Sec. 19. Minnesota Statutes 2022, section 256S.205, subdivision 3, is amended to read:

70.18 Subd. 3. **Rate adjustment eligibility criteria.** (a) Effective through September 30, 2023,
70.19 only facilities satisfying all of the following conditions on September 1 of the application
70.20 year are eligible for designation as a disproportionate share facility:

70.21 (1) at least 83.5 percent of the residents of the facility are customized living residents;
70.22 and

70.23 (2) at least 70 percent of the customized living residents are elderly waiver participants.

70.24 (b) A facility determined eligible for the disproportionate share rate adjustment in
70.25 application year 2023 and receiving payments in rate year 2024 is eligible to receive payments
70.26 in rate year 2025 only if the commissioner determines that the facility continues to meet
70.27 the eligibility requirements under this subdivision as determined by the application process
70.28 under subdivision 2, paragraph (c).

70.29 Sec. 20. Minnesota Statutes 2022, section 256S.205, subdivision 5, is amended to read:

70.30 Subd. 5. **Rate adjustment; rate floor.** (a) Effective through December 31, 2025,
70.31 notwithstanding the 24-hour customized living monthly service rate limits under section

256S.202, subdivision 2, and the component service rates established under section 256S.201, subdivision 4, the commissioner must establish a rate floor equal to ~~\$119~~ \$141 per resident per day for 24-hour customized living services provided to an elderly waiver participant in a designated disproportionate share facility.

(b) The commissioner must apply the rate floor to the services described in paragraph (a) provided during the rate year.

~~(c) The commissioner must adjust the rate floor by the same amount and at the same time as any adjustment to the 24-hour customized living monthly service rate limits under section 256S.202, subdivision 2.~~

~~(d) The commissioner shall not implement the rate floor under this section if the customized living rates established under sections 256S.21 to 256S.215 will be implemented at 100 percent on January 1 of the year following an application year.~~

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

Sec. 21. Minnesota Statutes 2022, section 256S.205, is amended by adding a subdivision to read:

Subd. 7. Expiration. This section expires January 1, 2026.

Sec. 22. **DIRECTION TO COMMISSIONER; HOME AND COMMUNITY-BASED SERVICES SYSTEM REFORM ANALYSIS.**

(a) The commissioner of human services must study Minnesota's existing home and community-based services system for older adults and evaluate options to meet the needs of older adults with high support needs that cannot be addressed by services or individual participant budgets available under the elderly waiver. The commissioner must propose reforms to the home and community-based services system to meet the following goals:

(1) address the needs of older adults with high support needs, including older adults with high support needs currently residing in the community;

(2) develop provider capacity to meet the needs of older adults with high support needs; and

(3) ensure access to a full range of services and supports necessary to address the needs of older adults with high support needs.

(b) The commissioner must submit a report with recommendations to meet the goals in paragraph (a) to the chairs and ranking minority members of the legislative committees with jurisdiction over human services finance and policy by December 31, 2025.

Sec. 23. REVISOR INSTRUCTION.

The revisor of statutes shall renumber Minnesota Statutes, section 256R.55, as Minnesota Statutes, section 256.4792, and correct all cross-references.

ARTICLE 3

SUBSTANCE USE DISORDER SERVICES

Section 1. Minnesota Statutes 2022, section 151.065, subdivision 7, is amended to read:

Subd. 7. **Deposit of fees.** (a) The license fees collected under this section, with the exception of the fees identified in paragraphs (b) and (c), shall be deposited in the state government special revenue fund.

(b) \$5,000 of each fee collected under subdivision 1, clauses (6) to (9), and (11) to (15), and subdivision 3, clauses (4) to (7), and (9) to (13), and \$55,000 of each fee collected under subdivision 1, clause (16), and subdivision 3, clause (14), shall be deposited in the opiate epidemic response fund established in section 256.043.

~~(c) If the fees collected under subdivision 1, clause (16), or subdivision 3, clause (14), are reduced under section 256.043, \$5,000 of the reduced fee shall be deposited in the opiate epidemic response fund in section 256.043.~~

Sec. 2. Minnesota Statutes 2023 Supplement, section 245.91, subdivision 4, is amended to read:

Subd. 4. **Facility or program.** "Facility" or "program" means a nonresidential or residential program as defined in section 245A.02, subdivisions 10 and 14, and any agency, facility, or program that provides services or treatment for mental illness, developmental disability, substance use disorder, or emotional disturbance that is required to be licensed, certified, or registered by the commissioner of human services, health, or education; a sober home as defined in section 254B.01, subdivision 11; peer recovery support services provided by a recovery community organization as defined in section 254B.01, subdivision 8; and an acute care inpatient facility that provides services or treatment for mental illness, developmental disability, substance use disorder, or emotional disturbance.

73.1 Sec. 3. Minnesota Statutes 2023 Supplement, section 245G.07, subdivision 2, is amended
73.2 to read:

73.3 Subd. 2. **Additional treatment service.** A license holder may provide or arrange the
73.4 following additional treatment service as a part of the client's individual treatment plan:

73.5 (1) relationship counseling provided by a qualified professional to help the client identify
73.6 the impact of the client's substance use disorder on others and to help the client and persons
73.7 in the client's support structure identify and change behaviors that contribute to the client's
73.8 substance use disorder;

73.9 (2) therapeutic recreation to allow the client to participate in recreational activities
73.10 without the use of mood-altering chemicals and to plan and select leisure activities that do
73.11 not involve the inappropriate use of chemicals;

73.12 (3) stress management and physical well-being to help the client reach and maintain an
73.13 appropriate level of health, physical fitness, and well-being;

73.14 (4) living skills development to help the client learn basic skills necessary for independent
73.15 living;

73.16 (5) employment or educational services to help the client become financially independent;

73.17 (6) socialization skills development to help the client live and interact with others in a
73.18 positive and productive manner;

73.19 (7) room, board, and supervision at the treatment site to provide the client with a safe
73.20 and appropriate environment to gain and practice new skills; and

73.21 (8) peer recovery support services must be provided by an individual in a recovery peer
73.22 qualified according to section 245I.04, subdivision 18. Peer recovery support services include
73.23 education; advocacy; mentoring through self-disclosure of personal recovery experiences;
73.24 attending recovery and other support groups with a client; accompanying the client to
73.25 appointments that support recovery; assistance accessing resources to obtain housing,
73.26 employment, education, and advocacy services; and nonclinical recovery support to assist
73.27 the transition from treatment into the recovery community must be provided according to
73.28 sections 254B.05, subdivision 5, and 254B.052.

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

74.1 Sec. 4. Minnesota Statutes 2023 Supplement, section 245I.04, subdivision 19, is amended
74.2 to read:

74.3 Subd. 19. **Recovery peer scope of practice.** (a) A recovery peer, under the supervision
74.4 of ~~an~~ a licensed alcohol and drug counselor or mental health professional who meets the
74.5 qualifications under subdivision 2, must:

74.6 (1) provide individualized peer support and individual recovery planning to each client;

74.7 (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development
74.8 of natural supports; and

74.9 (3) support a client's maintenance of skills that the client has learned from other services.

74.10 (b) A licensed alcohol and drug counselor or mental health professional providing
74.11 supervision to a recovery peer must meet with the recovery peer face-to-face, either remotely
74.12 or in person, at least once per month in order to provide adequate supervision to the recovery
74.13 peer. Supervision must include reviewing individual recovery plans, as defined in section
74.14 254B.01, subdivision 4e, and reviewing documentation of peer recovery support services
74.15 provided for clients and may include client updates, discussion of ethical considerations,
74.16 and any other questions or issues relevant to peer recovery support services.

74.17 Sec. 5. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision to
74.18 read:

74.19 Subd. 4e. **Individual recovery plan.** "Individual recovery plan" means a person-centered
74.20 outline of supports that an eligible vendor of peer recovery support services under section
74.21 254B.05, subdivision 1, must develop to respond to an individual's peer recovery support
74.22 services needs and goals.

74.23 Sec. 6. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision to
74.24 read:

74.25 Subd. 8a. **Recovery peer.** "Recovery peer" means a person who is qualified according
74.26 to section 245I.04, subdivision 18, to provide peer recovery support services within the
74.27 scope of practice provided under section 245I.04, subdivision 19.

74.28 Sec. 7. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 1, is amended
74.29 to read:

74.30 Subdivision 1. **Licensure or certification required.** (a) Programs licensed by the
74.31 commissioner are eligible vendors. Hospitals may apply for and receive licenses to be

eligible vendors, notwithstanding the provisions of section 245A.03. American Indian programs that provide substance use disorder treatment, extended care, transitional residence, or outpatient treatment services, and are licensed by tribal government are eligible vendors.

(b) A licensed professional in private practice as defined in section 245G.01, subdivision 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible vendor of a comprehensive assessment and assessment summary provided according to section 245G.05, and treatment services provided according to sections 245G.06 and 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses (1) to (6).

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

(d) A recovery community organization that meets the requirements of clauses (1) to ~~(10)~~ (12) and meets ~~membership~~ certification or accreditation requirements of ~~the Association of Recovery Community Organizations~~ the Alliance for Recovery Centered Organizations, the Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide recovery ~~community~~ organization identified by the commissioner is an eligible vendor of peer recovery support services. A Minnesota statewide recovery organization identified by the commissioner must update recovery community organization applicants for certification or accreditation on the status of the application within 45 days of receipt. If the approved statewide recovery organization denies an application, it must provide a written explanation for the denial to the recovery community organization. Eligible vendors under this paragraph must:

(1) be nonprofit organizations under section 501(c)(3) of the Internal Revenue Code, be free from conflicting self-interests, and be autonomous in decision-making, program development, peer recovery support services provided, and advocacy efforts for the purpose of supporting the recovery community organization's mission;

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

(3) ~~primarily focus on recovery from substance use disorders, with missions and visions that support this primary focus~~ have a mission statement and conduct corresponding activities indicating that the organization's primary purpose is to support recovery from substance use disorder;

(4) ~~be grassroots and reflective of and engaged with the community served~~ demonstrate ongoing community engagement with the identified primary region and population served by the organization, including individuals in recovery and their families, friends, and recovery allies;

(5) be accountable to the recovery community through documented priority-setting and participatory decision-making processes that promote the ~~involvement and~~ engagement of, and consultation with, people in recovery and their families, friends, and recovery allies;

(6) provide nonclinical peer recovery support services, including but not limited to recovery support groups, recovery coaching, telephone recovery support, skill-building ~~groups~~, and harm-reduction activities, and provide recovery public education and advocacy;

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

(8) ~~be purposeful in meeting the diverse~~ maintain organizational practices to meet the needs of Black, Indigenous, and people of color communities, ~~including~~ LGBTQ+ communities, and other underrepresented or marginalized communities. Organizational practices may include board and staff ~~development activities, organizational practices~~ training, service offerings, advocacy efforts, and culturally informed outreach and ~~service plans~~ services;

(9) ~~be stewards of~~ use recovery-friendly language in all media and written materials that is supportive of and promotes recovery across diverse geographical and cultural contexts and reduces stigma; ~~and~~

(10) establish and maintain an employee and volunteer a publicly available recovery community organization code of ethics and easily accessible grievance policy and procedures ~~posted in physical spaces, on websites, or on program policies or forms;~~

77.1 (11) provide an orientation for recovery peers that includes an overview of the consumer
77.2 advocacy services provided by the Ombudsman for Mental Health and Developmental
77.3 Disabilities and other relevant advocacy services; and

77.4 (12) provide notice to peer recovery support services participants that includes the
77.5 following statement: "If you have a complaint about the provider or the person providing
77.6 your peer recovery support services, you may contact the Minnesota Alliance of Recovery
77.7 Community Organizations. You may also contact the Office of Ombudsman for Mental
77.8 Health and Developmental Disabilities." The statement must also include:

77.9 (i) the telephone number, website address, email address, and mailing address of the
77.10 Minnesota Alliance of Recovery Community Organizations and the Office of Ombudsman
77.11 for Mental Health and Developmental Disabilities;

77.12 (ii) the recovery community organization's name, address, email, telephone number, and
77.13 name or title of the person at the recovery community organization to whom problems or
77.14 complaints may be directed; and

77.15 (iii) a statement that the recovery community organization will not retaliate against a
77.16 peer recovery support services participant because of a complaint.

77.17 (e) A recovery community ~~organizations~~ organization approved by the commissioner
77.18 before June 30, 2023, ~~shall retain their designation as recovery community organizations~~
77.19 must have begun the application process as required by an approved certifying or accrediting
77.20 entity and have begun the process to meet the requirements under paragraph (d) by September
77.21 1, 2024, in order to be considered as an eligible vendor of peer recovery support services.

77.22 (f) A recovery community organization that is aggrieved by an accreditation, certification,
77.23 or membership determination and believes it meets the requirements under paragraph (d)
77.24 may appeal the determination under section 256.045, subdivision 3, paragraph (a), clause
77.25 (15), for reconsideration as an eligible vendor. If the human services judge determines that
77.26 the recovery community organization meets the requirements under paragraph (d), the
77.27 recovery community organization is an eligible vendor of peer recovery support services.

77.28 (g) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
77.29 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
77.30 nonresidential substance use disorder treatment or withdrawal management program by the
77.31 commissioner or by tribal government or do not meet the requirements of subdivisions 1a
77.32 and 1b are not eligible vendors.

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

(i) Any complaints about a recovery community organization or peer recovery support services may be made to and reviewed or investigated by the ombudsperson for behavioral health and developmental disabilities under sections 245.91 and 245.94.

EFFECTIVE DATE. This section is effective the day following final enactment, except the amendments adding paragraph (d), clauses (11) and (12), and paragraph (i) are effective July 1, 2025.

Sec. 8. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 5, as amended by Laws 2024, chapter 85, section 59, is amended to read:

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

(b) Eligible substance use disorder treatment services include:

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

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

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

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

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

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

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

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

79.3 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
79.4 and 245G.05;

79.5 (3) treatment coordination services provided according to section 245G.07, subdivision
79.6 1, paragraph (a), clause (5);

79.7 (4) peer recovery support services provided according to section 245G.07, subdivision
79.8 2, clause (8);

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

79.10 (6) hospital-based treatment services that are licensed according to sections 245G.01 to
79.11 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
79.12 144.56;

79.13 (7) adolescent treatment programs that are licensed as outpatient treatment programs
79.14 according to sections 245G.01 to 245G.18 or as residential treatment programs according
79.15 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
79.16 applicable tribal license;

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

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

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

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

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

79.28 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
79.29 9503; or

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

- 80.1 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
80.2 licensed under chapter 245A as:
- 80.3 (A) a child care center under Minnesota Rules, chapter 9503; or
- 80.4 (B) a family child care home under Minnesota Rules, chapter 9502;
- 80.5 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
80.6 subdivision 4a;
- 80.7 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;
- 80.8 (4) programs that offer medical services delivered by appropriately credentialed health
80.9 care staff in an amount equal to two hours per client per week if the medical needs of the
80.10 client and the nature and provision of any medical services provided are documented in the
80.11 client file; or
- 80.12 (5) programs that offer services to individuals with co-occurring mental health and
80.13 substance use disorder problems if:
- 80.14 (i) the program meets the co-occurring requirements in section 245G.20;
- 80.15 (ii) 25 percent of the counseling staff are licensed mental health professionals under
80.16 section 245I.04, subdivision 2, or are students or licensing candidates under the supervision
80.17 of a licensed alcohol and drug counselor supervisor and mental health professional under
80.18 section 245I.04, subdivision 2, except that no more than 50 percent of the mental health
80.19 staff may be students or licensing candidates with time documented to be directly related
80.20 to provisions of co-occurring services;
- 80.21 (iii) clients scoring positive on a standardized mental health screen receive a mental
80.22 health diagnostic assessment within ten days of admission;
- 80.23 (iv) the program has standards for multidisciplinary case review that include a monthly
80.24 review for each client that, at a minimum, includes a licensed mental health professional
80.25 and licensed alcohol and drug counselor, and their involvement in the review is documented;
- 80.26 (v) family education is offered that addresses mental health and substance use disorder
80.27 and the interaction between the two; and
- 80.28 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
80.29 training annually.
- 80.30 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
80.31 that provides arrangements for off-site child care must maintain current documentation at

81.1 the substance use disorder facility of the child care provider's current licensure to provide
81.2 child care services.

81.3 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
81.4 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
81.5 in paragraph (c), clause (5), items (i) to (iv).

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

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

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

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

81.23 (j) Eligible vendors of peer recovery support services must:

81.24 (1) submit to a review by the commissioner of up to ten percent of all medical assistance
81.25 and behavioral health fund claims to determine the medical necessity of peer recovery
81.26 support services for entities billing for peer recovery support services individually and not
81.27 receiving a daily rate; and

81.28 (2) limit an individual client to 14 hours per week for peer recovery support services
81.29 from an individual provider of peer recovery support services.

81.30 (k) Peer recovery support services not provided in accordance with section 254B.052
81.31 are subject to monetary recovery under section 256B.064 as money improperly paid.

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

82.1 Sec. 9. **[254B.052] PEER RECOVERY SUPPORT SERVICES REQUIREMENTS.**

82.2 Subdivision 1. Peer recovery support services; service requirements. (a) Peer recovery
82.3 support services are face-to-face interactions between a recovery peer and a client, on a
82.4 one-on-one basis, in which specific goals identified in an individual recovery plan, treatment
82.5 plan, or stabilization plan are discussed and addressed. Peer recovery support services are
82.6 provided to promote a client's recovery goals, self-sufficiency, self-advocacy, and
82.7 development of natural supports and to support maintenance of a client's recovery.

82.8 (b) Peer recovery support services must be provided according to an individual recovery
82.9 plan if provided by a recovery community organization or county, a treatment plan if provided
82.10 in a substance use disorder treatment program under chapter 245G, or a stabilization plan
82.11 if provided by a withdrawal management program under chapter 245F.

82.12 (c) A client receiving peer recovery support services must participate in the services
82.13 voluntarily. Any program that incorporates peer recovery support services must provide
82.14 written notice to the client that peer recovery support services will be provided.

82.15 (d) Peer recovery support services may not be provided to a client residing with or
82.16 employed by a recovery peer from whom they receive services.

82.17 Subd. 2. Individual recovery plan. (a) The individual recovery plan must be developed
82.18 with the client and must be completed within the first three sessions with a recovery peer.

82.19 (b) The recovery peer must document how each session ties into the client's individual
82.20 recovery plan. The individual recovery plan must be updated as needed. The individual
82.21 recovery plan must include:

82.22 (1) the client's name;

82.23 (2) the recovery peer's name;

82.24 (3) the name of the recovery peer's supervisor;

82.25 (4) the client's recovery goals;

82.26 (5) the client's resources and assets to support recovery;

82.27 (6) activities that may support meeting identified goals; and

82.28 (7) the planned frequency of peer recovery support services sessions between the recovery
82.29 peer and the client.

82.30 Subd. 3. Eligible vendor documentation requirements. An eligible vendor of peer
82.31 recovery support services under section 254B.05, subdivision 1, must keep a secure file for

83.1 each individual receiving medical assistance peer recovery support services. The file must
83.2 include, at a minimum:

83.3 (1) the client's comprehensive assessment under section 245G.05 that led to the client's
83.4 referral for peer recovery support services;

83.5 (2) the client's individual recovery plan; and

83.6 (3) documentation of each billed peer recovery support services interaction between the
83.7 client and the recovery peer, including the date, start and end time with a.m. and p.m.
83.8 designations, the client's response, and the name of the recovery peer who provided the
83.9 service.

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

83.11 Sec. 10. Minnesota Statutes 2023 Supplement, section 254B.19, subdivision 1, is amended
83.12 to read:

83.13 Subdivision 1. **Level of care requirements.** (a) For each client assigned an ASAM level
83.14 of care, eligible vendors must implement the standards set by the ASAM for the respective
83.15 level of care. Additionally, vendors must meet the following requirements:

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

83.21 (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per
83.22 week of skilled treatment services and adolescents must receive up to five hours per week.
83.23 Services must be licensed according to section 245G.20 and meet requirements under section
83.24 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly
83.25 skilled treatment service hours allowable per week.

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

(4) For ASAM level 2.5 partial hospitalization clients, adults must receive 20 hours or more of skilled treatment services. Services must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Level 2.5 is for clients who need daily monitoring in a structured setting, as directed by the individual treatment plan and in accordance with the limitations in section 254B.05, subdivision 5, paragraph (h). If clinically indicated on the client's treatment plan, this service may be provided in conjunction with room and board according to section 254B.05, subdivision 1a.

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

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

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

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

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

(b) Notwithstanding the minimum daily skilled treatment service requirements under paragraph (a), clauses (6) and (7), ASAM level 3.3 and 3.5 vendors must provide each client at least 30 hours of treatment services per week for the period between January 1, 2024, through June 30, 2024.

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

85.1 Sec. 11. Minnesota Statutes 2023 Supplement, section 256.043, subdivision 3, is amended
85.2 to read:

85.3 Subd. 3. **Appropriations from registration and license fee account.** (a) The
85.4 appropriations in paragraphs (b) to (n) shall be made from the registration and license fee
85.5 account on a fiscal year basis in the order specified.

85.6 (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs
85.7 (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be
85.8 made accordingly.

85.9 (c) \$100,000 is appropriated to the commissioner of human services for grants for opiate
85.10 antagonist distribution. Grantees may utilize funds for opioid overdose prevention,
85.11 community asset mapping, education, and opiate antagonist distribution.

85.12 (d) \$2,000,000 is appropriated to the commissioner of human services for grants to Tribal
85.13 nations and five urban Indian communities for traditional healing practices for American
85.14 Indians and to increase the capacity of culturally specific providers in the behavioral health
85.15 workforce.

85.16 (e) \$400,000 is appropriated to the commissioner of human services for competitive
85.17 grants for opioid-focused Project ECHO programs.

85.18 (f) \$277,000 in fiscal year 2024 and \$321,000 each year thereafter is appropriated to the
85.19 commissioner of human services to administer the funding distribution and reporting
85.20 requirements in paragraph (o).

85.21 (g) \$3,000,000 in fiscal year 2025 and \$3,000,000 each year thereafter is appropriated
85.22 to the commissioner of human services for safe recovery sites start-up and capacity building
85.23 grants under section 254B.18.

85.24 (h) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated to
85.25 the commissioner of human services for the opioid overdose surge alert system under section
85.26 245.891.

85.27 (i) \$300,000 is appropriated to the commissioner of management and budget for
85.28 evaluation activities under section 256.042, subdivision 1, paragraph (c).

85.29 (j) \$261,000 is appropriated to the commissioner of human services for the provision of
85.30 administrative services to the Opiate Epidemic Response Advisory Council and for the
85.31 administration of the grants awarded under paragraph (n).

(k) \$126,000 is appropriated to the Board of Pharmacy for the collection of the registration fees under section 151.066.

(l) \$672,000 is appropriated to the commissioner of public safety for the Bureau of Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

(m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining amount is appropriated to the commissioner of human services for distribution to county social service agencies and Tribal social service agency initiative projects authorized under section 256.01, subdivision 14b, to provide prevention and child protection services to children and families who are affected by addiction. The commissioner shall distribute this money proportionally to county social service agencies and Tribal social service agency initiative projects through a formula based on intake data from the previous three calendar years related to substance use and out-of-home placement episodes where parental drug abuse is the primary a reason for the out-of-home placement ~~using data from the previous calendar year~~. County social service agencies and Tribal social service agency initiative projects receiving funds from the opiate epidemic response fund must annually report to the commissioner on how the funds were used to provide prevention and child protection services, including measurable outcomes, as determined by the commissioner. County social service agencies and Tribal social service agency initiative projects must not use funds received under this paragraph to supplant current state or local funding received for child protection services for children and families who are affected by addiction.

(n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in the account is appropriated to the commissioner of human services to award grants as specified by the Opiate Epidemic Response Advisory Council in accordance with section 256.042, unless otherwise appropriated by the legislature.

(o) Beginning in fiscal year 2022 and each year thereafter, funds for county social service agencies and Tribal social service agency initiative projects under paragraph (m) and grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph (n) may be distributed on a calendar year basis.

(p) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs (c), (d), (e), (g), (m), and (n) are available for three years after the funds are appropriated.

87.1 Sec. 12. **[256B.0761] REENTRY DEMONSTRATION WAIVER.**

87.2 Subdivision 1. **Establishment.** The commissioner must submit a waiver application to
87.3 the Centers for Medicare and Medicaid Services to implement a medical assistance
87.4 demonstration project to provide health care and coordination services that bridge to
87.5 community-based services for individuals confined in state, local, or Tribal correctional
87.6 facilities, or facilities located outside of the seven-county metropolitan area that have an
87.7 inmate census with a significant proportion of Tribal members or American Indians, prior
87.8 to community reentry. The demonstration must be designed to:

87.9 (1) increase continuity of coverage;

87.10 (2) improve access to health care services, including mental health services, physical
87.11 health services, and substance use disorder treatment services;

87.12 (3) enhance coordination between Medicaid systems, health and human services systems,
87.13 correctional systems, and community-based providers;

87.14 (4) reduce overdoses and deaths following release;

87.15 (5) decrease disparities in overdoses and deaths following release; and

87.16 (6) maximize health and overall community reentry outcomes.

87.17 Subd. 2. **Eligible individuals.** Notwithstanding section 256B.055, subdivision 14,
87.18 individuals are eligible to receive services under this demonstration if they are eligible under
87.19 section 256B.055, subdivision 3a, 6, 7, 7a, 9, 15, 16, or 17, as determined by the
87.20 commissioner in collaboration with correctional facilities, local governments, and Tribal
87.21 governments.

87.22 Subd. 3. **Eligible correctional facilities.** (a) The commissioner's waiver application is
87.23 limited to:

87.24 (1) three state correctional facilities to be determined by the commissioner of corrections,
87.25 one of which must be the Minnesota Correctional Facility-Shakopee;

87.26 (2) two facilities for delinquent children and youth licensed under section 241.021,
87.27 subdivision 2, identified in coordination with the Minnesota Juvenile Detention Association
87.28 and the Minnesota Sheriffs' Association;

87.29 (3) four correctional facilities for adults licensed under section 241.021, subdivision 1,
87.30 identified in coordination with the Minnesota Sheriffs' Association and the Association of
87.31 Minnesota Counties; and

88.1 (4) one correctional facility owned and managed by a Tribal government or a facility
88.2 located outside of the seven-county metropolitan area that has an inmate census with a
88.3 significant proportion of Tribal members or American Indians.

88.4 (b) Additional facilities may be added to the waiver contingent on legislative authorization
88.5 and appropriations.

88.6 Subd. 4. **Services and duration.** (a) Services must be provided 90 days prior to an
88.7 individual's release date or, if an individual's confinement is less than 90 days, during the
88.8 time period between a medical assistance eligibility determination and the release to the
88.9 community.

88.10 (b) Facilities must offer the following services using either community-based or
88.11 corrections-based providers:

88.12 (1) case management activities to address physical and behavioral health needs, including
88.13 a comprehensive assessment of individual needs, development of a person-centered care
88.14 plan, referrals and other activities to address assessed needs, and monitoring and follow-up
88.15 activities;

88.16 (2) drug coverage in accordance with section 256B.0625, subdivision 13, including up
88.17 to a 30-day supply of drugs upon release;

88.18 (3) substance use disorder comprehensive assessments according section 254B.05,
88.19 subdivision 5, paragraph (b), clause (2);

88.20 (4) treatment coordination services according to section 254B.05, subdivision 5, paragraph
88.21 (b), clause (3);

88.22 (5) peer recovery support services according to sections 245I.04, subdivisions 18 and
88.23 19, and 254B.05, subdivision 5, paragraph (b), clause (4);

88.24 (6) substance use disorder individual and group counseling provided according to sections
88.25 245G.07, subdivision 1, paragraph (a), clause (1), and 254B.05;

88.26 (7) mental health diagnostic assessments as required under section 245I.10;

88.27 (8) group and individual psychotherapy as required under section 256B.0671;

88.28 (9) peer specialist services as required under sections 245I.04 and 256B.0615;

88.29 (10) family planning and obstetrics and gynecology services; and

88.30 (11) physical health well-being and screenings and care for adults and youth.

89.1 (c) Services outlined in this subdivision must only be authorized when an individual
89.2 demonstrates medical necessity or other eligibility as required under this chapter or applicable
89.3 state and federal laws.

89.4 Subd. 5. **Provider requirements and standards.** (a) Service providers must adhere to
89.5 applicable licensing and provider standards as required by federal guidance.

89.6 (b) Service providers must be enrolled to provide services under Minnesota health care
89.7 programs.

89.8 (c) Services must be provided by eligible providers employed by the correctional facility
89.9 or by eligible community providers under contract with the correctional facility.

89.10 (d) The commissioner must determine whether each facility is ready to participate in
89.11 this demonstration based on a facility-submitted assessment of the facility's readiness to
89.12 implement:

89.13 (1) prerelease medical assistance application and enrollment processes for inmates not
89.14 enrolled in medical assistance coverage;

89.15 (2) the provision or facilitation of all required prerelease services for a period of up to
89.16 90 days prior to release;

89.17 (3) coordination among county and Tribal human services agencies and all other entities
89.18 with a role in furnishing health care and supports to address health related social needs;

89.19 (4) appropriate reentry planning, prerelease care management, and assistance with care
89.20 transitions to the community;

89.21 (5) operational approaches to implementing certain Medicaid and CHIP requirements
89.22 including applications, suspensions, notices, fair hearings, and reasonable promptness for
89.23 coverage of services;

89.24 (6) a data exchange process to support care coordination and transition activities; and

89.25 (7) reporting of all requested data to the commissioner of human services to support
89.26 program monitoring, evaluation, oversight, and all financial data to meet reinvestment
89.27 requirements.

89.28 (e) Participating facilities must detail reinvestment plans for all new federal Medicaid
89.29 money expended for reentry services that were previously the responsibility of each facility
89.30 and provide detailed financial reports to the commissioner.

90.1 Subd. 6. **Payment rates.** (a) Payment rates for services under this section that are
90.2 approved under Minnesota's state plan agreement with the Centers for Medicare and Medicaid
90.3 Services are equal to current and applicable state law and federal requirements.

90.4 (b) Case management payment rates are equal to rates authorized by the commissioner
90.5 for relocation targeted case management under section 256B.0621, subdivision 10.

90.6 (c) Claims for covered drugs purchased through discount purchasing programs, such as
90.7 the Federal Supply Schedule of the United States General Services Administration or the
90.8 MMCAP Infuse program, must be no more than the actual acquisition cost plus the
90.9 professional dispensing fee in section 256B.0625, subdivision 13e. Drugs administered to
90.10 members must be billed on a professional claim in accordance with section 256B.0625,
90.11 subdivision 13e, paragraph (e), and submitted with the actual acquisition cost for the drug
90.12 on the claim line. Pharmacy claims must be submitted with the actual acquisition cost as
90.13 the ingredient cost field and the dispensing fee in section 256B.0625, subdivision 13e, as
90.14 the dispensing fee field on the claim with the basis of cost indicator of 08. Providers may
90.15 establish written protocols for establishing or calculating the facility's actual acquisition
90.16 drug cost based on a monthly, quarterly, or other average of the facility's actual acquisition
90.17 drug cost through the discount purchasing program. A written protocol must not include an
90.18 inflation, markup, spread, or margin to be added to the provider's actual purchase price after
90.19 subtracting all discounts.

90.20 Subd. 7. **Reentry services working group.** (a) The commissioner of human services,
90.21 in collaboration with the commissioner of corrections, must convene a reentry services
90.22 working group to consider ways to improve the demonstration under this section and related
90.23 policies for justice-involved individuals.

90.24 (b) The working group must be composed of balanced representation, including:

90.25 (1) people with lived experience; and

90.26 (2) representatives from:

90.27 (i) community health care providers;

90.28 (ii) the Minnesota Sheriffs' Association;

90.29 (iii) the Minnesota Association for County Social Service Administrators;

90.30 (iv) the Association of Minnesota Counties;

90.31 (v) the Minnesota Juvenile Detention Association;

90.32 (vi) the Office of Addiction and Recovery;

- 91.1 (vii) NAMI Minnesota;
- 91.2 (viii) the Minnesota Association of Resources for Recovery and Chemical Health;
- 91.3 (ix) Tribal Nations; and
- 91.4 (x) the Minnesota Alliance of Recovery Community Organizations.
- 91.5 (c) The working group must:
- 91.6 (1) advise on the waiver application, implementation, monitoring, evaluation, and
- 91.7 reinvestment plans;
- 91.8 (2) recommend strategies to improve processes that ensure notifications of the individual's
- 91.9 release date, current location, postrelease location, and other relevant information are
- 91.10 provided to state, county, and Tribal eligibility systems and managed care organizations;
- 91.11 (3) consider the value of expanding, replicating, or adapting the components of the
- 91.12 demonstration authorized under this section to additional populations;
- 91.13 (4) consider information technology and other implementation needs for participating
- 91.14 correctional facilities; and
- 91.15 (5) recommend ideas to fund expanded reentry services.
- 91.16 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
- 91.17 whichever is later, except subdivision 7 is effective July 1, 2024. The commissioner of
- 91.18 human services must notify the revisor of statutes when federal approval is obtained.

91.19 Sec. 13. Minnesota Statutes 2022, section 256B.69, subdivision 4, is amended to read:

91.20 Subd. 4. **Limitation of choice.** (a) The commissioner shall develop criteria to determine

91.21 when limitation of choice may be implemented in the experimental counties. The criteria

91.22 shall ensure that all eligible individuals in the county have continuing access to the full

91.23 range of medical assistance services as specified in subdivision 6.

91.24 (b) The commissioner shall exempt the following persons from participation in the

91.25 project, in addition to those who do not meet the criteria for limitation of choice:

91.26 (1) persons eligible for medical assistance according to section 256B.055, subdivision

91.27 1;

91.28 (2) persons eligible for medical assistance due to blindness or disability as determined

91.29 by the Social Security Administration or the state medical review team, unless:

91.30 (i) they are 65 years of age or older; or

92.1 (ii) they reside in Itasca County or they reside in a county in which the commissioner
92.2 conducts a pilot project under a waiver granted pursuant to section 1115 of the Social
92.3 Security Act;

92.4 (3) recipients who currently have private coverage through a health maintenance
92.5 organization;

92.6 (4) recipients who are eligible for medical assistance by spending down excess income
92.7 for medical expenses other than the nursing facility per diem expense;

92.8 (5) recipients who receive benefits under the Refugee Assistance Program, established
92.9 under United States Code, title 8, section 1522(e);

92.10 (6) children who are both determined to be severely emotionally disturbed and receiving
92.11 case management services according to section 256B.0625, subdivision 20, except children
92.12 who are eligible for and who decline enrollment in an approved preferred integrated network
92.13 under section 245.4682;

92.14 (7) adults who are both determined to be seriously and persistently mentally ill and
92.15 received case management services according to section 256B.0625, subdivision 20;

92.16 (8) persons eligible for medical assistance according to section 256B.057, subdivision
92.17 10;

92.18 (9) persons with access to cost-effective employer-sponsored private health insurance
92.19 or persons enrolled in a non-Medicare individual health plan determined to be cost-effective
92.20 according to section 256B.0625, subdivision 15; ~~and~~

92.21 (10) persons who are absent from the state for more than 30 consecutive days but still
92.22 deemed a resident of Minnesota, identified in accordance with section 256B.056, subdivision
92.23 1, paragraph (b); and

92.24 (11) persons who are enrolled in the reentry demonstration waiver under section
92.25 256B.0761.

92.26 Children under age 21 who are in foster placement may enroll in the project on an elective
92.27 basis. Individuals excluded under clauses (1), (6), and (7) may choose to enroll on an elective
92.28 basis. The commissioner may enroll recipients in the prepaid medical assistance program
92.29 for seniors who are (1) age 65 and over, and (2) eligible for medical assistance by spending
92.30 down excess income.

(c) The commissioner may allow persons with a one-month spenddown who are otherwise eligible to enroll to voluntarily enroll or remain enrolled, if they elect to prepay their monthly spenddown to the state.

(d) The commissioner may require those individuals to enroll in the prepaid medical assistance program who otherwise would have been excluded under paragraph (b), clauses (1), (3), and (8), and under Minnesota Rules, part 9500.1452, subpart 2, items H, K, and L.

(e) Before limitation of choice is implemented, eligible individuals shall be notified and after notification, shall be allowed to choose only among demonstration providers. The commissioner may assign an individual with private coverage through a health maintenance organization, to the same health maintenance organization for medical assistance coverage, if the health maintenance organization is under contract for medical assistance in the individual's county of residence. After initially choosing a provider, the recipient is allowed to change that choice only at specified times as allowed by the commissioner. If a demonstration provider ends participation in the project for any reason, a recipient enrolled with that provider must select a new provider but may change providers without cause once more within the first 60 days after enrollment with the second provider.

(f) An infant born to a woman who is eligible for and receiving medical assistance and who is enrolled in the prepaid medical assistance program shall be retroactively enrolled to the month of birth in the same managed care plan as the mother once the child is enrolled in medical assistance unless the child is determined to be excluded from enrollment in a prepaid plan under this section.

EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval, whichever is later. The commissioner of human services must notify the revisor of statutes when federal approval is obtained.

Sec. 14. Minnesota Statutes 2022, section 604A.04, subdivision 3, is amended to read:

Subd. 3. **Health care professionals; release from liability.** (a) A licensed health care professional who is permitted by law to prescribe an opiate antagonist, if acting in good faith, may directly or by standing order prescribe, dispense, distribute, or administer an opiate antagonist to a person without being subject to civil liability or criminal prosecution for the act. This immunity applies even when the opiate antagonist is eventually administered in either or both of the following instances: (1) by someone other than the person to whom it is prescribed; or (2) to someone other than the person to whom it is prescribed.

94.1 (b) A local unit of government, if acting in good faith, may distribute and administer an
94.2 opiate antagonist that is obtained pursuant to paragraph (a) without being subject to civil
94.3 liability or criminal prosecution for the act.

94.4 Sec. 15. **DIRECTION TO OMBUDSMAN FOR MENTAL HEALTH AND**
94.5 **DEVELOPMENTAL DISABILITIES.**

94.6 By September 30, 2025, the ombudsman for mental health and developmental disabilities
94.7 must provide a report to the governor and the chairs and ranking minority members of the
94.8 legislative committees with jurisdiction over human services that contains summary
94.9 information on complaints received regarding peer recovery support services provided by
94.10 a recovery community organization as defined in Minnesota Statutes, section 254B.01, and
94.11 any recommendations to the legislature to improve the quality of peer recovery support
94.12 services, recovery peer worker misclassification, and peer recovery support services billing
94.13 codes and procedures.

94.14 Sec. 16. **PEER RECOVERY SUPPORT SERVICES AND RECOVERY**
94.15 **COMMUNITY ORGANIZATION WORKING GROUP.**

94.16 Subdivision 1. **Establishment; duties.** The commissioner of human services must
94.17 convene a working group to develop recommendations on:

94.18 (1) peer recovery support services billing rates and practices, including a billing model
94.19 for providing services to groups of up to four clients and groups larger than four clients at
94.20 one time;

94.21 (2) acceptable activities to bill for peer recovery services, including group activities and
94.22 transportation related to individual recovery plans;

94.23 (3) ways to address authorization for additional service hours and a review of the amount
94.24 of peer recovery support services clients may need;

94.25 (4) improving recovery peer supervision and reimbursement for the costs of providing
94.26 recovery peer supervision for provider organizations;

94.27 (5) certification or other regulation of recovery community organizations and recovery
94.28 peers; and

94.29 (6) policy and statutory changes to improve access to peer recovery support services
94.30 and increase oversight of provider organizations.

95.1 Subd. 2. **Membership; meetings.** (a) Members of the working group must include but
95.2 not be limited to:

95.3 (1) a representative of the Minnesota Alliance of Recovery Community Organizations;

95.4 (2) a representative of the Minnesota Association of Resources for Recovery and
95.5 Chemical Health;

95.6 (3) representatives from at least three recovery community organizations who are eligible
95.7 vendors of peer recovery support services under Minnesota Statutes, section 254B.05,
95.8 subdivision 1;

95.9 (4) at least two currently practicing recovery peers qualified under Minnesota Statutes,
95.10 section 245I.04, subdivision 18;

95.11 (5) at least two individuals currently providing supervision for recovery peers according
95.12 to Minnesota Statutes, section 245I.04, subdivision 19;

95.13 (6) the commissioner of human services or a designee;

95.14 (7) a representative of county social services agencies; and

95.15 (8) a representative of a Tribal social services agency.

95.16 (b) Members of the working group may include a representative of the Alliance for
95.17 Recovery Centered Organizations and a representative of the Council on Accreditation of
95.18 Peer Recovery Support Services.

95.19 (c) The commissioner of human services must make appointments to the working group
95.20 by October 1, 2024, and convene the first meeting of the working group by December 1,
95.21 2024.

95.22 (d) The commissioner of human services must provide administrative support and meeting
95.23 space for the working group. The working group may conduct meetings remotely.

95.24 Subd. 3. **Report.** The commissioner must complete and submit a report on the
95.25 recommendations in this section to the chairs and ranking minority members of the legislative
95.26 committees with jurisdiction over health and human services policy and finance on or before
95.27 August 1, 2025.

95.28 Subd. 4. **Expiration.** The working group expires upon submission of the report to the
95.29 legislature under subdivision 3.

96.1 Sec. 17. **CAPACITY BUILDING AND IMPLEMENTATION GRANTS FOR THE**
96.2 **MEDICAL ASSISTANCE REENTRY DEMONSTRATION.**

96.3 The commissioner of human services must establish capacity-building grants for eligible
96.4 local correctional facilities as they prepare to implement reentry demonstration services
96.5 under Minnesota Statutes, section 256B.0761. Allowable expenditures under this grant
96.6 include:

96.7 (1) developing, in coordination with incarcerated individuals and community members
96.8 with lived experience, processes and protocols listed under Minnesota Statutes, section
96.9 256B.0761, subdivision 5, paragraph (d);

96.10 (2) establishing or modifying information technology systems to support implementation
96.11 of the reentry demonstration waiver;

96.12 (3) personnel costs; and

96.13 (4) other expenses as determined by the commissioner.

96.14 Sec. 18. **1115 WAIVER FOR MEDICAL ASSISTANCE REENTRY**
96.15 **DEMONSTRATION.**

96.16 The commissioner of human services must submit an application to the United States
96.17 Secretary of Health and Human Services to implement a medical assistance reentry
96.18 demonstration that covers services for incarcerated individuals as described under Minnesota
96.19 Statutes, section 256B.0761. Coverage of prerelease services is contingent on federal approval
96.20 of the demonstration and the required implementation and reinvestment plans.

96.21 Sec. 19. **RESIDENTIAL SUBSTANCE USE DISORDER RATE INCREASE.**

96.22 The commissioner of human services must increase rates for residential substance use
96.23 disorder services as authorized under Minnesota Statutes, section 254B.05, subdivision 5,
96.24 paragraph (a), by three percent for the 1115 demonstration base rates in effect as of January
96.25 1, 2024.

96.26 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
96.27 whichever is later. The commissioner of human services must notify the revisor of statutes
96.28 when federal approval is obtained.

96.29 Sec. 20. **REPEALER.**

96.30 Minnesota Statutes 2022, section 256.043, subdivision 4, is repealed.

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

97.2 **ARTICLE 4**

97.3 **PRIORITY ADMISSIONS AND CIVIL COMMITMENT**

97.4 Section 1. Minnesota Statutes 2022, section 245I.23, subdivision 19a, is amended to read:

97.5 Subd. 19a. **Additional requirements for locked program facility.** (a) A license holder
97.6 that prohibits clients from leaving the facility by locking exit doors or other permissible
97.7 methods must meet the additional requirements of this subdivision.

97.8 (b) The license holder must meet all applicable building and fire codes to operate a
97.9 building with locked exit doors. The license holder must have the appropriate license from
97.10 the Department of Health, as determined by the Department of Health, for operating a
97.11 program with locked exit doors.

97.12 ~~(e) The license holder's policies and procedures must clearly describe the types of court~~
97.13 ~~orders that authorize the license holder to prohibit clients from leaving the facility.~~

97.14 ~~(d)~~ (c) For each client present in the facility under a court order, the license holder must
97.15 maintain documentation of the court order for treatment authorizing the license holder to
97.16 prohibit the client from leaving the facility.

97.17 ~~(e)~~ (d) Upon a client's admission to a locked program facility, the license holder must
97.18 document in the client file that the client was informed:

97.19 (1) that the client has the right to leave the facility according to the client's rights under
97.20 section 144.651, subdivision 21, ~~if the client is not subject to a court order authorizing the~~
97.21 ~~license holder to prohibit the client from leaving the facility; or~~ and that leaving the facility
97.22 against medical advice may result in legal consequences; and

97.23 (2) that the client ~~cannot~~ may not be able to leave the facility ~~due to a court order~~
97.24 ~~authorizing the license holder to prohibit the client from leaving the facility as required~~
97.25 under chapter 253B.

97.26 ~~(f)~~ (e) ~~If the license holder prohibits a client from leaving the facility~~ is prohibited from
97.27 leaving the facility under chapter 253B, the client's treatment plan must reflect this restriction.

98.1 Sec. 2. Minnesota Statutes 2022, section 246.129, as amended by Laws 2024, chapter 79,
98.2 article 1, section 9, is amended to read:

98.3 **246.129 LEGISLATIVE APPROVAL REQUIRED.**

98.4 If the closure of a state-operated facility is proposed, and the executive board and
98.5 respective bargaining units fail to arrive at a mutually agreed upon solution to transfer
98.6 affected state employees to other state jobs, the closure of the facility requires legislative
98.7 approval. ~~This does not apply to state-operated enterprise services.~~

98.8 Sec. 3. Minnesota Statutes 2023 Supplement, section 246.54, subdivision 1a, is amended
98.9 to read:

98.10 Subd. 1a. **Anoka-Metro Regional Treatment Center.** (a) A county's payment of the
98.11 cost of care provided at Anoka-Metro Regional Treatment Center shall be according to the
98.12 following schedule:

98.13 (1) zero percent for the first 30 days;

98.14 (2) 20 percent for days 31 and over if the stay is determined to be clinically appropriate
98.15 for the client; and

98.16 (3) 100 percent for each day during the stay, including the day of admission, when the
98.17 facility determines that it is clinically appropriate for the client to be discharged.

98.18 (b) If payments received by the state under sections 246.50 to 246.53 exceed 80 percent
98.19 of the cost of care for days over 31 for clients who meet the criteria in paragraph (a), clause
98.20 (2), the county shall be responsible for paying the state only the remaining amount. The
98.21 county shall not be entitled to reimbursement from the client, the client's estate, or from the
98.22 client's relatives, except as provided in section 246.53.

98.23 (c) Between July 1, 2023, and ~~June 30~~ March 31, 2025, the county is not responsible
98.24 for the cost of care under paragraph (a), clause (3), for a person who is committed as a
98.25 person who has a mental illness and is dangerous to the public under section 253B.18 and
98.26 who is awaiting transfer to another state-operated facility or program. This paragraph expires
98.27 ~~June 30~~ March 31, 2025.

98.28 (d) Between April 1, 2025, and June 30, 2025, the county is not responsible for the cost
98.29 of care under paragraph (a), clause (3), for a person who is civilly committed, if the client
98.30 is awaiting transfer:

98.31 (1) to a facility operated by the Department of Corrections; or

99.1 (2) to another state-operated facility or program, and the Direct Care and Treatment
99.2 executive medical director's office or a designee has determined that:

99.3 (i) the client meets criteria for admission to that state-operated facility or program; and

99.4 (ii) the state-operated facility or program is the only facility or program that can
99.5 reasonably serve the client. This paragraph expires June 30, 2025.

99.6 ~~(d)~~ (e) Notwithstanding any law to the contrary, the client is not responsible for payment
99.7 of the cost of care under this subdivision.

99.8 Sec. 4. Minnesota Statutes 2023 Supplement, section 246.54, subdivision 1b, is amended
99.9 to read:

99.10 Subd. 1b. **Community behavioral health hospitals.** (a) A county's payment of the cost
99.11 of care provided at state-operated community-based behavioral health hospitals for adults
99.12 and children shall be according to the following schedule:

99.13 (1) 100 percent for each day during the stay, including the day of admission, when the
99.14 facility determines that it is clinically appropriate for the client to be discharged; and

99.15 (2) the county shall not be entitled to reimbursement from the client, the client's estate,
99.16 or from the client's relatives, except as provided in section 246.53.

99.17 (b) Between July 1, 2023, and ~~June 30~~ March 31, 2025, the county is not responsible
99.18 for the cost of care under paragraph (a), clause (1), for a person committed as a person who
99.19 has a mental illness and is dangerous to the public under section 253B.18 and who is awaiting
99.20 transfer to another state-operated facility or program. This paragraph expires ~~June 30~~ March
99.21 31, 2025.

99.22 (c) Between April 1, 2025, and June 30, 2025, the county is not responsible for the cost
99.23 of care under paragraph (a), clause (1), for a person who is civilly committed, if the client
99.24 is awaiting transfer:

99.25 (1) to a facility operated by the Department of Corrections; or

99.26 (2) to another state-operated facility or program, and the Direct Care and Treatment
99.27 executive medical director's office or a designee has determined that:

99.28 (i) the client meets criteria for admission to that state-operated facility or program; and

99.29 (ii) the state-operated facility or program is the only facility or program that can
99.30 reasonably serve the client. This paragraph expires June 30, 2025.

100.1 ~~(e)~~ (d) Notwithstanding any law to the contrary, the client is not responsible for payment
100.2 of the cost of care under this subdivision.

100.3 Sec. 5. Minnesota Statutes 2023 Supplement, section 253B.10, subdivision 1, as amended
100.4 by Laws 2024, chapter 79, article 5, section 8, is amended to read:

100.5 Subdivision 1. **Administrative requirements.** (a) When a person is committed, the
100.6 court shall issue a warrant or an order committing the patient to the custody of the head of
100.7 the treatment facility, state-operated treatment program, or community-based treatment
100.8 program. The warrant or order shall state that the patient meets the statutory criteria for
100.9 civil commitment.

100.10 (b) The executive board shall prioritize civily committed patients being admitted from
100.11 jail or a correctional institution or who are referred to a state-operated treatment facility for
100.12 competency attainment or a competency examination under sections 611.40 to 611.59 for
100.13 admission to a medically appropriate state-operated direct care and treatment bed based on
100.14 the decisions of physicians in the executive medical director's office, using a priority
100.15 admissions framework. The framework must account for a range of factors for priority
100.16 admission, including but not limited to:

100.17 (1) ~~ordered confined in a state-operated treatment program for an examination under~~
100.18 ~~Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and~~
100.19 ~~20.02, subdivision 2~~ the length of time the person has been on a waiting list for admission
100.20 to a state-operated direct care and treatment program since the date of the order under
100.21 paragraph (a), or the date of an order issued under sections 611.40 to 611.59;

100.22 (2) ~~under civil commitment for competency treatment and continuing supervision under~~
100.23 ~~Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7~~ the intensity of the
100.24 treatment the person needs, based on medical acuity;

100.25 (3) ~~found not guilty by reason of mental illness under Minnesota Rules of Criminal~~
100.26 ~~Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be~~
100.27 ~~detained in a state-operated treatment program pending completion of the civil commitment~~
100.28 ~~proceedings; or~~ the person's revoked provisional discharge status;

100.29 (4) ~~committed under this chapter to the executive board after dismissal of the patient's~~
100.30 ~~criminal charges;~~ the person's safety and safety of others in the person's current environment;

100.31 (5) whether the person has access to necessary or court-ordered treatment;

100.32 (6) distinct and articulable negative impacts of an admission delay on the facility referring
100.33 the individual for treatment; and

101.1 (7) any relevant federal prioritization requirements.

101.2 Patients described in this paragraph must be admitted to a state-operated treatment program
101.3 within 48 hours. The commitment must be ordered by the court as provided in section
101.4 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or
101.5 less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2,
101.6 must be prioritized for admission to a state-operated treatment program using the priority
101.7 admissions framework in this paragraph.

101.8 (c) Upon the arrival of a patient at the designated treatment facility, state-operated
101.9 treatment program, or community-based treatment program, the head of the facility or
101.10 program shall retain the duplicate of the warrant and endorse receipt upon the original
101.11 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must
101.12 be filed in the court of commitment. After arrival, the patient shall be under the control and
101.13 custody of the head of the facility or program.

101.14 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
101.15 of law, the court order committing the patient, the report of the court examiners, and the
101.16 prepetition report, and any medical and behavioral information available shall be provided
101.17 at the time of admission of a patient to the designated treatment facility or program to which
101.18 the patient is committed. Upon a patient's referral to the executive board for admission
101.19 pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or
101.20 correctional facility that has provided care or supervision to the patient in the previous two
101.21 years shall, when requested by the treatment facility or commissioner, provide copies of
101.22 the patient's medical and behavioral records to the executive board for purposes of
101.23 preadmission planning. This information shall be provided by the head of the treatment
101.24 facility to treatment facility staff in a consistent and timely manner and pursuant to all
101.25 applicable laws.

101.26 (e) Patients described in paragraph (b) must be admitted to a state-operated treatment
101.27 program within 48 hours of the Office of Executive Medical Director, under section 246C.09,
101.28 or a designee determining that a medically appropriate bed is available. This paragraph
101.29 expires on June 30, 2025.

101.30 (f) Within four business days of determining which state-operated direct care and
101.31 treatment program or programs are appropriate for an individual, the executive medical
101.32 director's office or a designee must notify the source of the referral and the responsible
101.33 county human services agency, the individual being ordered to direct care and treatment,
101.34 and the district court that issued the order of the determination. The notice shall include

102.1 which program or programs are appropriate for the person's priority status. Any interested
102.2 person may provide additional information or request updated priority status about the
102.3 individual to the executive medical director's office or a designee while the individual is
102.4 awaiting admission. Updated priority status of an individual will only be disclosed to
102.5 interested persons who are legally authorized to receive private information about the
102.6 individual. When an available bed has been identified, the executive medical director's
102.7 office or a designee must notify the designated agency and the facility where the individual
102.8 is awaiting admission that the individual has been accepted for admission to a particular
102.9 state-operated direct care and treatment program and the earliest possible date the admission
102.10 can occur. The designated agency or facility where the individual is awaiting admission
102.11 must transport the individual to the admitting state-operated direct care and treatment
102.12 program no more than 48 hours after the offered admission date.

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

102.14 Sec. 6. Minnesota Statutes 2023 Supplement, section 256B.0622, subdivision 8, is amended
102.15 to read:

102.16 Subd. 8. **Medical assistance payment for assertive community treatment and**
102.17 **intensive residential treatment services.** (a) Payment for intensive residential treatment
102.18 services and assertive community treatment in this section shall be based on one daily rate
102.19 per provider inclusive of the following services received by an eligible client in a given
102.20 calendar day: all rehabilitative services under this section, staff travel time to provide
102.21 rehabilitative services under this section, and nonresidential crisis stabilization services
102.22 under section 256B.0624.

102.23 (b) Except as indicated in paragraph ~~(e)~~ (d), payment will not be made to more than one
102.24 entity for each client for services provided under this section on a given day. If services
102.25 under this section are provided by a team that includes staff from more than one entity, the
102.26 team must determine how to distribute the payment among the members.

102.27 (c) Payment must not be made based solely on a court order to participate in intensive
102.28 residential treatment services. If a client has a court order to participate in the program or
102.29 to obtain assessment for treatment and follow treatment recommendations, payment under
102.30 this section must only be provided if the client is eligible for the service and the service is
102.31 determined to be medically necessary.

102.32 ~~(e)~~ (d) The commissioner shall determine one rate for each provider that will bill medical
102.33 assistance for residential services under this section and one rate for each assertive community
102.34 treatment provider. If a single entity provides both services, one rate is established for the

103.1 entity's residential services and another rate for the entity's nonresidential services under
103.2 this section. A provider is not eligible for payment under this section without authorization
103.3 from the commissioner. The commissioner shall develop rates using the following criteria:

103.4 (1) the provider's cost for services shall include direct services costs, other program
103.5 costs, and other costs determined as follows:

103.6 (i) the direct services costs must be determined using actual costs of salaries, benefits,
103.7 payroll taxes, and training of direct service staff and service-related transportation;

103.8 (ii) other program costs not included in item (i) must be determined as a specified
103.9 percentage of the direct services costs as determined by item (i). The percentage used shall
103.10 be determined by the commissioner based upon the average of percentages that represent
103.11 the relationship of other program costs to direct services costs among the entities that provide
103.12 similar services;

103.13 (iii) physical plant costs calculated based on the percentage of space within the program
103.14 that is entirely devoted to treatment and programming. This does not include administrative
103.15 or residential space;

103.16 (iv) assertive community treatment physical plant costs must be reimbursed as part of
103.17 the costs described in item (ii); and

103.18 (v) subject to federal approval, up to an additional five percent of the total rate may be
103.19 added to the program rate as a quality incentive based upon the entity meeting performance
103.20 criteria specified by the commissioner;

103.21 (2) actual cost is defined as costs which are allowable, allocable, and reasonable, and
103.22 consistent with federal reimbursement requirements under Code of Federal Regulations,
103.23 title 48, chapter 1, part 31, relating to for-profit entities, and Office of Management and
103.24 Budget Circular Number A-122, relating to nonprofit entities;

103.25 (3) the number of service units;

103.26 (4) the degree to which clients will receive services other than services under this section;
103.27 and

103.28 (5) the costs of other services that will be separately reimbursed.

103.29 ~~(d)~~ (e) The rate for intensive residential treatment services and assertive community
103.30 treatment must exclude the medical assistance room and board rate, as defined in section
103.31 256B.056, subdivision 5d, and services not covered under this section, such as partial
103.32 hospitalization, home care, and inpatient services.

104.1 ~~(e)~~ (f) Physician services that are not separately billed may be included in the rate to the
104.2 extent that a psychiatrist, or other health care professional providing physician services
104.3 within their scope of practice, is a member of the intensive residential treatment services
104.4 treatment team. Physician services, whether billed separately or included in the rate, may
104.5 be delivered by telehealth. For purposes of this paragraph, "telehealth" has the meaning
104.6 given to "mental health telehealth" in section 256B.0625, subdivision 46, when telehealth
104.7 is used to provide intensive residential treatment services.

104.8 ~~(f)~~ (g) When services under this section are provided by an assertive community treatment
104.9 provider, case management functions must be an integral part of the team.

104.10 ~~(g)~~ (h) The rate for a provider must not exceed the rate charged by that provider for the
104.11 same service to other payors.

104.12 ~~(h)~~ (i) The rates for existing programs must be established prospectively based upon the
104.13 expenditures and utilization over a prior 12-month period using the criteria established in
104.14 paragraph ~~(e)~~ (d). The rates for new programs must be established based upon estimated
104.15 expenditures and estimated utilization using the criteria established in paragraph ~~(e)~~ (d).

104.16 ~~(i)~~ (j) Effective for the rate years beginning on and after January 1, 2024, rates for
104.17 assertive community treatment, adult residential crisis stabilization services, and intensive
104.18 residential treatment services must be annually adjusted for inflation using the Centers for
104.19 Medicare and Medicaid Services Medicare Economic Index, as forecasted in the fourth
104.20 quarter of the calendar year before the rate year. The inflation adjustment must be based on
104.21 the 12-month period from the midpoint of the previous rate year to the midpoint of the rate
104.22 year for which the rate is being determined.

104.23 ~~(j)~~ (k) Entities who discontinue providing services must be subject to a settle-up process
104.24 whereby actual costs and reimbursement for the previous 12 months are compared. In the
104.25 event that the entity was paid more than the entity's actual costs plus any applicable
104.26 performance-related funding due the provider, the excess payment must be reimbursed to
104.27 the department. If a provider's revenue is less than actual allowed costs due to lower
104.28 utilization than projected, the commissioner may reimburse the provider to recover its actual
104.29 allowable costs. The resulting adjustments by the commissioner must be proportional to the
104.30 percent of total units of service reimbursed by the commissioner and must reflect a difference
104.31 of greater than five percent.

104.32 ~~(k)~~ (l) A provider may request of the commissioner a review of any rate-setting decision
104.33 made under this subdivision.

Sec. 7. **PRIORITY ADMISSIONS REVIEW PANEL.**

(a) A panel appointed by the commissioner of human services, consisting of all members who served on the Task Force on Priority Admissions to State-Operated Treatment Programs under Laws 2023, chapter 61, article 8, section 13, subdivision 2, and one member who has an active role as a union representative representing staff at Direct Care and Treatment appointed by joint representatives of the American Federation of State, County and Municipal Employees (AFSCME); Minnesota Association of Professional Employees (MAPE); Minnesota Nurses Association (MNA); Middle Management Association (MMA); and State Residential Schools Education Association (SRSEA) must:

(1) evaluate the 48-hour timeline for priority admissions required under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), and develop policy and legislative proposals related to the priority admissions timeline in order to minimize litigation costs, maximize capacity in and access to state-operated treatment programs, and address issues related to individuals awaiting admission to state-operated treatment programs in jails and correctional institutions; and

(2) by February 1, 2025, submit a written report to the chairs and ranking minority members of the legislative committees with jurisdiction over public safety and human services that includes legislative proposals to amend Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), to modify the 48-hour priority admissions timeline.

(b) The panel appointed under paragraph (a) must also advise the commissioner on the effectiveness of the framework and priority admissions generally and review de-identified data quarterly for one year following the implementation of the priority admissions framework to ensure that the framework is implemented and applied equitably. If the panel requests to review data that are classified as private or confidential and the commissioner determines that the data requested are necessary for the scope of the panel's review, the commissioner is authorized to disclose private or confidential data to the panel under this paragraph and pursuant to Minnesota Statutes, section 13.05, subdivision 4, paragraph (b), for private or confidential data collected prior to the effective date of this section.

(c) After the panel completes one year of review, a quality committee established by the Direct Care and Treatment executive board must continue to review data; seek input from counties, hospitals, community providers, and advocates; and provide a routine report to the executive board on the effectiveness of the framework and priority admissions.

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

Sec. 8. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;
REIMBURSEMENT TO BELTRAMI COUNTY AND TODD COUNTY FOR
CERTAIN COST OF CARE PAYMENTS.**

(a) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivisions 1a and 1b; Minnesota Statutes 2022, section 246.54, subdivisions 1a and 1b; or any other law to the contrary, the commissioner of human services must not sanction or otherwise seek payment from Beltrami County for outstanding debts for the cost of care provided between July 1, 2022, and June 30, 2023, under:

(1) Minnesota Statutes, section 246.54, subdivision 1a, paragraph (a), clause (3), to a person committed as a person who has a mental illness and is dangerous to the public under Minnesota Statutes, section 253B.18, and who was awaiting transfer from Anoka-Metro Regional Treatment Center to another state-operated facility or program; or

(2) Minnesota Statutes, section 246.54, subdivision 1b, paragraph (a), clause (1), to a person committed as a person who has a mental illness and is dangerous to the public under Minnesota Statutes, section 253B.18, and who was awaiting transfer from a state-operated community-based behavioral health hospital to another state-operated facility or program.

(b) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivision 1a; Minnesota Statutes 2022, section 246.54, subdivision 1a; or any other law to the contrary, the commissioner of human services must not sanction or otherwise seek payment from Todd County for outstanding debts for the cost of care provided in Anoka-Metro Regional Treatment Center from August 22, 2023, to February 3, 2024, not to exceed \$387,000.

(c) The commissioner must reimburse Beltrami County and Todd County with state-only money any amount previously paid to the state or otherwise recovered by the commissioner from Beltrami County or Todd County for the cost of care identified in paragraphs (a) and (b).

(d) Nothing in this section prohibits the commissioner from seeking reimbursement from Beltrami County for the cost of care provided in Anoka-Metro Regional Treatment Center or a state-operated community-based behavioral health hospital for care not described in paragraph (a).

(e) Nothing in this section prohibits the commissioner of human services from seeking reimbursement from Todd County for the cost of care provided in Anoka-Metro Regional Treatment Center or by any state-operated facility or program in excess of the amount specified in paragraph (b).

107.1 (f) Notwithstanding any law to the contrary, the client is not responsible for payment of
107.2 the cost of care under this section.

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

107.4 Sec. 9. **MENTALLY ILL AND DANGEROUS CIVIL COMMITMENT REFORM**
107.5 **TASK FORCE.**

107.6 Subdivision 1. **Establishment; purpose.** The Mentally Ill and Dangerous Civil
107.7 Commitment Reform Task Force is established to evaluate current statutes related to mentally
107.8 ill and dangerous civil commitments and develop recommendations to optimize the use of
107.9 state-operated mental health resources and increase equitable access and outcomes for
107.10 patients.

107.11 Subd. 2. **Membership.** (a) The Mentally Ill and Dangerous Civil Commitment Reform
107.12 Task Force consists of the members appointed as follows:

107.13 (1) the commissioner of human services or a designee;

107.14 (2) two members representing the Department of Direct Care and Treatment who have
107.15 experience with mentally ill and dangerous civil commitments, appointed by the
107.16 commissioner of human services;

107.17 (3) the ombudsman for mental health and developmental disabilities;

107.18 (4) a judge with experience presiding over mentally ill and dangerous civil commitments,
107.19 appointed by the state court administrator;

107.20 (5) a court examiner with experience participating in mentally ill and dangerous civil
107.21 commitments, appointed by the state court administrator;

107.22 (6) a member of the Special Review Board, appointed by the state court administrator;

107.23 (7) a county representative, appointed by the Association of Minnesota Counties;

107.24 (8) a representative appointed by the Minnesota Association of County Social Service
107.25 Administrators;

107.26 (9) a county attorney with experience participating in mentally ill and dangerous civil
107.27 commitments, appointed by the Minnesota County Attorneys Association;

107.28 (10) an attorney with experience representing respondents in mentally ill and dangerous
107.29 civil commitments, appointed by the governor;

107.30 (11) a member appointed by the Minnesota Association of Community Mental Health
107.31 Programs;

108.1 (12) a member appointed by the National Alliance on Mental Illness Minnesota;

108.2 (13) a licensed independent practitioner with experience treating individuals subject to
108.3 a mentally ill and dangerous civil commitment;

108.4 (14) an individual with lived experience under civil commitment as mentally ill and
108.5 dangerous and who is on a provisional discharge or has been discharged from commitment;

108.6 (15) a family member of an individual with lived experience under civil commitment
108.7 as mentally ill and dangerous and who is on a provisional discharge or has been discharged
108.8 from commitment;

108.9 (16) at least one Tribal government representative; and

108.10 (17) a member appointed by the Minnesota Disability Law Center.

108.11 (b) A member of the legislature may not serve as a member of the task force.

108.12 (c) Appointments to the task force must be made no later than July 30, 2024.

108.13 Subd. 3. **Compensation; removal; vacancy.** (a) Notwithstanding Minnesota Statutes,
108.14 section 15.059, subdivision 6, members of the task force may be compensated as provided
108.15 under Minnesota Statutes, section 15.059, subdivision 3.

108.16 (b) A member may be removed by the appointing authority at any time at the pleasure
108.17 of the appointing authority. In the case of a vacancy on the task force, the appointing authority
108.18 shall appoint an individual to fill the vacancy for the remainder of the unexpired term.

108.19 Subd. 4. **Officers; meetings.** (a) The commissioner of human services shall convene
108.20 the first meeting of the task force no later than September 1, 2024.

108.21 (b) The task force must elect a chair and vice-chair from among its members and may
108.22 elect other officers as necessary.

108.23 (c) The task force is subject to Minnesota Statutes, chapter 13D.

108.24 Subd. 5. **Staff.** The commissioner of human services must provide staff assistance to
108.25 support the work of the task force.

108.26 Subd. 6. **Data usage and privacy.** Any data provided by executive agencies as part of
108.27 the work and report of the task force are subject to the requirements of Minnesota Statutes,
108.28 chapter 13, and all other applicable data privacy laws.

108.29 Subd. 7. **Duties.** The task force must:

109.1 (1) analyze current trends in mentally ill and dangerous civil commitments, including
109.2 but not limited to the length of stay for individuals committed in Minnesota as compared
109.3 to other jurisdictions;

109.4 (2) review national practices and criteria for civil commitment of individuals who have
109.5 a mental illness and represent a danger to the public;

109.6 (3) develop recommended statutory changes necessary to provide services to the high
109.7 number of mentally ill and dangerous civilly committed individuals;

109.8 (4) develop funding and statutory recommendations for alternatives to the current mentally
109.9 ill and dangerous civil commitment process;

109.10 (5) identify what types of placements and services are necessary to serve individuals
109.11 civilly committed as mentally ill and dangerous in the community;

109.12 (6) make recommendations to reduce barriers to discharge from the forensic mental
109.13 health program for individuals civilly committed as mentally ill and dangerous;

109.14 (7) develop recommended plain language statutory changes to clarify operational
109.15 definitions for terms used within Minnesota Statutes, section 253B.18;

109.16 (8) develop recommended statutory changes to provide clear direction to the
109.17 commissioner of human services and facilities to which individuals are civilly committed
109.18 to address situations in which an individual is committed as mentally ill and dangerous and
109.19 is later determined to not have an organic disorder of the brain or a substantial psychiatric
109.20 disorder of thought, mood, perception, orientation, or memory; and

109.21 (9) evaluate and make statutory and funding recommendations for the voluntary return
109.22 of individuals civilly committed as mentally ill and dangerous to community facilities.

109.23 Subd. 8. **Report required.** By August 1, 2025, the task force shall submit to the chairs
109.24 and ranking minority members of the legislative committees with jurisdiction over mentally
109.25 ill and dangerous civil commitments a written report that includes the outcome of the duties
109.26 in subdivision 7, including but not limited to recommended statutory changes.

109.27 Subd. 9. **Expiration.** The task force expires January 1, 2026.

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

109.29 Sec. 10. **ENGAGEMENT SERVICES PILOT GRANTS.**

109.30 Subdivision 1. **Creation.** The engagement services pilot grant program is established
109.31 in the Department of Human Services to provide grants to counties or certified community

behavioral health clinics under section 245.735 that have a letter of support from a county to provide engagement services under section 253B.041. The commissioner of human services must award one grant under this section to Otter Tail County. Engagement services must provide culturally responsive early interventions to prevent an individual from meeting the criteria for civil commitment and promote positive outcomes.

Subd. 2. **Allowable grant activities.** (a) Grantees must use grant money to:

(1) develop a system to respond to requests for engagement services;

(2) provide the following engagement services, taking into account an individual's preferences for treatment services and supports:

(i) assertive attempts to engage an individual in voluntary treatment for mental illness for at least 90 days;

(ii) efforts to engage an individual's existing support systems and interested persons, including but not limited to providing education on restricting means of harm and suicide prevention, when the provider determines that such engagement would be helpful; and

(iii) collaboration with the individual to meet the individual's immediate needs, including but not limited to housing access, food and income assistance, disability verification, medication management, and medical treatment;

(3) conduct outreach to families and providers; and

(4) evaluate the impact of engagement services on decreasing civil commitments, increasing engagement in treatment, decreasing police involvement with individuals exhibiting symptoms of serious mental illness, and other measures.

(b) Grantees must seek reimbursement for all activities and provided services eligible for medical assistance.

(c) Engagement services staff must have completed training on person-centered care. Staff may include but are not limited to mobile crisis providers under Minnesota Statutes, section 256B.0624; certified peer specialists under Minnesota Statutes, section 256B.0615; community-based treatment programs staff; and homeless outreach workers.

Sec. 11. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; LIMITED EXCEPTION FOR ADMISSION FROM HOSPITAL SETTINGS.

The commissioner of human services must immediately approve an exception to add up to ten patients who have been civilly committed and are in hospital settings to the waiting list for admission to medically appropriate direct care and treatment beds under Minnesota

111.1 Statutes, section 253B.10, subdivision 1, paragraph (b). This section expires upon the
111.2 commissioner's approval of the exception for ten patients who have been civilly committed
111.3 and are awaiting admission.

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

111.5 Sec. 12. **COUNTY CORRECTIONAL FACILITY LONG-ACTING INJECTABLE**
111.6 **ANTIPSYCHOTIC MEDICATION PILOT PROGRAM.**

111.7 Subdivision 1. **Authorization.** The commissioner of human services must establish a
111.8 pilot program that provides payments to counties to support county correctional facilities
111.9 in administering long-acting injectable antipsychotic medications to prisoners for mental
111.10 health treatment.

111.11 Subd. 2. **Application.** Counties may submit requests for reimbursement for costs incurred
111.12 pursuant to subdivision 3 on an application form specified by the commissioner. Requests
111.13 for reimbursement for the cost of a long-acting injectable antipsychotic medication must
111.14 be accompanied by the correctional facility's invoice for the long-acting injectable
111.15 antipsychotic medication. The commissioner must issue an application to each county board
111.16 at least once per calendar quarter until money for the pilot program is expended.

111.17 Subd. 3. **Pilot program payments; allowable uses.** Counties must use payments received
111.18 under this section for reimbursement of costs incurred during the most recent calendar
111.19 quarter for:

111.20 (1) long-acting injectable antipsychotic medications for prisoners in county correctional
111.21 facilities; and

111.22 (2) health care costs related to the administration of long-acting injectable antipsychotic
111.23 medications for prisoners in correctional facilities.

111.24 Subd. 4. **Pilot program payment allocation.** (a) The commissioner may allocate up to
111.25 one quarter of the total appropriation for the pilot program each quarter. If the amount of
111.26 money for eligible requests received exceeds the amount of money available in the quarter,
111.27 the commissioner shall determine an equitable allocation of payments among the applicants.

111.28 (b) The commissioner may review costs and set a reasonable cap on the reimbursement
111.29 amount for medications and treatment.

111.30 (c) The commissioner's determination of payment amounts and allocation methods is
111.31 final and not subject to appeal.

Subd. 5. **Report.** By December 15, 2025, the commissioner must provide a summary report on the pilot program to the chairs and ranking minority members of the legislative committees with jurisdiction over mental health and county correctional facilities.

Sec. 13. **REPORT ON INPATIENT SUBSTANCE USE DISORDER BEDS.**

By January 15, 2025, the Direct Care and Treatment executive board must submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over human services finance and policy with options for increasing inpatient substance use disorder beds operated by the executive board. One option must include the development of an inpatient substance use disorder program operated by the executive board within 35 miles of the existing CARE-St. Peter facility.

ARTICLE 5

DIRECT CARE AND TREATMENT

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

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

(1) "agency" means the Department of Administration; Department of Agriculture; Department of Children, Youth, and Families; Department of Commerce; Department of Corrections; Department of Education; Department of Employment and Economic Development; Department of Health; Office of Higher Education; Housing Finance Agency; Department of Human Rights; Department of Human Services; Department of Information Technology Services; Department of Iron Range Resources and Rehabilitation; Department of Labor and Industry; Minnesota Management and Budget; Bureau of Mediation Services; Department of Military Affairs; Metropolitan Council; Department of Natural Resources; Pollution Control Agency; Department of Public Safety; Department of Revenue; Department of Transportation; Department of Veterans Affairs; Direct Care and Treatment; Gambling Control Board; Racing Commission; the Minnesota Lottery; the Animal Health Board; and the Board of Water and Soil Resources;

(2) "consultation" means the direct and interactive involvement of the Minnesota Tribal governments in the development of policy on matters that have Tribal implications. Consultation is the proactive, affirmative process of identifying and seeking input from appropriate Tribal governments and considering their interest as a necessary and integral part of the decision-making process. This definition adds to statutorily mandated notification

procedures. During a consultation, the burden is on the agency to show that it has made a good faith effort to elicit feedback. Consultation is a formal engagement between agency officials and the governing body or bodies of an individual Minnesota Tribal government that the agency or an individual Tribal government may initiate. Formal meetings or communication between top agency officials and the governing body of a Minnesota Tribal government is a necessary element of consultation;

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

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

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

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

Sec. 2. Minnesota Statutes 2022, section 13.46, subdivision 1, as amended by Laws 2024, chapter 79, article 9, section 1, and Laws 2024, chapter 80, article 8, section 1, is amended to read:

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

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

(b) "Program" includes all programs for which authority is vested in a component of the welfare system according to statute or federal law, including but not limited to Native American Tribe programs that provide a service component of the welfare system, the Minnesota family investment program, medical assistance, general assistance, general assistance medical care formerly codified in chapter 256D, the child care assistance program, and child support collections.

(c) "Welfare system" includes the Department of Human Services; ~~the Department of~~ Direct Care and Treatment; the Department of Children, Youth, and Families; local social

114.1 services agencies; county welfare agencies; county public health agencies; county veteran
114.2 services agencies; county housing agencies; private licensing agencies; the public authority
114.3 responsible for child support enforcement; human services boards; community mental health
114.4 center boards, state hospitals, state nursing homes, the ombudsman for mental health and
114.5 developmental disabilities; Native American Tribes to the extent a Tribe provides a service
114.6 component of the welfare system; and persons, agencies, institutions, organizations, and
114.7 other entities under contract to any of the above agencies to the extent specified in the
114.8 contract.

114.9 (d) "Mental health data" means data on individual clients and patients of community
114.10 mental health centers, established under section 245.62, mental health divisions of counties
114.11 and other providers under contract to deliver mental health services, ~~Department of Direct~~
114.12 Care and Treatment mental health services, or the ombudsman for mental health and
114.13 developmental disabilities.

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

114.16 (f) "Private licensing agency" means an agency licensed by the commissioner of children,
114.17 youth, and families under chapter 142B to perform the duties under section 142B.30.

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

114.19 Sec. 3. Minnesota Statutes 2023 Supplement, section 13.46, subdivision 2, as amended
114.20 by Laws 2024, chapter 80, article 8, section 2, is amended to read:

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

114.23 (1) according to section 13.05;

114.24 (2) according to court order;

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

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

114.30 (5) to personnel of the welfare system who require the data to verify an individual's
114.31 identity; determine eligibility, amount of assistance, and the need to provide services to an
114.32 individual or family across programs; coordinate services for an individual or family;

115.1 evaluate the effectiveness of programs; assess parental contribution amounts; and investigate
115.2 suspected fraud;

115.3 (6) to administer federal funds or programs;

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

115.5 (8) to the Department of Revenue to assess parental contribution amounts for purposes
115.6 of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit programs
115.7 and to identify individuals who may benefit from these programs, and prepare the databases
115.8 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section
115.9 6. The following information may be disclosed under this paragraph: an individual's and
115.10 their dependent's names, dates of birth, Social Security or individual taxpayer identification
115.11 numbers, income, addresses, and other data as required, upon request by the Department
115.12 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human
115.13 services for the purposes described in this clause are governed by section 270B.14,
115.14 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
115.15 care credit under section 290.067, the Minnesota working family credit under section
115.16 290.0671, the property tax refund under section 290A.04, and the Minnesota education
115.17 credit under section 290.0674;

115.18 (9) between the Department of Human Services; the Department of Employment and
115.19 Economic Development; the Department of Children, Youth, and Families; Direct Care and
115.20 Treatment; and, when applicable, the Department of Education, for the following purposes:

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

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

115.25 (iii) to monitor and evaluate the Minnesota family investment program or the child care
115.26 assistance program by exchanging data on recipients and former recipients of Supplemental
115.27 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,
115.28 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter
115.29 256B or 256L; and

115.30 (iv) to analyze public assistance employment services and program utilization, cost,
115.31 effectiveness, and outcomes as implemented under the authority established in Title II,
115.32 Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999.
115.33 Health records governed by sections 144.291 to 144.298 and "protected health information"

116.1 as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code
116.2 of Federal Regulations, title 45, parts 160-164, including health care claims utilization
116.3 information, must not be exchanged under this clause;

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

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

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

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

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

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

116.26 (i) the participant:

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

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

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

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

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

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

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

117.13 (i) the member:

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

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

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

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

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

117.22 (19) the current address of a recipient of Minnesota family investment program, general
117.23 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,
117.24 provide the name of the recipient and notify the agency that the recipient is a person required
117.25 to register under section 243.166, but is not residing at the address at which the recipient is
117.26 registered under section 243.166;

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

117.29 (21) data on child support payments made by a child support obligor and data on the
117.30 distribution of those payments excluding identifying information on obligees may be
117.31 disclosed to all obligees to whom the obligor owes support, and data on the enforcement

118.1 actions undertaken by the public authority, the status of those actions, and data on the income
118.2 of the obligor or obligee may be disclosed to the other party;

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

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

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

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

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

118.23 (27) to monitor and evaluate the Minnesota family investment program by exchanging
118.24 data between the Departments of Human Services; Children, Youth, and Families; and
118.25 Education, on recipients and former recipients of SNAP benefits, cash assistance under
118.26 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical
118.27 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
118.28 256D;

118.29 (28) to evaluate child support program performance and to identify and prevent fraud
118.30 in the child support program by exchanging data between the Department of Human Services;
118.31 Department of Children, Youth, and Families; Department of Revenue under section 270B.14,
118.32 subdivision 1, paragraphs (a) and (b), without regard to the limitation of use in paragraph
118.33 (c); Department of Health; Department of Employment and Economic Development; and
118.34 other state agencies as is reasonably necessary to perform these functions;

119.1 (29) counties and the Department of Children, Youth, and Families operating child care
119.2 assistance programs under chapter 119B may disseminate data on program participants,
119.3 applicants, and providers to the commissioner of education;

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

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

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

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

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

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

119.20 (ii) to provide for reimbursement of special transportation service provided under section
119.21 473.386.

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

119.25 (b) Information on persons who have been treated for substance use disorder may only
119.26 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
119.27 2.1 to 2.67.

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

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

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

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

120.6 Sec. 4. Minnesota Statutes 2022, section 13.46, subdivision 10, as amended by Laws 2024,
120.7 chapter 79, article 9, section 2, is amended to read:

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

120.11 (1) the responsible authority for the Department of Human Services is the commissioner
120.12 of human services;

120.13 (2) the responsible authority of a county welfare agency is the director of the county
120.14 welfare agency;

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

120.17 (4) the responsible authority of any person, agency, institution, organization, or other
120.18 entity under contract to any of the components of the welfare system listed in subdivision
120.19 1, clause (c), is the person specified in the contract;

120.20 (5) the responsible authority of the public authority for child support enforcement is the
120.21 head of the public authority for child support enforcement;

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

120.24 (7) the responsible authority for ~~the Department of~~ Direct Care and Treatment is the
120.25 chief executive officer of Direct Care and Treatment ~~executive board~~.

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

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

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

121.2 **15.01 DEPARTMENTS OF THE STATE.**

121.3 The following agencies are designated as the departments of the state government: the
121.4 Department of Administration; the Department of Agriculture; the Department of Children,
121.5 Youth, and Families; the Department of Commerce; the Department of Corrections; ~~the~~
121.6 ~~Department of Direct Care and Treatment~~; the Department of Education; the Department
121.7 of Employment and Economic Development; the Department of Health; the Department of
121.8 Human Rights; the Department of Human Services; the Department of Information
121.9 Technology Services; the Department of Iron Range Resources and Rehabilitation; the
121.10 Department of Labor and Industry; the Department of Management and Budget; the
121.11 Department of Military Affairs; the Department of Natural Resources; the Department of
121.12 Public Safety; the Department of Revenue; the Department of Transportation; the Department
121.13 of Veterans Affairs; and their successor departments.

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

121.15 Sec. 6. Minnesota Statutes 2023 Supplement, section 15.06, subdivision 1, as amended
121.16 by Laws 2024, chapter 85, section 6, is amended to read:

121.17 Subdivision 1. **Applicability.** This section applies to the following departments or
121.18 agencies: the Departments of Administration; Agriculture; Children, Youth, and Families;
121.19 Commerce; Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic
121.20 Development; Health; Human Rights; Human Services; Iron Range Resources and
121.21 Rehabilitation; Labor and Industry; Management and Budget; Natural Resources; Public
121.22 Safety; Revenue; Transportation; and Veterans Affairs; the Housing Finance and Pollution
121.23 Control Agencies; the Department of Information Technology Services; the Bureau of
121.24 Mediation Services; and their successor departments and agencies. The heads of the foregoing
121.25 departments or agencies are "commissioners."

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

121.27 Sec. 7. Minnesota Statutes 2023 Supplement, section 15A.0815, subdivision 2, is amended
121.28 to read:

121.29 Subd. 2. **Agency head salaries.** The salary for a position listed in this subdivision shall
121.30 be determined by the Compensation Council under section 15A.082. The commissioner of
121.31 management and budget must publish the salaries on the department's website. This
121.32 subdivision applies to the following positions:

- 122.1 Commissioner of administration;
- 122.2 Commissioner of agriculture;
- 122.3 Commissioner of education;
- 122.4 Commissioner of children, youth, and families;
- 122.5 Commissioner of commerce;
- 122.6 Commissioner of corrections;
- 122.7 Commissioner of health;
- 122.8 Commissioner, Minnesota Office of Higher Education;
- 122.9 Commissioner, Minnesota IT Services;
- 122.10 Commissioner, Housing Finance Agency;
- 122.11 Commissioner of human rights;
- 122.12 Commissioner of human services;
- 122.13 Commissioner of labor and industry;
- 122.14 Commissioner of management and budget;
- 122.15 Commissioner of natural resources;
- 122.16 Commissioner, Pollution Control Agency;
- 122.17 Commissioner of public safety;
- 122.18 Commissioner of revenue;
- 122.19 Commissioner of employment and economic development;
- 122.20 Commissioner of transportation;
- 122.21 Commissioner of veterans affairs;
- 122.22 Executive director of the Gambling Control Board;
- 122.23 Executive director of the Minnesota State Lottery;
- 122.24 Commissioner of Iron Range resources and rehabilitation;
- 122.25 Commissioner, Bureau of Mediation Services;
- 122.26 Ombudsman for mental health and developmental disabilities;
- 122.27 Ombudsperson for corrections;

123.1 Chair, Metropolitan Council;
123.2 Chair, Metropolitan Airports Commission;
123.3 School trust lands director;
123.4 Executive director of pari-mutuel racing; ~~and~~
123.5 Commissioner, Public Utilities Commission; and
123.6 Chief Executive Officer, Direct Care and Treatment.

123.7 Sec. 8. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 1, is amended
123.8 to read:

123.9 Subdivision 1. **Creation.** A Compensation Council is created each odd-numbered year
123.10 to establish the compensation of constitutional officers and the heads of state and metropolitan
123.11 agencies identified in section 15A.0815, ~~and~~ to assist the legislature in establishing the
123.12 compensation of justices of the supreme court and judges of the court of appeals and district
123.13 court, and to determine the daily compensation for voting members of the Direct Care and
123.14 Treatment executive board.

123.15 Sec. 9. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 3, is amended
123.16 to read:

123.17 Subd. 3. **Submission of recommendations and determination.** (a) By April 1 in each
123.18 odd-numbered year, the Compensation Council shall submit to the speaker of the house and
123.19 the president of the senate salary recommendations for justices of the supreme court, and
123.20 judges of the court of appeals and district court. The recommended salaries take effect on
123.21 July 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
123.22 the council recommends thereafter, unless the legislature by law provides otherwise. The
123.23 salary recommendations take effect if an appropriation of money to pay the recommended
123.24 salaries is enacted after the recommendations are submitted and before their effective date.
123.25 Recommendations may be expressly modified or rejected.

123.26 (b) By April 1 in each odd-numbered year, the Compensation Council must prescribe
123.27 salaries for constitutional officers, and for the agency and metropolitan agency heads
123.28 identified in section 15A.0815. The prescribed salary for each office must take effect July
123.29 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
123.30 the council determines thereafter, unless the legislature by law provides otherwise. An
123.31 appropriation by the legislature to fund the relevant office, branch, or agency of an amount

124.1 sufficient to pay the salaries prescribed by the council constitutes a prescription by law as
124.2 provided in the Minnesota Constitution, article V, sections 4 and 5.

124.3 (c) By April 1 in each odd-numbered year, the Compensation Council must prescribe
124.4 daily compensation for voting members of the Direct Care and Treatment executive board.
124.5 The recommended daily compensation takes effect on July 1 of that year and July 1 of the
124.6 subsequent even-numbered year and at whatever interval the council recommends thereafter,
124.7 unless the legislature by law provides otherwise.

124.8 Sec. 10. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 7, is amended
124.9 to read:

124.10 Subd. 7. **No ex parte communications.** Members may not have any communication
124.11 with a constitutional officer, a head of a state agency, ~~or~~ a member of the judiciary, or a
124.12 member of the Direct Care and Treatment executive board during the period after the first
124.13 meeting is convened under this section and the date the prescribed and recommended salaries
124.14 and daily compensation are submitted under subdivision 3.

124.15 Sec. 11. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1, is amended
124.16 to read:

124.17 Subdivision 1. **Unclassified positions.** Unclassified positions are held by employees
124.18 who are:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

125.24 (15) student workers;

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

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

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

125.30 (19) the administrators and the deputy administrators at the State Academies for the
125.31 Deaf and the Blind; and

126.1 (20) ~~the chief executive officers in the Department of Human Services~~ officer of Direct
126.2 Care and Treatment.

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

126.4 Sec. 12. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1a, is amended
126.5 to read:

126.6 Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following
126.7 agencies may designate additional unclassified positions according to this subdivision: the
126.8 Departments of Administration; Agriculture; Children, Youth, and Families; Commerce;
126.9 Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic
126.10 Development; Explore Minnesota Tourism; Management and Budget; Health; Human
126.11 Rights; Human Services; Labor and Industry; Natural Resources; Public Safety; Revenue;
126.12 Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies;
126.13 the State Lottery; the State Board of Investment; the Office of Administrative Hearings; the
126.14 Department of Information Technology Services; the Offices of the Attorney General,
126.15 Secretary of State, and State Auditor; the Minnesota State Colleges and Universities; the
126.16 Minnesota Office of Higher Education; the Perpich Center for Arts Education; Direct Care
126.17 and Treatment; and the Minnesota Zoological Board.

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

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

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

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

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

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

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

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

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

127.4 Sec. 13. Minnesota Statutes 2022, section 145.61, subdivision 5, is amended to read:

127.5 Subd. 5. **Review organization.** "Review organization" means a nonprofit organization
127.6 acting according to clause (l), a committee as defined under section 144E.32, subdivision
127.7 2, or a committee whose membership is limited to professionals, administrative staff, and
127.8 consumer directors, except where otherwise provided for by state or federal law, and which
127.9 is established by one or more of the following: a hospital, a clinic, a nursing home, an
127.10 ambulance service or first responder service regulated under chapter 144E, one or more
127.11 state or local associations of professionals, an organization of professionals from a particular
127.12 area or medical institution, a health maintenance organization as defined in chapter 62D, a
127.13 community integrated service network as defined in chapter 62N, a nonprofit health service
127.14 plan corporation as defined in chapter 62C, a preferred provider organization, a professional
127.15 standards review organization established pursuant to United States Code, title 42, section
127.16 1320c-1 et seq., a medical review agent established to meet the requirements of section
127.17 256B.04, subdivision 15, the Department of Human Services, Direct Care and Treatment,
127.18 or a nonprofit corporation that owns, operates, or is established by one or more of the above
127.19 referenced entities, to gather and review information relating to the care and treatment of
127.20 patients for the purposes of:

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

127.22 (b) reducing morbidity or mortality;

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

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

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

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

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

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

128.6 (i) determining whether a professional shall be granted staff privileges in a medical
128.7 institution, membership in a state or local association of professionals, or participating status
128.8 in a nonprofit health service plan corporation, health maintenance organization, community
128.9 integrated service network, preferred provider organization, or insurance company, or
128.10 whether a professional's staff privileges, membership, or participation status should be
128.11 limited, suspended or revoked;

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

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

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

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

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

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

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

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

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

128.31 (n) providing quality assurance as required by United States Code, title 42, sections
128.32 1396r(b)(1)(b) and 1395i-3(b)(1)(b) of the Social Security Act;

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

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

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

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

129.12 Sec. 14. Minnesota Statutes 2022, section 246.018, subdivision 3, as amended by Laws
129.13 2024, chapter 79, article 1, section 6, is amended to read:

129.14 Subd. 3. **Duties.** The executive medical director shall:

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

129.17 (2) recruit and retain psychiatrists to serve on the direct care and treatment medical staff
129.18 established in subdivision 4;

129.19 (3) consult with the executive board, the chief executive officer, and community mental
129.20 health center directors, ~~and the state-operated services governing body~~ to develop standards
129.21 for treatment and care of patients in state-operated service programs;

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

129.24 (5) participate and cooperate in the development and maintenance of a quality assurance
129.25 program for state-operated services that assures that residents receive continuous quality
129.26 inpatient, outpatient, and postdischarge care.

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

129.28 Sec. 15. Minnesota Statutes 2022, section 246.13, subdivision 2, as amended by Laws
129.29 2024, chapter 79, article 2, section 4, is amended to read:

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

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

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

(3) "criminal history data" means data maintained or used by the Departments of Corrections and Public Safety and by the supervisory authorities listed in section 13.84, subdivision 1, that relate to an individual's criminal history or propensity for violence, including data in the:

(i) Corrections Offender Management System (COMS);

(ii) Statewide Supervision System (S3);

(iii) Bureau of Criminal Apprehension criminal history data as defined in section 13.87;

(iv) Integrated Search Service as defined in section 13.873; and

(v) Predatory Offender Registration (POR) system;

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

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

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

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

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

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

131.1 (2) facilitate and expedite the responsibilities of the special review board and
131.2 end-of-confinement review committees by corrections institutions and state treatment
131.3 facilities;

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

131.7 (4) facilitate the custody, supervision, and transport of individuals transferred between
131.8 the Department of Corrections and ~~the Department of Direct Care and Treatment~~; and

131.9 (5) effectively monitor and supervise individuals who are under the authority of the
131.10 Department of Corrections, ~~the Department of Direct Care and Treatment~~, and the supervisory
131.11 authorities listed in section 13.84, subdivision 1.

131.12 (c) The state-operated services treatment facility or a designee must make a good faith
131.13 effort to obtain written authorization from the patient before releasing information from the
131.14 patient's medical record.

131.15 (d) If the patient refuses or is unable to give informed consent to authorize the release
131.16 of information required under this subdivision, the chief executive officer ~~for state-operated~~
131.17 ~~services~~ or a designee shall provide the appropriate and necessary medical and other records.
131.18 The chief executive officer or a designee shall comply with the minimum necessary privacy
131.19 requirements.

131.20 (e) The executive board may have access to the National Crime Information Center
131.21 (NCIC) database through the Department of Public Safety in support of the public safety
131.22 functions described in paragraph (b).

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

131.24 Sec. 16. Minnesota Statutes 2022, section 246.234, as amended by Laws 2024, chapter
131.25 79, article 1, section 11, is amended to read:

131.26 **246.234 RECIPROCAL EXCHANGE OF CERTAIN PERSONS.**

131.27 The executive board is ~~hereby~~ authorized with the approval of the governor to enter into
131.28 reciprocal agreements with duly authorized authorities of ~~any other~~ another state or states
131.29 regarding the mutual exchange, return, and transportation of persons with a mental illness
131.30 or developmental disability who are within the confines of one state but have legal residence
131.31 or legal settlement for the purposes of relief in another state. ~~Such agreements~~ Any agreement

132.1 entered into under this subdivision must not contain provisions conflicting any provision
132.2 that conflicts with any law of this state law.

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

132.4 Sec. 17. Minnesota Statutes 2022, section 246.36, as amended by Laws 2024, chapter 79,
132.5 article 1, section 14, is amended to read:

132.6 **246.36 ACCEPTANCE OF VOLUNTARY, UNCOMPENSATED SERVICES.**

132.7 For the purpose of carrying out a duty, the executive board ~~shall have authority to~~ may
132.8 accept uncompensated and voluntary services and ~~to~~ may enter into contracts or agreements
132.9 with private or public agencies, organizations, or persons for uncompensated and voluntary
132.10 services as the executive board deems practicable. Uncompensated and voluntary services
132.11 do not include services mandated by licensure and certification requirements for health care
132.12 facilities. The volunteer agencies, organizations, or persons who provide services to residents
132.13 of state facilities operated under the authority of the executive board are not subject to the
132.14 procurement requirements of chapters 16A and 16C. ~~The agencies, organizations, or persons~~
132.15 ~~may purchase supplies, services, and equipment to be used in providing services to residents~~
132.16 ~~of state facilities through the Department of Administration.~~

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

132.18 Sec. 18. Minnesota Statutes 2023 Supplement, section 246C.01, is amended to read:

132.19 **246C.01 TITLE.**

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

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

132.22 Sec. 19. Minnesota Statutes 2023 Supplement, section 246C.02, as amended by Laws
132.23 2024, chapter 79, article 1, section 19, is amended to read:

132.24 **246C.02 ~~DEPARTMENT OF~~ DIRECT CARE AND TREATMENT;**
132.25 **ESTABLISHMENT.**

132.26 Subdivision 1. **Establishment.** ~~The Department of Direct Care and Treatment is created~~
132.27 as an agency headed by an executive board. ~~An executive board shall head the Department~~
132.28 ~~of Direct Care and Treatment.~~

~~Subd. 2. **Mission.** (a) The executive board shall develop and maintain direct care and treatment in a manner consistent with applicable law, including chapters 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256.~~

~~(b) The executive board shall provide direct care and treatment services in coordination with the commissioner of human services, counties, and other vendors.~~

Subd. 3. **Direct care and treatment services.** Direct Care and Treatment services shall provide direct care and treatment services that include specialized inpatient programs at secure treatment facilities, community preparation services, regional treatment centers, enterprise services, consultative services, aftercare services, community-based services and programs, transition services, nursing home services, and other services consistent with the mission of the Department of Direct Care and Treatment state law, including this chapter and chapters 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256. Direct Care and Treatment shall provide direct care and treatment services in coordination with the commissioner of human services, counties, and other vendors.

Subd. 4. **Statewide services.** (a) The administrative structure of state-operated services must be statewide in character.

(b) The state-operated services staff may deliver services at any location throughout the state.

Subd. 5. **Department of Human Services as state agency.** The commissioner of human services continues to constitute the "state agency" as defined by the Social Security Act of the United States and the laws of this state for all purposes relating to mental health and mental hygiene.

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

Sec. 20. Minnesota Statutes 2023 Supplement, section 246C.04, as amended by Laws 2024, chapter 79, article 1, section 21, is amended to read:

246C.04 TRANSFER OF DUTIES.

Subdivision 1. **Transfer of duties.** (a) Section 15.039 applies to the transfer of ~~duties~~ responsibilities from the Department of Human Services to Direct Care and Treatment required by this chapter.

(b) The commissioner of administration, with the governor's approval, shall issue reorganization orders under section 16B.37 as necessary to carry out the transfer of duties required by ~~section 246C.03~~ this chapter. The provision of section 16B.37, subdivision 1,

stating that transfers under section 16B.37 may only be to an agency that has existed for at least one year does not apply to transfers to an agency created by this chapter.

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

Subd. 2. **Transfer of custody of civilly committed persons.** The commissioner of human services shall continue to exercise all authority and responsibility for and retain custody of persons subject to civil commitment under chapter 253B or 253D until July 1, 2025. Effective July 1, 2025, custody of persons subject to civil commitment under chapter 253B or 253D and in the custody of the commissioner of human services as of that date is hereby transferred to the executive board without any further act or proceeding. Authority and responsibility for the commitment of such persons is transferred to the executive board July 1, 2025.

Subd. 3. **Control of direct care and treatment.** The commissioner of human services shall continue to exercise all authorities and responsibilities under this chapter and chapters 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256, with reference to any state-operated service, program, or facility subject to transfer under this act until July 1, 2025. Effective July 1, 2025, the powers and duties vested in or imposed upon the commissioner of human services with reference to any state-operated service, program, or facility are hereby transferred to, vested in, and imposed upon the executive board according to this chapter and applicable state law. Effective July 1, 2025, the executive board is hereby charged with and has the exclusive power of administration and management of all state hospitals for persons with a developmental disability, mental illness, or substance use disorder. Effective July 1, 2025, the executive board has the power and authority to determine all matters relating to the development of all of the foregoing institutions and of such other institutions vested in the executive board. Effective July 1, 2025, the powers, functions, and authority vested in the commissioner of human services relative to such state institutions are hereby transferred to the executive board according to this chapter and applicable state law.

Subd. 4. **Appropriations.** There is hereby appropriated to such persons or institutions as are entitled to such sums as are provided for in this section, from the fund or account in the state treasury to which the money was credited, an amount sufficient to make such payment.

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

135.2 Sec. 21. Minnesota Statutes 2023 Supplement, section 246C.05, as amended by Laws
135.3 2024, chapter 79, article 1, section 22, is amended to read:

135.4 **246C.05 EMPLOYEE PROTECTIONS FOR ESTABLISHING THE NEW**
135.5 **~~DEPARTMENT OF DIRECT CARE AND TREATMENT.~~**

135.6 (a) Personnel whose duties relate to the functions assigned to the executive board in
135.7 ~~section 246C.03~~ this chapter are transferred to the Department of Direct Care and Treatment
135.8 effective 30 days after approval by the commissioner of management and budget.

135.9 (b) Before the executive board is appointed, personnel whose duties relate to the functions
135.10 in this ~~section~~ chapter may be transferred beginning July 1, 2024, with 30 days' notice from
135.11 the commissioner of management and budget.

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

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

135.16 (2) Transferred employees who were represented by an exclusive representative prior
135.17 to the transfer shall continue to be represented by the same exclusive representative after
135.18 the transfer.

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

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

135.25 (5) When an employee in a temporary unclassified position is transferred to ~~the~~
135.26 ~~Department of~~ Direct Care and Treatment, the total length of time that the employee has
135.27 served in the appointment shall include all time served in the appointment at the transferring
135.28 agency and the time served in the appointment at ~~the Department of~~ Direct Care and
135.29 Treatment. An employee in a temporary unclassified position who was hired by a transferring
135.30 agency through an open competitive selection process in accordance with a policy enacted
135.31 by Minnesota Management and Budget shall be considered to have been hired through such
135.32 process after the transfer.

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

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

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

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

(e) This section expires upon the completion of the transfer of duties to the executive board under ~~section 246C.03~~ this chapter. The commissioner of human services shall notify the revisor of statutes when the transfer of duties is complete.

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

Sec. 22. **[246C.07] POWERS AND DUTIES OF EXECUTIVE BOARD.**

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

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

(c) The executive board may delegate duties imposed by this chapter and under applicable state and federal law as deemed appropriate by the board and in accordance with this chapter. Any delegation of a specified statutory duty or power to an employee of Direct Care and Treatment other than the chief executive officer must be made by written order and filed

137.1 with the secretary of state. Only the chief executive officer shall have the powers and duties
137.2 of the executive board as specified in section 246C.08.

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

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

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

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

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

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

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

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

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

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

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

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

137.29 (6) deposit all money received as gifts, grants, or contributions pursuant to section
137.30 246C.091, subdivision 1;

138.1 (7) expend or use any gift, grant, or contribution as nearly in accordance with the
138.2 conditions of the gift, grant, or contribution identified by the donor for a certain institution
138.3 or purpose, compatible with the best interests of the individuals under the jurisdiction of
138.4 the executive board and of the state;

138.5 (8) comply with all conditions and requirements necessary to receive federal aid or block
138.6 grants with respect to the establishment, construction, maintenance, equipment, or operation
138.7 of adequate facilities and services consistent with the mission of Direct Care and Treatment;

138.8 (9) enter into information-sharing agreements with federal and state agencies and other
138.9 entities, provided the agreements include adequate protections with respect to the
138.10 confidentiality and integrity of the information to be shared and comply with all applicable
138.11 state and federal laws, regulations, and rules;

138.12 (10) enter into interagency or service level agreements with a state department listed in
138.13 section 15.01; a multimember state agency described in section 15.012, paragraph (a); or
138.14 the Department of Information Technology Services;

138.15 (11) enter into contractual agreements with federally recognized Indian Tribes with a
138.16 reservation in Minnesota;

138.17 (12) enter into contracts with public and private agencies, private and nonprofit
138.18 organizations, and individuals using appropriated money;

138.19 (13) establish and maintain any administrative units reasonably necessary for the
138.20 performance of administrative functions common to all programs or divisions of Direct
138.21 Care and Treatment;

138.22 (14) authorize the method of payment to or from Direct Care and Treatment as part of
138.23 programs administered by Direct Care and Treatment, including authorization of the receipt
138.24 or disbursement of money held by Direct Care and Treatment in a fiduciary capacity as part
138.25 of the programs administered by Direct Care and Treatment;

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

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

138.32 (17) recommend to the legislature appropriate changes in law necessary to carry out the
138.33 principles and improve the performance of Direct Care and Treatment; and

139.1 (18) exercise all powers reasonably necessary to implement and administer the
139.2 requirements of this chapter and applicable state and federal law.

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

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

139.9 Subd. 5. **Performance of chief executive officer.** The governor may request that the
139.10 executive board review the performance of the chief executive officer at any time. Within
139.11 14 days of receipt of the request, the board must meet and conduct a performance review
139.12 as specifically requested by the governor. During the performance review, a representative
139.13 of the governor must be included as a voting member of the board for the purpose of the
139.14 board's discussions and decisions regarding the governor's request. The board must establish
139.15 a performance improvement plan as necessary or take disciplinary or other corrective action,
139.16 including dismissal. The executive board must report to the governor on action taken by
139.17 the board, including an explanation if no action is deemed necessary.

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

139.19 Sec. 23. **[246C.08] CHIEF EXECUTIVE OFFICER; SERVICE; DUTIES.**

139.20 Subdivision 1. **Service.** (a) The Direct Care and Treatment chief executive officer is
139.21 appointed by the executive board, in consultation with the governor, and serves at the
139.22 pleasure of the executive board, with the advice and consent of the senate.

139.23 (b) The chief executive officer shall serve in the unclassified service in accordance with
139.24 section 43A.08. The Compensation Council under section 15A.082 shall establish the salary
139.25 of the chief executive officer.

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

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

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

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

Sec. 24. **[246C.091] DIRECT CARE AND TREATMENT ACCOUNTS.**

Subdivision 1. **Gifts, grants, and contributions account.** (a) A gifts, grants, and contributions account is created in the special revenue fund in the state treasury. All money received by the executive board as a gift, grant, or contribution must be deposited in the gifts, grants, and contributions account. Beginning July 1, 2025, except as provided in paragraph (b), money in the account is annually appropriated to the Direct Care and Treatment executive board to accomplish the purposes of this chapter. Gifts, grants, or contributions received by the executive board exceeding current agency needs must be invested by the State Board of Investment in accordance with section 11A.24. Disbursements from the gifts, grants, and contributions account must be made in the manner provided for the issuance of other state payments.

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

Subd. 2. **Facilities management account.** A facilities management account is created in the special revenue fund of the state treasury. Beginning July 1, 2025, money in the account is appropriated to the Direct Care and Treatment executive board and may be used to maintain buildings, acquire facilities, renovate existing buildings, or acquire land for the design and construction of buildings for Direct Care and Treatment use. Money received for maintaining state property under control of the executive board may be deposited into this account.

141.1 Subd. 3. **Direct Care and Treatment systems account.** (a) The Direct Care and
141.2 Treatment systems account is created in the special revenue fund of the state treasury.
141.3 Beginning July 1, 2025, money in the account is appropriated to the Direct Care and
141.4 Treatment executive board and may be used for security systems and information technology
141.5 projects, services, and support under the control of the executive board.

141.6 (b) The commissioner of human services shall transfer all money allocated to the Direct
141.7 Care and Treatment systems projects under section 256.014 to the Direct Care and Treatment
141.8 systems account by June 30, 2026.

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

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

141.14 Sec. 25. Minnesota Statutes 2022, section 256.88, is amended to read:

141.15 **256.88 SOCIAL WELFARE FUND ESTABLISHED.**

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

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

141.26 Sec. 26. Minnesota Statutes 2022, section 256.89, is amended to read:

141.27 **256.89 FUND DEPOSITED IN STATE TREASURY.**

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

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

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

142.10 Sec. 27. Minnesota Statutes 2022, section 256.90, is amended to read:

142.11 **256.90 SOCIAL WELFARE FUND; USE; DISPOSITION; DEPOSITORIES.**

142.12 The commissioner of human services, in consultation with the Direct Care and Treatment
142.13 executive board, at least 30 days before the first day of January and the first day of July in
142.14 each year shall file with the commissioner of management and budget an estimate of the
142.15 amount of the social welfare fund to be held in the treasury during the succeeding six-month
142.16 period, subject to current disbursement. Such portion of the remainder thereof as may be at
142.17 any time designated by the request of the commissioner of human services may be invested
142.18 by the commissioner of management and budget in bonds in which the permanent trust
142.19 funds of the state of Minnesota may be invested, upon approval by the State Board of
142.20 Investment. The portion of such remainder not so invested shall be placed by the
142.21 commissioner of management and budget at interest for the period of six months, or when
142.22 directed by the commissioner of human services, for the period of 12 months thereafter at
142.23 the highest rate of interest obtainable in a bank, or banks, designated by the board of deposit
142.24 as a suitable depository therefor. All the provisions of law relative to the designation and
142.25 qualification of depositories of other state funds shall be applicable to sections 256.88 to
142.26 256.92, except as herein otherwise provided. Any bond given, or collateral assigned or both,
142.27 to secure a deposit hereunder may be continuous in character to provide for the repayment
142.28 of any moneys belonging to the fund theretofore or thereafter at any time deposited in such
142.29 bank until its designation as such depository is revoked and the security thereof shall be not
142.30 impaired by any subsequent agreement or understanding as to the rate of interest to be paid
142.31 upon such deposit, or as to time for its repayment. The amount of money belonging to the
142.32 fund deposited in any bank, including other state deposits, shall not at any time exceed the
142.33 amount of the capital stock thereof. In the event of the closing of the bank any sum deposited
142.34 therein shall immediately become due and payable.

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

143.2 Sec. 28. Minnesota Statutes 2022, section 256.91, is amended to read:

143.3 **256.91 PURPOSES.**

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

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

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

143.21 Sec. 29. Minnesota Statutes 2022, section 256.92, is amended to read:

143.22 **256.92 COMMISSIONER OF HUMAN SERVICES AND DIRECT CARE AND**
143.23 **TREATMENT, ACCOUNTS.**

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

144.1 executive board, of the person from whom such money was received; and, at least once
144.2 every two years, the amount of interest, if any, which the money has earned in the social
144.3 welfare fund shall be apportioned thereto and posted in the books of account or records to
144.4 the credit of such beneficiary.

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

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

144.9 Sec. 30. Laws 2023, chapter 61, article 8, section 1, the effective date, is amended to read:

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

144.11 Sec. 31. Laws 2023, chapter 61, article 8, section 2, the effective date, is amended to read:

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

144.13 Sec. 32. Laws 2023, chapter 61, article 8, section 3, the effective date, is amended to read:

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

144.15 Sec. 33. Laws 2023, chapter 61, article 8, section 8, the effective date, is amended to read:

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

144.17 Sec. 34. Laws 2024, chapter 79, article 1, section 18, is amended to read:

144.18 Sec. 18. **246C.015 DEFINITIONS.**

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

144.21 Subd. 2. **Chief executive officer.** "Chief executive officer" means the ~~Department of~~
144.22 Direct Care and Treatment chief executive officer appointed according to section 246C.08.

144.23 Subd. 3. **Commissioner.** "Commissioner" means the commissioner of human services.

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

145.1 Subd. 5. **County of financial responsibility.** "County of financial responsibility" has
145.2 the meaning given in section 256G.02, subdivision 4.

145.3 Subd. 5a. **Direct Care and Treatment.** "Direct Care and Treatment" means the agency
145.4 of Direct Care and Treatment established under this chapter.

145.5 Subd. 6. **Executive board.** "Executive board" means the ~~Department of~~ Direct Care and
145.6 Treatment executive board established under section 246C.06.

145.7 Subd. 7. **Executive medical director.** "Executive medical director" means the licensed
145.8 physician serving as executive medical director in the ~~Department of~~ Direct Care and
145.9 Treatment under section 246C.09.

145.10 Subd. 8. **Head of the facility or head of the program.** "Head of the facility" or "head
145.11 of the program" means the person who is charged with overall responsibility for the
145.12 professional program of care and treatment of the facility or program.

145.13 Subd. 9. **Indian.** "Indian" has the meaning given in section 260.755, subdivision 7.

145.14 Subd. 10. **Secure treatment facility.** "Secure treatment facility" means a facility as
145.15 defined in section 253B.02, subdivision 18a, or 253D.02, subdivision 13.

145.16 Subd. 11. **Tobacco; tobacco-related device.** "Tobacco" and "tobacco-related device"
145.17 have the meanings given in section 609.685, subdivision 1.

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

145.19 Sec. 35. Laws 2024, chapter 79, article 1, section 23, is amended to read:

145.20 Sec. 23. **246C.06 EXECUTIVE BOARD; POWERS AND DUTIES MEMBERSHIP;**
145.21 **GOVERNANCE.**

145.22 Subdivision 1. **Establishment.** The Direct Care and Treatment executive board ~~of the~~
145.23 ~~Department of Direct Care and Treatment~~ is established.

145.24 Subd. 2. **Membership of the executive board.** ~~The executive board shall consist of no~~
145.25 ~~more than five members, all appointed by the governor.~~ (a) The Direct Care and Treatment
145.26 executive board consists of nine members with seven voting members and two nonvoting
145.27 members. The seven voting members must include six members appointed by the governor
145.28 with the advice and consent of the senate in accordance with paragraph (b) and the
145.29 commissioner of human services or a designee. The two nonvoting members must be
145.30 appointed in accordance with paragraph (c). Section 15.0597 applies to all executive board
145.31 appointments except for the commissioner of human services.

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

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

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

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

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

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

(2) one member who has an active role as a union representative representing staff at Direct Care and Treatment appointed by joint representatives of the following unions:

American Federation of State, County and Municipal Employees (AFSCME); Minnesota Association of Professional Employees (MAPE); Minnesota Nurses Association (MNA); Middle Management Association (MMA); and State Residential Schools Education Association (SRSEA).

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

(e) A voting member of the executive board must not be or must not have been within one year prior to appointment: (1) an employee of Direct Care and Treatment; (2) an employee of a county, including a county commissioner; (3) an active employee or representative of a labor union that represents employees of Direct Care and Treatment; or (4) a member of the state legislature. This paragraph does not apply to the nonvoting members or the commissioner of human services or designee.

~~Subd. 3. **Qualifications of members** Procedures. An executive board member's qualifications must be appropriate for overseeing a complex behavioral health system, such as experience serving on a hospital or nonprofit board, serving as a public sector labor union representative, delivering behavioral health services or care coordination, or working as a licensed health care provider in an allied health profession or in health care administration.~~
Except as otherwise provided in this section, the membership terms and removal and filling of vacancies for the executive board are governed by section 15.0575.

~~Subd. 4. **Accepting contributions or gifts** Compensation. (a) The executive board has the power and authority to accept, on behalf of the state, contributions and gifts of money~~

147.1 ~~and personal property for the use and benefit of the residents of the public institutions under~~
147.2 ~~the executive board's control. All money and securities received must be deposited in the~~
147.3 ~~state treasury subject to the order of the executive board. Notwithstanding section 15.0575,~~
147.4 ~~subdivision 3, paragraph (a), the nonvoting members of the executive board must not receive~~
147.5 ~~daily compensation for executive board activities. Nonvoting members of the executive~~
147.6 ~~board may receive expenses in the same manner and amount as authorized by the~~
147.7 ~~commissioner's plan adopted under section 43A.18, subdivision 2. Nonvoting members~~
147.8 ~~who, as a result of time spent attending board meetings, incur child care expenses that would~~
147.9 ~~not otherwise have been incurred may be reimbursed for those expenses upon board~~
147.10 ~~authorization.~~

147.11 (b) ~~If the gift or contribution is designated by the donor for a certain institution or purpose,~~
147.12 ~~the executive board shall expend or use the money as nearly in accordance with the conditions~~
147.13 ~~of the gift or contribution, compatible with the best interests of the individuals under the~~
147.14 ~~jurisdiction of the executive board and the state. Notwithstanding section 15.0575, subdivision~~
147.15 ~~3, paragraph (a), the Compensation Council under section 15A.082 must determine the~~
147.16 ~~compensation for voting members of the executive board per day spent on executive board~~
147.17 ~~activities authorized by the executive board. Voting members of the executive board may~~
147.18 ~~also receive the expenses in the same manner and amount as authorized by the commissioner's~~
147.19 ~~plan adopted under section 43A.18, subdivision 2. Voting members who, as a result of time~~
147.20 ~~spent attending board meetings, incur child care expenses that would not otherwise have~~
147.21 ~~been incurred may be reimbursed for those expenses upon board authorization.~~

147.22 (c) ~~The commissioner of management and budget must publish the daily compensation~~
147.23 ~~rate for voting members of the executive board determined under paragraph (b) on the~~
147.24 ~~Department of Management and Budget's website.~~

147.25 (d) ~~Voting members of the executive board must adopt internal standards prescribing~~
147.26 ~~what constitutes a day spent on board activities for the purposes of making payments~~
147.27 ~~authorized under paragraph (b).~~

147.28 (e) ~~All other requirements under section 15.0575, subdivision 3, apply to the~~
147.29 ~~compensation of executive board members.~~

147.30 Subd. 5. ~~Federal aid or block grants~~ **Acting chair; officers.** ~~The executive board may~~
147.31 ~~comply with all conditions and requirements necessary to receive federal aid or block grants~~
147.32 ~~with respect to the establishment, constructions, maintenance, equipment, or operation of~~
147.33 ~~adequate facilities and services consistent with the mission of the Department of Direct~~

148.1 ~~Care and Treatment.~~ (a) The governor shall designate one member from the voting
148.2 membership appointed by the governor as acting chair of the executive board.

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

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

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

148.9 Subd. 6. ~~Operation of a communication systems account~~ Terms. (a) ~~The executive~~
148.10 ~~board may operate a communications systems account established in Laws 1993, First~~
148.11 ~~Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared~~
148.12 ~~communication costs necessary for the operation of the regional treatment centers the~~
148.13 ~~executive board supervises.~~ Except for the commissioner of human services, executive
148.14 board members must not serve more than two consecutive terms unless service beyond two
148.15 consecutive terms is approved by the majority of voting members. The commissioner of
148.16 human services or a designee shall serve until replaced by the governor.

148.17 ~~(b) Each account must be used to manage shared communication costs necessary for the~~
148.18 ~~operations of the regional treatment centers the executive board supervises. The executive~~
148.19 ~~board may distribute the costs of operating and maintaining communication systems to~~
148.20 ~~participants in a manner that reflects actual usage. Costs may include acquisition, licensing,~~
148.21 ~~insurance, maintenance, repair, staff time, and other costs as determined by the executive~~
148.22 ~~board.~~ An executive board member may resign at any time by giving written notice to the
148.23 executive board.

148.24 ~~(c) Nonprofit organizations and state, county, and local government agencies involved~~
148.25 ~~in the operation of regional treatment centers the executive board supervises may participate~~
148.26 ~~in the use of the executive board's communication technology and share in the cost of~~
148.27 ~~operation.~~ The initial term of the member appointed under subdivision 2, paragraph (b),
148.28 clause (1), is two years. The initial term of the members appointed under subdivision 2,
148.29 paragraph (b), clause (2), is three years. The initial term of the members appointed under
148.30 subdivision 2, paragraph (b), clause (3), and the members appointed under subdivision 2,
148.31 paragraph (c), is four years.

148.32 ~~(d) The executive board may accept on behalf of the state any gift, bequest, devise,~~
148.33 ~~personal property of any kind, or money tendered to the state for any lawful purpose~~
148.34 ~~pertaining to the communication activities under this section. Any money received for this~~

~~purpose must be deposited into the executive board's communication systems account.~~

~~Money collected by the executive board for the use of communication systems must be~~

~~deposited into the state communication systems account and is appropriated to the executive~~

~~board for purposes of this section. After the initial term, the term length of all appointed~~

~~executive board members is four years.~~

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

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

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

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

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

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

(b) Until July 1, 2027, the executive board may adopt rules using the expedited rulemaking process in section 14.389.

(c) In accordance with section 15.039, all orders, rules, delegations, permits, and other privileges issued or granted by the Department of Human Services with respect to any function of Direct Care and Treatment and in effect at the time of the establishment of Direct Care and Treatment shall continue in effect as if such establishment had not occurred. The executive board may amend or repeal rules applicable to Direct Care and Treatment that were established by the Department of Human Services in accordance with chapter 14.

150.1 (d) The executive board must not adopt rules that go into effect or enforce rules prior
150.2 to July 1, 2025.

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

150.4 Sec. 36. Laws 2024, chapter 79, article 1, section 24, is amended to read:

150.5 Sec. 24. **246C.10 FORENSIC SERVICES.**

150.6 Subdivision 1. **Maintenance of forensic services.** (a) The executive board shall create
150.7 and maintain forensic services programs.

150.8 (b) The executive board must provide forensic services in coordination with counties
150.9 and other vendors.

150.10 (c) Forensic services must include specialized inpatient programs at secure treatment
150.11 facilities, consultive services, aftercare services, community-based services and programs,
150.12 transition services, nursing home services, or other services consistent with the mission of
150.13 ~~the Department of~~ Direct Care and Treatment.

150.14 (d) The executive board ~~shall~~ may adopt rules to carry out the provision of this section
150.15 and to govern the operation of the services and programs under the direct administrative
150.16 authority of the executive board.

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

150.18 Sec. 37. Laws 2024, chapter 79, article 1, section 25, subdivision 3, is amended to read:

150.19 Subd. 3. **Comprehensive system of services.** The establishment of state-operated,
150.20 community-based programs must be within the context of a comprehensive definition of
150.21 the role of state-operated services in the state. The role of state-operated services must be
150.22 defined within the context of a comprehensive system of services for persons with
150.23 developmental disability.

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

150.25 Sec. 38. Laws 2024, chapter 79, article 10, section 1, is amended to read:

150.26 Section 1. **REVISOR INSTRUCTION.**

150.27 The revisor of statutes shall renumber each provision of Minnesota Statutes listed in
150.28 column A as amended in this act to the number listed in column B.

| 151.1 | Column A | Column B |
|--------|----------------------------------|---|
| 151.2 | 245.036 | 246C.16, subdivision 1 |
| 151.3 | 245.037 | 246C.16, subdivision 2 |
| 151.4 | 245.041 | 246C.15 |
| 151.5 | 245.474, subdivision 1 | 246C.12, subdivision 1 |
| 151.6 | 245.474, subdivision 2 | 246C.12, subdivision 2 |
| 151.7 | 245.474, subdivision 3 | 246C.12, subdivision 3 |
| 151.8 | 245.474, subdivision 4 | 246C.12, subdivision 4 |
| 151.9 | 246.0135, paragraph (a) | 246C.18, subdivision 2, paragraph (a) |
| 151.10 | 246.0135, paragraph (b) | 246C.18, subdivision 2, paragraph (b) |
| 151.11 | 246.0135, paragraph (c) | 246C.18, subdivision 2, paragraph (c) |
| 151.12 | 246.0135, paragraph (d) | 246C.18, subdivision 3 |
| 151.13 | 246.018, subdivision 1 | 246C.09, subdivision 1 |
| 151.14 | 246.018, subdivision 2 | 246C.09, subdivision 2 |
| 151.15 | 246.018, subdivision 3 | 246C.09, subdivision 3 |
| 151.16 | 246.018, subdivision 4 | 246C.09, subdivision 4 |
| 151.17 | | 246C.06, subdivision 7 |
| 151.18 | 246.12 | <u>246C.07, subdivision 7</u> |
| 151.19 | 246.128 | 246C.18, subdivision 1 |
| 151.20 | 246.129 | 246C.18, subdivision 4 |
| 151.21 | 246.14 | 246C.16, subdivision 3 |
| 151.22 | 246.23, subdivision 2 | 246.555, subdivision 1 |
| 151.23 | 246.23, subdivision 3 | 246.555, subdivision 2 |
| 151.24 | 246.23, subdivision 4 | 246.555, subdivision 3 |
| 151.25 | 246.23, subdivision 5 | 246.555, subdivision 4 |
| 151.26 | 246.23, subdivision 6 | 246.555, subdivision 5 |
| 151.27 | | 246C.06, subdivision 8 |
| 151.28 | 246.234 | <u>246C.07, subdivision 5</u> |
| 151.29 | 246.24 | 246C.16, subdivision 4 |
| 151.30 | 246.27 | 246C.19 |
| 151.31 | | 246C.06, subdivision 9 |
| 151.32 | 246.36 | <u>246C.07, subdivision 6</u> |
| 151.33 | 246.41, subdivision 1 | 246C.06, subdivision 10, paragraph |
| 151.34 | | (a) |
| 151.35 | 246.41, subdivision 2 | 246C.06, subdivision 10, paragraph |
| 151.36 | | (b) |
| 151.37 | 246.41, subdivision 3 | 246C.06, subdivision 10, paragraph |
| 151.38 | | (c) |
| 151.39 | 246.70 | 246C.18, subdivision 5 |
| 151.40 | 246B.02 | 246C.13 |

| | | |
|--------|-----------------------------------|---------------------------------------|
| 152.1 | 251.012, subdivision 1 | 246.575, subdivision 1 |
| 152.2 | 251.012, subdivision 2 | 246.575, subdivision 2 |
| 152.3 | 251.012, subdivision 3 | 246.575, subdivision 3 |
| 152.4 | 251.012, subdivision 4 | 246.575, subdivision 4 |
| 152.5 | 251.041 | 176.87 |
| 152.6 | 251.042 | 176.871 |
| 152.7 | 251.043, subdivision 1 | 176.872, subdivision 1 |
| 152.8 | 251.043, subdivision 1a | 176.872, subdivision 2 |
| 152.9 | 251.043, subdivision 1b | 176.872, subdivision 3 |
| 152.10 | 251.043, subdivision 2 | 176.872, subdivision 4 |
| 152.11 | 251.043, subdivision 3 | 176.872, subdivision 5 |
| 152.12 | 251.044 | 176.873 |
| 152.13 | 251.051 | 176.874 |
| 152.14 | 251.052 | 176.875 |
| 152.15 | 251.053 | 176.876 |
| 152.16 | 251.15, subdivision 1 | 176.872, subdivision 6, paragraph (a) |
| 152.17 | 251.15, subdivision 2 | 176.872, subdivision 6, paragraph (b) |
| 152.18 | 251.17 | 246C.14 |
| 152.19 | 252.50, subdivision 2 | 246C.16, subdivision 5 |
| 152.20 | 252.50, subdivision 4 | 246C.10, subdivision 2 |
| 152.21 | 252.50, subdivision 6 | 246.65 |
| 152.22 | 252.50, subdivision 7 | 246.585 |
| 152.23 | 252.50, subdivision 8 | 246.588 |
| 152.24 | 252.50, subdivision 10 | 246.611 |
| 152.25 | 253.015, subdivision 1 | 253B.10, subdivision 6 |
| 152.26 | 253.016 | 246.554 |
| 152.27 | 253.017, subdivision 1 | 246.591 |
| 152.28 | 253.017, subdivision 2 | 246C.10, subdivision 3 |
| 152.29 | 253.017, subdivision 3 | 246C.10, subdivision 4 |
| 152.30 | 253.13 | 253.245 |
| 152.31 | 253C.01, subdivision 1 | 245A.27, subdivision 1 |
| 152.32 | 253C.01, subdivision 2 | 245A.27, subdivision 2 |
| 152.33 | 253C.01, subdivision 3 | 245A.27, subdivision 3 |
| 152.34 | 256.0121, subdivision 1 | 246.595, subdivision 1 |
| 152.35 | 256.0121, subdivision 2 | 246.595, subdivision 2 |
| 152.36 | 256.0121, subdivision 3 | 246.595, subdivision 3 |

153.1 Sec. 39. Laws 2024, chapter 79, article 10, section 6, is amended to read:

153.2 Sec. 6. **EFFECTIVE DATE.**

153.3 ~~(a) Article 1, section 23, is effective July 1, 2024.~~ This act is effective July 1, 2024.

153.4 ~~(b) Article 1, sections 1 to 22 and 24 to 31, and articles 2 to 10 are effective January 1,~~
153.5 ~~2025.~~

153.6 Sec. 40. **DIRECT CARE AND TREATMENT ADVISORY COMMITTEE.**

153.7 (a) The Direct Care and Treatment executive board under Minnesota Statutes, section
153.8 246C.07, shall establish an advisory committee to provide state legislators, counties, union
153.9 representatives, the National Alliance on Mental Illness Minnesota, people being served by
153.10 direct care and treatment programs, and other stakeholders the opportunity to advise the
153.11 executive board regarding the operation of Direct Care and Treatment.

153.12 (b) The members of the advisory committee must be appointed as follows:

153.13 (1) one member appointed by the speaker of the house;

153.14 (2) one member appointed by the minority leader of the house of representatives;

153.15 (3) two members appointed by the senate Committee on Committees, one member
153.16 representing the majority caucus and one member representing the minority caucus;

153.17 (4) one member appointed by the Association of Minnesota Counties;

153.18 (5) one member appointed by joint representatives of the American Federation of State
153.19 and Municipal Employees, the Minnesota Association of Professional Employees, the
153.20 Minnesota Nurses Association, the Middle Management Association, and the State
153.21 Residential Schools Education Association;

153.22 (6) one member appointed by the National Alliance on Mental Illness Minnesota; and

153.23 (7) two members representing people with lived experience being served by state-operated
153.24 treatment programs or their families, appointed by the governor.

153.25 (c) Appointing authorities under paragraph (b) shall make appointments by January 1,
153.26 2026.

153.27 (d) The first meeting of the advisory committee must be held no later than January 15,
153.28 2026. The members of the advisory committee shall elect a chair from among their
153.29 membership at the first meeting. The advisory committee shall meet as frequently as it
153.30 determines necessary.

154.1 (e) The executive board shall regularly consult with the advisory committee.

154.2 (f) The advisory committee under this section expires December 31, 2027.

154.3 Sec. 41. **INITIAL APPOINTMENTS AND COMPENSATION OF THE DIRECT**
154.4 **CARE AND TREATMENT EXECUTIVE BOARD AND CHIEF EXECUTIVE**
154.5 **OFFICER.**

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

154.9 (b) Prior to the first Compensation Council determination of the daily compensation rate
154.10 for voting members of the executive board under Minnesota Statutes, section 246C.06,
154.11 subdivision 4, paragraph (b), voting members of the executive board must be paid the per
154.12 diem rate provided for in Minnesota Statutes, section 15.0575, subdivision 3, paragraph (a).

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

154.16 Subd. 2. **Chief executive officer.** (a) The Direct Care and Treatment executive board
154.17 must appoint as the initial chief executive officer for Direct Care and Treatment under
154.18 Minnesota Statutes, section 246C.07, the chief executive officer of the direct care and
154.19 treatment division of the Department of Human Services holding that position at the time
154.20 the initial appointment is made by the board. The initial appointment of the chief executive
154.21 officer must be made by the executive board by July 1, 2025. The initial appointment of
154.22 the chief executive officer is subject to confirmation by the senate.

154.23 (b) In its report issued April 1, 2025, the Compensation Council under Minnesota Statutes,
154.24 section 15A.082, must establish the salary of the chief executive officer at an amount equal
154.25 to or greater than the amount paid to the chief executive officer of the direct care and
154.26 treatment division of the Department of Human Services as of the date of initial appointment.
154.27 The salary of the chief executive officer shall become effective July 1, 2025, pursuant to
154.28 Minnesota Statutes, section 15A.082, subdivision 3. Notwithstanding Minnesota Statutes,
154.29 sections 15A.082 and 246C.08, subdivision 1, if the initial appointment of the chief executive
154.30 officer occurs prior to the effective date of the salary specified by the Compensation Council
154.31 in its April 1, 2025, report, the salary of the chief executive officer must equal the amount
154.32 paid to the chief executive officer of the direct care and treatment division of the Department
154.33 of Human Services as of the date of initial appointment.

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

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

Sec. 42. **REVISOR INSTRUCTION.**

The revisor of statutes shall change the term "Department of Human Services" to "Direct Care and Treatment" wherever the term appears in respect to the governmental entity with programmatic direction and fiscal control over state-operated services, programs, or facilities under Minnesota Statutes, chapter 246C. The revisor may make technical and other necessary changes to sentence structure to preserve the meaning of the text.

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

Sec. 43. **REVISOR INSTRUCTION.**

The revisor of statutes shall change the term "Department of Direct Care and Treatment" to "Direct Care and Treatment" wherever the term appears in respect to the governmental entity with programmatic direction and fiscal control over state-operated services, programs, or facilities under Minnesota Statutes, chapter 246C. The revisor may make technical and other necessary changes to sentence structure to preserve the meaning of the text.

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

Sec. 44. **REVISOR INSTRUCTION.**

The revisor of statutes, in consultation with the House Research Department; the Office of Senate Counsel, Research, and Fiscal Analysis; the Department of Human Services; and Direct Care and Treatment, shall make necessary cross-reference changes to conform with this act. The revisor may make technical and other necessary changes to sentence structure to preserve the meaning of the text. The revisor may alter the coding in this act to incorporate statutory changes made by other law in the 2024 regular legislative session.

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

Sec. 45. **REPEALER.**

(a) Minnesota Statutes 2022, sections 246.41; and 253C.01, are repealed.

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

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

ARTICLE 6

MISCELLANEOUS

Section 1. **FREE COMMUNICATION SERVICES.**

Subdivision 1. Free communication services. (a) A facility must provide patients and clients with voice communication services. A facility may supplement voice communication services with other communication services, including but not limited to video communication and email or electronic messaging services. A facility must continue to offer the services the facility offered as of January 1, 2024.

(b) To the extent that voice or other communication services are provided, which must not be limited beyond program participation and routine facility policies and procedures, neither the individual initiating the communication nor the individual receiving the communication must be charged for the service.

Subd. 2. Communication services restrictions. Nothing in this section allows a patient or client to violate an active protection order, harassment restraining order, or other no-contact order or directive. Nothing in this section entitles a civilly committed person to communication services restricted or limited under Minnesota Statutes, section 253B.03, subdivision 3, or 253D.19.

Subd. 3. Revenue prohibited. Direct Care and Treatment must not receive revenue from the provision of voice communication services or any other communication services under this section.

Subd. 4. Visitation programs. (a) Facilities shall maintain in-person visits for patients or clients. Communication services, including video calls, must not be used to replace a facility's in-person visitation program or be counted toward a patient's or client's in-person visitation limit.

(b) Notwithstanding paragraph (a), the Direct Care and Treatment executive board may waive the in-person visitation program requirement under this subdivision if there is:

157.1 (1) a declared emergency under Minnesota Statutes, section 12.31; or

157.2 (2) a local-, state-, or federal-declared natural disaster.

157.3 Subd. 5. **Reporting.** (a) By January 15, 2026, the Direct Care and Treatment executive
157.4 board must report the information described in paragraph (b) to the chairs and ranking
157.5 minority members of the legislative committees having jurisdiction over human services
157.6 policy and finance.

157.7 (b) The Direct Care and Treatment executive board must include the following
157.8 information covering fiscal year 2024:

157.9 (1) the status of all the agency's communication contracts; efforts to renegotiate the
157.10 agency's communication contracts, including the rates the agency is paying or charging
157.11 confined people or community members for any and all services in the contracts; and plans
157.12 to consolidate the agency's communication contracts to maximize purchasing power;

157.13 (2) a complete and detailed accounting of how appropriated funds for communication
157.14 services are spent, including spending on expenses previously covered by commissions;
157.15 and

157.16 (3) summary data on usage of all communication services, including monthly call and
157.17 message volume.

157.18 Subd. 6. **Definitions.** For the purposes of this section, the following terms have the
157.19 meanings given:

157.20 (1) "voice communications" means real-time, audio-only communication services,
157.21 namely phone calls made over wireline telephony, voice over Internet protocol, or any other
157.22 technology infrastructure;

157.23 (2) "other communication services" means communication services other than voice
157.24 communications, including but not limited to video calls and electronic messages; and

157.25 (3) "facility" means any facility, setting, or program owned, operated, or under the
157.26 programmatic or fiscal control of Direct Care and Treatment.

157.27 Subd. 7. **Expiration.** Subdivisions 1 to 4 expire June 30, 2026. Subdivisions 5 and 6
157.28 expire upon submission by the Direct Care and Treatment executive board of the report to
157.29 the legislature required under subdivision 5.

158.1 Sec. 2. **COMMUNITY CARE HUB PLANNING GRANT.**

158.2 Subdivision 1. **Establishment.** The commissioner of health shall establish a single grant
158.3 to develop and design programs to expand and strengthen the community care hub model,
158.4 which organizes and supports a network of health and social care service providers to address
158.5 health-related social needs.

158.6 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
158.7 meanings given.

158.8 (b) "Community-based organization" means a public or private nonprofit organization
158.9 of demonstrated effectiveness that is representative of a community or significant segments
158.10 of a community and provides educational or related services to individuals in the community.

158.11 (c) "Community care hub" means a nonprofit organization that provides a centralized
158.12 administrative and operational interface between health care institutions and a network of
158.13 community-based organizations that provide health promotion and social care services.

158.14 (d) "Health-related social needs" means the individual-level, adverse social conditions
158.15 that can negatively impact a person's health or health care, such as poor health literacy, food
158.16 insecurity, housing instability, and lack of access to transportation.

158.17 (e) "Social care services" means culturally informed services to address health-related
158.18 social needs and community-informed health promotion programs.

158.19 Subd. 3. **Eligible applicants.** To be eligible for the single grant available under this
158.20 section, a grant applicant must:

158.21 (1) be recognized as a selected community care hub by the federal Administration for
158.22 Community Living and the Centers for Disease Control and Prevention;

158.23 (2) hold contracts with health plans within Minnesota that allow the applicant to provide
158.24 social care services to a plan's covered member population; and

158.25 (3) demonstrate active engagement in providing, coordinating, and aiding health care
158.26 and social care services at the community level.

158.27 Subd. 4. **Eligible uses.** The grantee must use awarded funding to develop and design
158.28 programs that support the development of a social care network that provides services to
158.29 address health-related social needs. Activities eligible for funding under this section include
158.30 but are not limited to education activities, feasibility studies, program design, and pilots.

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

159.1 Sec. 3. **DIRECTION TO COMMISSIONER; FEDERAL WAIVERS FOR**
159.2 **HEALTH-RELATED SOCIAL NEEDS.**

159.3 (a) The commissioner of human services shall develop a strategy to implement
159.4 interventions to address unmet health-related social needs, including but not limited to
159.5 nutrition support, housing support, case management, and violence prevention. In developing
159.6 such a strategy, the commissioner shall consider whether services could be reimbursed
159.7 under section 1115 of the Social Security Act, other federal waivers, or existing state
159.8 authority.

159.9 (b) The commissioner shall collaborate with the commissioner of health, communities
159.10 most impacted by health disparities, and other external partners providing services in
159.11 nutrition, housing, case management, and violence prevention to medical assistance recipients
159.12 on specific interventions to include in the proposed strategy.

159.13 (c) By March 1, 2025, the commissioner shall provide the strategy developed under this
159.14 section to the chairs and ranking minority members of the legislative committees with
159.15 jurisdiction over health care finance and must include:

159.16 (1) a proposed timeline for implementation;

159.17 (2) an estimate of the administrative and programmatic costs associated with
159.18 implementing and evaluating any proposed federal waivers; and

159.19 (3) any statutory changes necessary to seek ongoing state funding and federal authority
159.20 for the proposed strategies.

159.21 (d) The commissioner may perform the steps necessary to develop a federal waiver or
159.22 other strategies identified in paragraph (c) in preparation for enactment of the strategies.

159.23 (e) The commissioner is exempt from the requirements of Minnesota Statutes, chapter
159.24 16C, when entering into a new contract or amending an existing contract to complete the
159.25 work under this section.

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

159.27 Sec. 4. **WORKING GROUP ON SIMPLIFYING SUPPORTIVE HOUSING**
159.28 **RESOURCES.**

159.29 Subdivision 1. Establishment. A working group on simplifying supportive housing
159.30 resources is established to streamline access, eligibility, and administration of state-funded
159.31 supportive housing resources for people experiencing homelessness.

160.1 Subd. 2. **Membership.** (a) The working group must prioritize membership from
160.2 individuals and organizations that use or administer state-funded supportive housing resources
160.3 and must include the following:

160.4 (1) the commissioner of the Minnesota Housing Finance Agency or designee;

160.5 (2) the commissioner of human services or designee;

160.6 (3) two representatives with lived experience from the Minnesota Coalition for the
160.7 Homeless;

160.8 (4) one representative from Hearth Connection;

160.9 (5) one representative from the Metropolitan Urban Indian Directors network;

160.10 (6) one representative from the Minnesota Housing Stability Coalition;

160.11 (7) five representatives from organizations providing or administering state-funded
160.12 supportive housing resources to people experiencing homelessness, including organizations
160.13 that provide services to youth experiencing homelessness, veterans experiencing
160.14 homelessness, populations that disproportionately experience homelessness, and a provider
160.15 that participates in a coordinated entry system and demonstrates statewide geographic
160.16 representation;

160.17 (8) one representative from the Minnesota Tribal Collaborative;

160.18 (9) one representative from Hennepin County;

160.19 (10) one representative from St. Louis County;

160.20 (11) two members from the house of representatives, one appointed by the speaker of
160.21 the house and one appointed by the minority leader; and

160.22 (12) two members from the senate appointed by the senate committee on committees,
160.23 one representing the majority caucus and one representing the minority caucus.

160.24 (b) The members listed in paragraph (a), clauses (3) to (10), must be appointed by the
160.25 commissioner of human services in collaboration with the commissioner of the Minnesota
160.26 Housing Finance Agency.

160.27 (c) All appointing authorities must make their appointments to the working group by
160.28 August 1, 2024.

160.29 Subd. 3. **Duties.** (a) The working group must study supportive housing resources to
160.30 streamline access, eligibility, and administration of state-funded supportive housing resources
160.31 for people experiencing homelessness, including the following programs:

- 161.1 (1) the housing support program;
- 161.2 (2) long-term homeless supportive services;
- 161.3 (3) housing with supports for adults with serious mental illness;
- 161.4 (4) the housing trust fund; and
- 161.5 (5) other capital and operating funds administered by the Minnesota Housing Finance
- 161.6 Agency.
- 161.7 (b) In studying supportive housing resources, the working group must identify the
- 161.8 processes, procedures, and technological or personnel resources that would be necessary to
- 161.9 enable the state, county or Tribal agencies, and providers responsible for administering
- 161.10 public supportive housing funds to meet the following goals:
- 161.11 (1) reduce administrative complexities;
- 161.12 (2) enhance equity and accessibility, including coordinated entry;
- 161.13 (3) streamline and simplify eligibility criteria, paperwork, and funding distribution; and
- 161.14 (4) accelerate the transition of individuals from homelessness to sustainable long-term
- 161.15 solutions.
- 161.16 Subd. 4. **Compensation.** Notwithstanding Minnesota Statutes, section 15.059, subdivision
- 161.17 3, members of the working group shall not be compensated, except for the members with
- 161.18 lived experience of homelessness.
- 161.19 Subd. 5. **Meetings; facilitation.** (a) The commissioner of human services may contract
- 161.20 with a third-party vendor to facilitate the working group and convene the first meeting by
- 161.21 January 15, 2025.
- 161.22 (b) The working group must meet at regular intervals as often as necessary to fulfill the
- 161.23 duties under subdivision 3.
- 161.24 (c) Meetings of the working group are subject to the Minnesota Open Meeting Law
- 161.25 under Minnesota Statutes, chapter 13D.
- 161.26 Subd. 6. **Consultation.** The working group must consult with other individuals and
- 161.27 organizations that have expertise and experience in providing supportive services that may
- 161.28 assist the working group in fulfilling its responsibilities, including entities engaging in
- 161.29 additional input from those with lived experience of homelessness and administrators of
- 161.30 state-funded supportive housing not included on the working group.

Subd. 7. **Report required.** The working group shall submit a final report by January 15, 2026, to the chairs and ranking minority members of the legislative committees with jurisdiction over housing and homelessness finance and policy detailing the recommendations to streamline access, eligibility, and administration of state-funded supportive housing resources for people experiencing homelessness. The report shall include draft legislation required to implement the proposed legislation.

Subd. 8. **Expiration.** The working group expires January 15, 2026.

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

Sec. 5. **HOMELESSNESS PRIORITY; HOMELESSNESS REPORT.**

The governor and lieutenant governor and the legislature find that addressing homelessness is a pressing public need. The Department of Human Services administers programs to provide shelter, support services, and housing stability to low-income Minnesotans and people experiencing homelessness. No later than January 15, 2025, the commissioner, in cooperation with the commissioner of the Minnesota Housing Finance Agency and other relevant departments, must report to the chairs and ranking minority members of the legislative committees with jurisdiction over human services policy and finance on the departments' activities to reduce homelessness.

Sec. 6. **DIRECTION TO COMMISSIONER; TARGETED CASE MANAGEMENT REDESIGN.**

The commissioner of human services must consult with members of the Minnesota Association of County Social Service Administrators to improve case management information systems and identify the necessary changes needed to comply with regulations related to federal certified public expenditures. The changes must facilitate transition to use of a 15-minute unit rate or improved financial reporting for fee-for-service targeted case management services provided by counties. The Social Service Information System and adjacent systems must be modified to support any increase in the intensity of time reporting requirements prior to any implementation of proposed changes to targeted case management rate setting, reimbursement, and reconciliation processes.

Sec. 7. **REVISOR INSTRUCTION.**

The revisor of statutes shall renumber each section of Minnesota Statutes listed in column A with the number listed in column B. The revisor shall also make necessary cross-reference changes consistent with the renumbering:

| | | |
|-------|-----------------|-----------------|
| 163.1 | <u>Column A</u> | <u>Column B</u> |
| 163.2 | <u>256E.33</u> | <u>256K.48</u> |
| 163.3 | <u>256E.36</u> | <u>256K.49</u> |

ARTICLE 7

HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT

Section 1. [256.044] HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT.

Subdivision 1. **Human services response contingency account.** A human services response contingency account is created in the special revenue fund in the state treasury. Money in the human services response contingency account does not cancel and is appropriated to the commissioner of human services for the purposes specified in this section.

Subd. 2. **Definition.** For purposes of this section, "human services response" means activities deemed necessary by the commissioner of human services to respond to emerging or immediate needs related to supporting the health, welfare, or safety of people.

Subd. 3. **Use of money.** (a) The commissioner may make expenditures from the human services response contingency account to respond to needs as defined in subdivision 2 and for which no other funding or insufficient funding is available.

(b) When the commissioner determines that a human services response is needed, the commissioner may make expenditures from the human services response contingency account for the following uses to implement the human services response:

(1) services, supplies, and equipment to support the health, welfare, or safety of people;

(2) training and coordination with service providers, Tribal Nations, and local government entities;

(3) communication with and outreach to impacted people;

(4) informational technology; and

(5) staffing.

(c) The commissioner may transfer money within the Department of Human Services and to the Department of Children, Youth, and Families for eligible uses under paragraph (b) as necessary to implement a human services response.

(d) Notwithstanding any other law or rule to the contrary, when implementing a human services response, the commissioner may allocate funds from the human services response contingency account to programs, providers, and organizations for eligible uses under

paragraph (b) through one or more fiscal agents chosen by the commissioner. In contracting with a fiscal agent, the commissioner may use a sole-source contract and is not subject to the solicitation requirements of chapter 16B or 16C.

(e) Programs, providers, and organizations receiving funds from the human services response contingency account under paragraph (d) must describe how the money will be used. If a program, provider, or organization receiving money from the human services response contingency account receives money from a nonstate source other than a local unit of government or Tribe for the same human services response, the entity must notify the commissioner of the amount received from the nonstate source. If the commissioner determines that the total amount received under this section and from the nonstate source exceeds the entity's total costs for the human services response, the entity must pay the commissioner the amount that exceeds the costs up to the amount of funding provided to the entity under this section. All money paid to the commissioner under this paragraph must be deposited in the human services response contingency account.

Subd. 4. **Assistance from other sources.** (a) As a condition of making expenditures from the human services response contingency account, the commissioner must seek any appropriate assistance from other available sources, including the federal government, to assist with costs attributable to the human services response.

(b) If the commissioner recovers eligible costs for the human services response from a nonstate source after making expenditures from the human services response contingency account, the commissioner shall reimburse the human services response contingency account for those costs up to the amount recovered for eligible costs from the nonstate source.

Subd. 5. **Reporting.** The commissioner must develop required reporting for entities receiving human services response contingency account money. Entities receiving money from the commissioner of human services from the human services response contingency account must submit reports to the commissioner of human services with detailed information in a manner determined by the commissioner, including but not limited to:

(1) amounts expended by category of expenditure;

(2) outcomes achieved, including estimated individuals served;

(3) documentation necessary to verify that funds were spent in compliance with this section;

(4) expenditure reports for the purpose of requesting reimbursement from other available sources; and

(5) data necessary to comply with an audit of human services response contingency account expenditures.

Subd. 6. **Report.** By March 1 of each year, the commissioner shall submit a report to the chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over human services finance and health and human services finance detailing expenditures made in the previous calendar year from the human services response contingency account. This report is exempt from section 256.01, subdivision 42.

ARTICLE 8
APPROPRIATIONS

Section 1. HUMAN SERVICES APPROPRIATION.

The sums shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2023, chapter 61, article 9; Laws 2023, chapter 70, article 20; and Laws 2023, chapter 74, section 6, to the agencies and for the purposes specified in this article. The appropriations are from the general fund or other named fund and are available for the fiscal years indicated for each purpose. The figures "2024" and "2025" 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, 2024, or June 30, 2025, respectively. Base adjustments mean the increase or decrease of the base level adjustment set in Laws 2023, chapter 61, article 9; Laws 2023, chapter 70, article 20; and Laws 2023, chapter 74, section 6. Supplemental appropriations and reductions to appropriations for the fiscal year ending June 30, 2024, are effective the day following final enactment unless a different effective date is explicit.

APPROPRIATIONS

Available for the Year

Ending June 30

| | <u>2024</u> | <u>2025</u> |
|--|--------------------|--------------------|
|--|--------------------|--------------------|

Sec. 2. COMMISSIONER OF HUMAN SERVICES

| | | |
|--|-------------------------------|-----------------------------|
| <u>Subdivision 1. Total Appropriation</u> | <u>\$ (17,213,000)</u> | <u>\$ 63,804,000</u> |
|--|-------------------------------|-----------------------------|

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

| | | |
|---|---------------------------|-------------------------|
| <u>Subd. 2. Central Office; Operations</u> | <u>(4,299,000)</u> | <u>2,172,000</u> |
|---|---------------------------|-------------------------|

| | | | |
|--------|--|---------------------------|-------------------------|
| 166.1 | <u>(a) Carryforward Authority.</u> | | |
| 166.2 | <u>Notwithstanding Minnesota Statutes, section</u> | | |
| 166.3 | <u>16A.28, subdivision 3, \$912,000 in fiscal year</u> | | |
| 166.4 | <u>2025 is available until June 30, 2027.</u> | | |
| 166.5 | <u>(b) Base Level Adjustment.</u> The general fund | | |
| 166.6 | <u>base is increased by \$327,000 in fiscal year</u> | | |
| 166.7 | <u>2026 and \$327,000 in fiscal year 2027.</u> | | |
| 166.8 | <u>Subd. 3. Central Office; Health Care</u> | <u>-0-</u> | <u>2,035,000</u> |
| 166.9 | <u>(a) Health-Related Social Needs 1115</u> | | |
| 166.10 | <u>Waiver.</u> \$500,000 is for a contract to develop | | |
| 166.11 | <u>a 1115 waiver related to nutrition supports as</u> | | |
| 166.12 | <u>a covered service under medical assistance.</u> | | |
| 166.13 | <u>This is a onetime appropriation.</u> | | |
| 166.14 | <u>Notwithstanding Minnesota Statutes, section</u> | | |
| 166.15 | <u>16A.28, subdivision 3, this appropriation is</u> | | |
| 166.16 | <u>available until June 30, 2027.</u> | | |
| 166.17 | <u>(b) Carryforward Authority.</u> | | |
| 166.18 | <u>Notwithstanding Minnesota Statutes, section</u> | | |
| 166.19 | <u>16A.28, subdivision 3, \$327,000 in fiscal year</u> | | |
| 166.20 | <u>2025 is available until June 30, 2026, and</u> | | |
| 166.21 | <u>\$543,000 in fiscal year 2025 is available until</u> | | |
| 166.22 | <u>June 30, 2027.</u> | | |
| 166.23 | <u>(c) Base Level Adjustment.</u> The general fund | | |
| 166.24 | <u>base is increased by \$786,000 in fiscal year</u> | | |
| 166.25 | <u>2026 and increased by \$790,000 in fiscal year</u> | | |
| 166.26 | <u>2027.</u> | | |
| 166.27 | <u>Subd. 4. Central Office; Aging and Disability</u> | | |
| 166.28 | <u>Services</u> | <u>(2,664,000)</u> | <u>4,164,000</u> |
| 166.29 | <u>(a) Tribal Vulnerable Adult and</u> | | |
| 166.30 | <u>Developmental Disabilities Targeted Case</u> | | |
| 166.31 | <u>Management Medical Assistance Benefit.</u> | | |
| 166.32 | <u>\$200,000 in fiscal year 2025 is for a contract</u> | | |
| 166.33 | <u>to develop a Tribal vulnerable adult and</u> | | |
| 166.34 | <u>developmental disabilities targeted case</u> | | |

167.1 management medical assistance benefit under
167.2 Minnesota Statutes, section 256B.0924. This
167.3 is a onetime appropriation. Notwithstanding
167.4 Minnesota Statutes, section 16A.28,
167.5 subdivision 3, this appropriation is available
167.6 until June 30, 2027.

167.7 **(b) Disability Services Person-Centered**
167.8 **Engagement and Navigation Study.**
167.9 \$600,000 in fiscal year 2025 is for the
167.10 disability services person-centered engagement
167.11 and navigation study. This is a onetime
167.12 appropriation. Notwithstanding Minnesota
167.13 Statutes, section 16A.28, subdivision 3, this
167.14 appropriation is available until June 30, 2026.

167.15 **(c) Pediatric Hospital-to-Home Transition**
167.16 **Pilot Program Administration.** \$300,000 in
167.17 fiscal year 2025 is for a contract related to the
167.18 pediatric hospital-to-home transition pilot
167.19 program. This is a onetime appropriation.
167.20 Notwithstanding Minnesota Statutes, section
167.21 16A.28, subdivision 3, this appropriation is
167.22 available until June 30, 2027.

167.23 **(d) Reimbursement for Community-First**
167.24 **Services and Supports Workers Report.**
167.25 \$250,000 in fiscal year 2025 is for a contract
167.26 related to the reimbursement for
167.27 community-first services and supports workers
167.28 report. This is a onetime appropriation.
167.29 Notwithstanding Minnesota Statutes, section
167.30 16A.28, subdivision 3, this appropriation is
167.31 available until June 30, 2026.

167.32 **(e) Carryforward Authority.**
167.33 Notwithstanding Minnesota Statutes, section
167.34 16A.28, subdivision 3, \$758,000 in fiscal year
167.35 2025 is available until June 30, 2026, and

168.1 \$2,687,000 in fiscal year 2025 is available
168.2 until June 30, 2027.

168.3 (f) **Base Level Adjustment.** The general fund
168.4 base is increased by \$340,000 in fiscal year
168.5 2026 and increased by \$340,000 in fiscal year
168.6 2027.

168.7 Subd. 5. **Central Office; Behavioral Health,**
168.8 **Housing, and Deaf and Hard-of-Hearing**
168.9 **Services**

-0-

3,304,000

168.10 (a) **Medical Assistance Reentry**
168.11 **Demonstration.** \$600,000 in fiscal year 2025
168.12 is for engagement with people with lived
168.13 experience, families, and community partners
168.14 on the development and implementation of
168.15 the medical assistance reentry demonstration
168.16 benefit under Minnesota Statutes, section
168.17 256B.0761. This is a onetime appropriation.
168.18 Notwithstanding Minnesota Statutes, section
168.19 16A.28, subdivision 3, this appropriation is
168.20 available until June 30, 2027.

168.21 (b) **Working Group on Simplifying Housing**
168.22 **Support Resources.** \$400,000 in fiscal year
168.23 2025 is for administration of a working group
168.24 to streamline access, eligibility, and
168.25 administration of state-funded supportive
168.26 housing resources for people experiencing
168.27 homelessness. This is a onetime appropriation.
168.28 Notwithstanding Minnesota Statutes, section
168.29 16A.28, subdivision 3, this appropriation is
168.30 available until June 30, 2026.

168.31 (c) **Carryforward Authority.**
168.32 Notwithstanding Minnesota Statutes, section
168.33 16A.28, subdivision 3, \$34,000 in fiscal year
168.34 2025 is available until June 30, 2026.

169.1 (d) **Base Level Adjustment.** The general fund
 169.2 base is increased by \$2,271,000 in fiscal year
 169.3 2026 and increased by \$2,271,000 in fiscal
 169.4 year 2027.

169.5 Subd. 6. **Forecasted Programs; Medical**
 169.6 **Assistance**

-0- 5,533,000

169.7 Subd. 7. **Forecasted Programs; Alternative Care**

-0- 49,000

169.8 Subd. 8. **Forecasted Programs; Behavioral**
 169.9 **Health Fund**

-0- 274,000

169.10 Subd. 9. **Grant Programs; Child and Economic**
 169.11 **Support Grants**

-0- 5,050,000

169.12 (a) **Homeless Shelter Services.** \$50,000 in
 169.13 fiscal year 2025 is for a payment to Churches
 169.14 United for the Homeless in Moorhead to hire
 169.15 staff or contract for assistance to secure public
 169.16 funding for Churches United's existing
 169.17 services, including the provision of safe shelter
 169.18 for individuals experiencing homelessness,
 169.19 supportive housing, nutrition support, nursing
 169.20 services, family services, and case
 169.21 management. This is a onetime appropriation.

169.22 (b) **American Indian Food Sovereignty.**

169.23 \$1,000,000 in fiscal year 2025 is for the
 169.24 American Indian food sovereignty funding
 169.25 program under Minnesota Statutes, section
 169.26 256E.342. This is a onetime appropriation.
 169.27 Notwithstanding Minnesota Statutes, section
 169.28 16A.28, subdivision 3, this appropriation is
 169.29 available until June 30, 2026.

169.30 (c) **Minnesota Food Shelf.** \$1,390,000 in
 169.31 fiscal year 2025 is for the Minnesota food
 169.32 shelf program under Minnesota Statutes,
 169.33 section 256E.34. This is a onetime
 169.34 appropriation.

170.1 **(d) Emergency Food Assistance Program.**
170.2 \$2,610,000 in fiscal year 2025 is for contracts
170.3 with Minnesota's regional food banks that the
170.4 commissioner contracts with for the purposes
170.5 of the Emergency Food Assistance Program
170.6 (TEFAP). The commissioner shall distribute
170.7 the food bank funding under this paragraph in
170.8 accordance with the federal TEFAP formula
170.9 and guidelines of the United States
170.10 Department of Agriculture. Funding must be
170.11 used by all regional food banks to purchase
170.12 food that will be distributed free of charge to
170.13 TEFAP partner agencies. Funding must also
170.14 cover the handling and delivery fees typically
170.15 paid by food shelves to food banks to ensure
170.16 that costs associated with funding under this
170.17 paragraph are not incurred at the local level.
170.18 This is a onetime appropriation.

170.19 **Subd. 10. Grant Programs; Refugee Services** -0- 4,000,000

170.20 **Human Services Response Contingency**
170.21 **Account.** (a) \$4,000,000 in fiscal year 2025
170.22 is for the human services response contingency
170.23 account under Minnesota Statutes, section
170.24 256.044. This is a onetime appropriation.

170.25 **(b) The commissioner of management and**
170.26 **budget shall transfer \$4,000,000 in fiscal year**
170.27 **2025 from the general fund to the human**
170.28 **services response contingency account**
170.29 **established under Minnesota Statutes, section**
170.30 **256.044. This is a onetime transfer.**

170.31 **Subd. 11. Grant Programs; Health Care Grants** -0- 1,000,000

170.32 **County Correctional Facility Mental Health**
170.33 **Medication Pilot Program.** \$1,000,000 in
170.34 fiscal year 2025 is for the county correctional

171.1 facility mental health medication pilot

171.2 program. This is a onetime appropriation.

171.3 Notwithstanding Minnesota Statutes, section

171.4 16A.28, subdivision 3, this appropriation is

171.5 available until June 30, 2026.

171.6 **Subd. 12. Grant Programs; Other Long Term**
 171.7 **Care Grants**

(2,500,000)

1,962,000

171.8 **(a) Health Awareness Hub Pilot Project.**

171.9 \$281,000 in fiscal year 2025 is for a payment

171.10 to the Organization for Liberians in Minnesota

171.11 for a health awareness hub pilot project. The

171.12 pilot project must seek to address health care

171.13 education and the physical and mental

171.14 wellness needs of elderly individuals within

171.15 the African immigrant community by offering

171.16 culturally relevant support, resources, and

171.17 preventive care education from medical

171.18 practitioners who have a similar background,

171.19 and by making appropriate referrals to

171.20 culturally competent programs, supports, and

171.21 medical care. Within six months of the

171.22 conclusion of the pilot project, the

171.23 Organization for Liberians in Minnesota must

171.24 provide the commissioner with an evaluation

171.25 of the project as determined by the

171.26 commissioner. This is a onetime appropriation.

171.27 **(b) Chapter 245D Compliance Support.**

171.28 \$219,000 in fiscal year 2025 is for a payment

171.29 to Black Business Enterprises Fund to support

171.30 minority providers licensed under Minnesota

171.31 Statutes, chapter 245D, as intensive support

171.32 services providers to build skills and the

171.33 infrastructure needed to increase the quality

171.34 of services provided to the people the

171.35 providers serve while complying with the

172.1 requirements of Minnesota Statutes, chapter
172.2 245D, and to enable the providers to accept
172.3 clients with high behavioral needs. This is a
172.4 onetime appropriation.

172.5 **(c) Customized Living Technical Assistance.**

172.6 \$350,000 is for a payment to Propel
172.7 Nonprofits for a culturally specific outreach
172.8 and education campaign toward existing
172.9 customized living providers that might more
172.10 appropriately serve their clients under a
172.11 different home and community-based services
172.12 program or license. This is a onetime
172.13 appropriation.

172.14 **(d) Linguistically and Culturally Specific**

172.15 **Training Pilot Project. \$650,000 in fiscal**
172.16 year 2025 is for a payment to Isuroon to
172.17 collaborate with the commissioner of human
172.18 services to develop and implement a pilot
172.19 program to provide: (1) linguistically and
172.20 culturally specific in-person training to
172.21 bilingual individuals, particularly bilingual
172.22 women, from diverse ethnic backgrounds; and
172.23 (2) technical assistance to providers to ensure
172.24 successful implementation of the pilot
172.25 program, including training, resources, and
172.26 ongoing support. Within six months of the
172.27 conclusion of the pilot project, Isuroon must
172.28 provide the commissioner with an evaluation
172.29 of the project as determined by the
172.30 commissioner. This is a onetime appropriation.

172.31 **(e) Long-Term Services and Supports Loan**

172.32 **Program. (1) \$462,000 in fiscal year 2025 is**
172.33 from the general fund for the long-term
172.34 services and supports loan program established
172.35 under Minnesota Statutes, section 256R.55.

173.1 The base for this appropriation is \$822,000 in
 173.2 fiscal year 2026 and \$0 in fiscal year 2027.

173.3 (2) The commissioner of management and
 173.4 budget shall transfer \$462,000 in fiscal year
 173.5 2025 from the general fund to the long-term
 173.6 services and supports loan account established
 173.7 under Minnesota Statutes, section 256R.55.

173.8 The base for this transfer is \$822,000 in fiscal
 173.9 year 2026 and \$0 in fiscal year 2027.

173.10 (f) **Base Level Adjustment.** The general fund
 173.11 base is decreased by \$1,202,000 in fiscal year
 173.12 2026 and decreased by \$2,024,000 in fiscal
 173.13 year 2027.

173.14 Subd. 13. **Grant Programs; Aging and Adult**
 173.15 **Services Grants**

-0-

4,500,000

173.16 (a) **Caregiver Respite Services Grants.**
 173.17 \$2,000,000 in fiscal year 2025 is for caregiver
 173.18 respite services grants under Minnesota
 173.19 Statutes, section 256.9756. This is a onetime
 173.20 appropriation. Notwithstanding Minnesota
 173.21 Statutes, section 16A.28, subdivision 3, this
 173.22 appropriation is available until June 30, 2027.

173.23 (b) **Caregiver Support Programs.**
 173.24 \$2,500,000 in fiscal year 2025 is for the
 173.25 Minnesota Board on Aging for the purposes
 173.26 of the caregiver support programs under
 173.27 Minnesota Statutes, section 256.9755.
 173.28 Programs receiving funding under this
 173.29 paragraph must include an ALS-specific
 173.30 respite service in their caregiver support
 173.31 program. This is a onetime appropriation.
 173.32 Notwithstanding Minnesota Statutes, section
 173.33 16A.28, subdivision 3, this appropriation is
 173.34 available until June 30, 2027.

| | | | |
|--------|---|-------------------------|-------------------------|
| 174.1 | <u>Subd. 14. Grant Programs; Disabilities Grants</u> | <u>1,650,000</u> | <u>9,574,000</u> |
| 174.2 | <u>(a) Capital Improvement for Accessibility.</u> | | |
| 174.3 | <u>\$400,000 in fiscal year 2025 is for a payment</u> | | |
| 174.4 | <u>to Anoka County to make capital</u> | | |
| 174.5 | <u>improvements to existing space in the Anoka</u> | | |
| 174.6 | <u>County Human Services building in the city</u> | | |
| 174.7 | <u>of Blaine, including making bathrooms fully</u> | | |
| 174.8 | <u>compliant with the Americans with Disabilities</u> | | |
| 174.9 | <u>Act with adult changing tables and ensuring</u> | | |
| 174.10 | <u>barrier-free access for the purposes of</u> | | |
| 174.11 | <u>improving and expanding the services an</u> | | |
| 174.12 | <u>existing building tenant can provide to adults</u> | | |
| 174.13 | <u>with developmental disabilities. This is a</u> | | |
| 174.14 | <u>onetime appropriation.</u> | | |
| 174.15 | <u>(b) Dakota County Disability Services</u> | | |
| 174.16 | <u>Workforce Shortage Pilot Project. \$500,000</u> | | |
| 174.17 | <u>in fiscal year 2025 is for a grant to Dakota</u> | | |
| 174.18 | <u>County for innovative solutions to the</u> | | |
| 174.19 | <u>disability services workforce shortage. Up to</u> | | |
| 174.20 | <u>\$250,000 of this amount must be used to</u> | | |
| 174.21 | <u>develop and test an online application for</u> | | |
| 174.22 | <u>matching requests for services from people</u> | | |
| 174.23 | <u>with disabilities to available staff, and up to</u> | | |
| 174.24 | <u>\$250,000 of this amount must be used to</u> | | |
| 174.25 | <u>develop a communities-for-all program that</u> | | |
| 174.26 | <u>engages businesses, community organizations,</u> | | |
| 174.27 | <u>neighbors, and informal support systems to</u> | | |
| 174.28 | <u>promote community inclusion of people with</u> | | |
| 174.29 | <u>disabilities. By October 1, 2026, the</u> | | |
| 174.30 | <u>commissioner shall report the outcomes and</u> | | |
| 174.31 | <u>recommendations of these pilot projects to the</u> | | |
| 174.32 | <u>chairs and ranking minority members of the</u> | | |
| 174.33 | <u>legislative committees with jurisdiction over</u> | | |
| 174.34 | <u>human services finance and policy. This is a</u> | | |
| 174.35 | <u>onetime appropriation. Notwithstanding</u> | | |

- 175.1 Minnesota Statutes, section 16A.28,
175.2 subdivision 3, this appropriation is available
175.3 until June 30, 2027.
- 175.4 **(c) Pediatric Hospital-to-Home Transition**
175.5 **Pilot Program. \$1,040,000 in fiscal year 2025**
175.6 is for the pediatric hospital-to-home pilot
175.7 program. This is a onetime appropriation.
- 175.8 Notwithstanding Minnesota Statutes, section
175.9 16A.28, subdivision 3, this appropriation is
175.10 available until June 30, 2027.
- 175.11 **(d) Artists With Disabilities Support.**
175.12 \$690,000 in fiscal year 2025 is for a payment
175.13 to a nonprofit organization licensed under
175.14 Minnesota Statutes, chapter 245D, located on
175.15 Minnehaha Avenue West in Saint Paul, and
175.16 that supports artists with disabilities in creating
175.17 visual and performing art that challenges
175.18 society's views of persons with disabilities.
- 175.19 This is a onetime appropriation.
- 175.20 Notwithstanding Minnesota Statutes, section
175.21 16A.28, subdivision 3, this appropriation is
175.22 available until June 30, 2027.
- 175.23 **(e) Emergency Relief Grants for Rural**
175.24 **EIDBI Providers. \$600,000 in fiscal year**
175.25 2025 is for emergency relief grants for EIDBI
175.26 providers. This is a onetime appropriation.
- 175.27 Notwithstanding Minnesota Statutes, section
175.28 16A.28, subdivision 3, this appropriation is
175.29 available until June 30, 2027.
- 175.30 **(f) Self-Advocacy Grants for Persons with**
175.31 **Intellectual and Developmental Disabilities.**
175.32 \$250,000 in fiscal year 2025 is for
175.33 self-advocacy grants under Minnesota Statutes,
175.34 section 256.477, subdivision 1, paragraph (a),

176.1 clauses (5) to (7), and for administrative costs.

176.2 This is onetime appropriation.

176.3 **(g) Electronic Visit Verification**

176.4 **Implementation Grants. \$864,000 in fiscal**

176.5 year 2025 is for electronic visit verification

176.6 implementation grants. This is a onetime

176.7 appropriation. Notwithstanding Minnesota

176.8 Statutes, section 16A.28, subdivision 3, this

176.9 appropriation is available until June 30, 2027.

176.10 **(h) Aging and Disability Services for**

176.11 **Immigrant and Refugee Communities.**

176.12 \$250,000 in fiscal year 2025 is for a payment

176.13 to SEWA-AIFW to address aging, disability,

176.14 and mental health needs for immigrant and

176.15 refugee communities. This is a onetime

176.16 appropriation.

176.17 **(i) License Transition Support for Small**

176.18 **Disability Waiver Providers. \$3,150,000 in**

176.19 fiscal year 2025 is for license transition

176.20 payments to small disability waiver providers.

176.21 This is a onetime appropriation.

176.22 Notwithstanding Minnesota Statutes, section

176.23 16A.28, subdivision 3, this appropriation is

176.24 available until June 30, 2027.

176.25 **(j) Own home services provider**

176.26 **capacity-building grants. \$1,519,000 in fiscal**

176.27 year 2025 is for the own home services

176.28 provider capacity-building grant program.

176.29 Notwithstanding Minnesota Statutes, section

176.30 16A.28, subdivision 3, this appropriation is

176.31 available until June 30, 2027. This is a onetime

176.32 appropriation.

176.33 **(k) Continuation of Centers for**

176.34 **Independent Living HCBS Access Grants.**

177.1 \$311,000 in fiscal year 2024 is for continued
177.2 funding of grants awarded under Laws 2021,
177.3 First Special Session chapter 7, article 17,
177.4 section 19, as amended by Laws 2022, chapter
177.5 98, article 15, section 15. This is a onetime
177.6 appropriation and is available until June 30,
177.7 2025.

177.8 (l) **Base Level Adjustment.** The general fund
177.9 base is increased by \$811,000 in fiscal year
177.10 2026 and increased by \$811,000 in fiscal year
177.11 2027.

177.12 Subd. 15. **Grant Programs; Adult Mental Health**
177.13 **Grants**

(8,900,000)

2,364,000

177.14 (a) **Locked Intensive Residential Treatment**
177.15 **Services.** \$1,000,000 in fiscal year 2025 is for
177.16 start-up funds to intensive residential treatment
177.17 services providers to provide treatment in
177.18 locked facilities for patients meeting medical
177.19 necessity criteria and who may also be referred
177.20 for competency attainment or a competency
177.21 examination under Minnesota Statutes,
177.22 sections 611.40 to 611.59. This is a onetime
177.23 appropriation. Notwithstanding Minnesota
177.24 Statutes, section 16A.28, subdivision 3, this
177.25 appropriation is available until June 30, 2027.

177.26 (b) **Engagement Services Pilot Grants.**
177.27 \$1,500,000 in fiscal year 2025 is for
177.28 engagement services pilot grants. Of this
177.29 amount, \$250,000 in fiscal year 2025 is for an
177.30 engagement services pilot grant to Otter Tail
177.31 County. This is a onetime appropriation.
177.32 Notwithstanding Minnesota Statutes, section
177.33 16A.28, subdivision 3, this appropriation is
177.34 available until June 30, 2026.

178.1 **(c) Mental Health Innovation Grant**
 178.2 **Program.** \$1,321,000 in fiscal year 2025 is
 178.3 for the mental health innovation grant program
 178.4 under Minnesota Statutes, section 245.4662.
 178.5 This is a onetime appropriation.
 178.6 Notwithstanding Minnesota Statutes, section
 178.7 16A.28, subdivision 3, this appropriation is
 178.8 available until June 30, 2026.

178.9 **(d) Behavioral Health Services For**
 178.10 **Immigrant And Refugee Communities.**
 178.11 \$354,000 in fiscal year 2025 is for a payment
 178.12 to African Immigrant Community Services to
 178.13 provide culturally and linguistically
 178.14 appropriate services to new Americans with
 178.15 disabilities, mental health needs, and substance
 178.16 use disorders and to connect such individuals
 178.17 with appropriate alternative service providers
 178.18 to ensure continuity of care. This is a onetime
 178.19 appropriation. Notwithstanding Minnesota
 178.20 Statutes, section 16A.28, subdivision 3, this
 178.21 appropriation is available until June 30, 2027.

178.22 **(e) Base Level Adjustment.** The general fund
 178.23 base is decreased by \$1,811,000 in fiscal year
 178.24 2026 and decreased by \$1,811,000 in fiscal
 178.25 year 2027.

178.26 **Subd. 16. Grant Programs; Child Mental Health**
 178.27 **Grants**

-0-

500,000

178.28 **Youth Peer Recovery Support Services Pilot**
 178.29 **Project.** \$500,000 in fiscal year 2025 is for a
 178.30 grant to Hennepin County to conduct a
 178.31 two-year pilot project to provide peer recovery
 178.32 support services under Minnesota Statutes,
 178.33 section 245G.07, subdivision 2, clause (8), to
 178.34 youth between 13 and 18 years of age. The
 178.35 pilot project must be conducted in partnership

179.1 with a community organization that provides
 179.2 culturally specific peer recovery support
 179.3 services to East African individuals and that
 179.4 is working to expand peer recovery support
 179.5 services for youth in Hennepin County. At the
 179.6 conclusion of the pilot project, Hennepin
 179.7 County must submit a report to the chairs and
 179.8 ranking minority members of the legislative
 179.9 committees with jurisdiction over health and
 179.10 human services detailing the implementation,
 179.11 operation, and outcomes of the pilot project
 179.12 and providing recommendations on expanding
 179.13 youth peer recovery support services
 179.14 statewide. This is a onetime appropriation.
 179.15 Notwithstanding Minnesota Statutes, section
 179.16 16A.28, subdivision 3, this appropriation is
 179.17 available until June 30, 2026.

179.18 Subd. 17. **Grant Programs; Chemical**
 179.19 **Dependency Treatment Support Grants**

(500,000)

2,500,000

179.20 **Medical Assistance Reentry Demonstration**
 179.21 **Grants.** \$2,500,000 in fiscal year 2025 is for
 179.22 capacity building and implementation grants
 179.23 for the medical assistance reentry
 179.24 demonstration under Minnesota Statutes,
 179.25 section 256B.0761. This is a onetime
 179.26 appropriation. Notwithstanding Minnesota
 179.27 Statutes, section 16A.28, subdivision 3, this
 179.28 appropriation is available until June 30, 2027.

179.29 Subd. 18. **Direct Care and Treatment - Mental**
 179.30 **Health and Substance Abuse**

-0-977,000

179.31 Subd. 19. **Direct Care and Treatment - Forensic**
 179.32 **Services**

-0-7,752,000

179.33 (a) **Employee incentives.** \$1,000,000 in fiscal
 179.34 year 2025 is for incentives related to the
 179.35 transition of CARE St. Peter to the forensic

180.1 mental health program. This is a onetime
180.2 appropriation.

180.3 (b) Base Level Adjustment. The general fund
180.4 base is increased by \$6,612,000 in fiscal year
180.5 2026 and increased by \$6,612,000 in fiscal
180.6 year 2027.

180.7 Subd. 20. Direct Care and Treatment -
180.8 Operations

-0-

6,094,000

180.9 (a) Free Communication Services for
180.10 Patients and Clients. \$1,368,000 in fiscal
180.11 year 2025 is for free communication services
180.12 under article 6, section 1. This is a onetime
180.13 appropriation. Notwithstanding Minnesota
180.14 Statutes, section 16A.28, subdivision 3, this
180.15 appropriation is available until June 30, 2026.

180.16 (b) Direct Care and Treatment Capacity;
180.17 Miller Building. \$1,796,000 in fiscal year
180.18 2025 is to design a replacement facility for the
180.19 Miller Building on the Anoka Metro Regional
180.20 Treatment Center campus. This is a onetime
180.21 appropriation. Notwithstanding Minnesota
180.22 Statutes, section 16A.28, subdivision 3, this
180.23 appropriation is available until June 30, 2027.

180.24 (c) Direct Care and Treatment County
180.25 Correctional Facility Support Pilot
180.26 Program. \$2,387,000 in fiscal year 2025 is
180.27 to establish a two-year county correctional
180.28 facility support pilot program. The pilot
180.29 program must: (1) provide education and
180.30 support to counties and county correctional
180.31 facilities on protocols and best practices for
180.32 the provision of involuntary medications for
180.33 mental health treatment; (2) provide technical
180.34 assistance to expand access to injectable
180.35 psychotropic medications in county

181.1 correctional facilities; and (3) survey county
181.2 correctional facilities and their contracted
181.3 medical providers on their capacity to provide
181.4 injectable psychotropic medications, including
181.5 involuntary administration of medications,
181.6 and barriers to providing these services. This
181.7 is a onetime appropriation. Notwithstanding
181.8 Minnesota Statutes, section 16A.28,
181.9 subdivision 3, this appropriation is available
181.10 until June 30, 2026.

181.11 **(d) Advisory Committee for Direct Care**
181.12 **and Treatment.** \$482,000 in fiscal year 2025
181.13 is for the administration of the advisory
181.14 committee for the operation of Direct Care
181.15 and Treatment. This is a onetime
181.16 appropriation. Notwithstanding Minnesota
181.17 Statutes, section 16A.28, subdivision 3, this
181.18 appropriation is available until June 30, 2027.

181.19 **(e) Base Level Adjustment.** The general fund
181.20 base is increased by \$31,000 in fiscal year
181.21 2026 and increased by \$0 in fiscal year 2027.

181.22 **Subd. 21. Grant Administration Costs**
181.23 Notwithstanding Minnesota Statutes, section
181.24 16B.98, subdivision 14, the commissioner of
181.25 human services must not use any of the grant
181.26 amounts appropriated under this section for
181.27 administrative costs.

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

181.29 **Sec. 3. COMMISSIONER OF HEALTH**

| | | | | | |
|--------|--|------------------|-------------------|------------------|-------------------------|
| 181.30 | <u>Subdivision 1. Total Appropriation</u> | <u>\$</u> | <u>-0-</u> | <u>\$</u> | <u>1,087,000</u> |
|--------|--|------------------|-------------------|------------------|-------------------------|

| | | | | | |
|--------|--------------------------------------|--|--|--|--|
| 181.31 | <u>Appropriations by Fund</u> | | | | |
|--------|--------------------------------------|--|--|--|--|

| | | | | | |
|--------|--|--------------------|--|--------------------|--|
| 181.32 | | <u>2024</u> | | <u>2025</u> | |
|--------|--|--------------------|--|--------------------|--|

| | | | |
|-------|-------------------------|------------|----------------|
| 182.1 | <u>General</u> | <u>-0-</u> | <u>554,000</u> |
| 182.2 | <u>State Government</u> | | |
| 182.3 | <u>Special Revenue</u> | <u>-0-</u> | <u>533,000</u> |

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

| | | | |
|-------|---|------------|----------------|
| 182.7 | <u>Subd. 2. Health Improvement</u> | <u>-0-</u> | <u>554,000</u> |
|-------|---|------------|----------------|

182.8 (a) **Community Care Hub Grant.** \$500,000
 182.9 in fiscal year 2025 is from the general fund
 182.10 for the community care hub planning grant.
 182.11 This is a onetime appropriation.
 182.12 Notwithstanding Minnesota Statutes, section
 182.13 16A.28, subdivision 3, this appropriation is
 182.14 available until June 30, 2026.

182.15 (b) **Cannabis education program grants.** To
 182.16 achieve the net reduction in the general fund
 182.17 base of \$3,650,000 in fiscal year 2026 and
 182.18 \$3,650,000 in fiscal year 2027 for cannabis
 182.19 education grants under Minnesota Statutes,
 182.20 section 144.197, subdivision 4, the
 182.21 commissioner must not reduce the grant
 182.22 amounts distributed to Tribal health
 182.23 departments.

182.24 (c) **Carryforward Authority.**
 182.25 Notwithstanding Minnesota Statutes, section
 182.26 16A.28, subdivision 3, \$54,000 in fiscal year
 182.27 2025 is available until June 30, 2026, for
 182.28 administration expenses related to the
 182.29 community care hub grant.

182.30 (d) **Base Level Adjustment.** The general fund
 182.31 base is decreased by \$3,650,000 in fiscal year
 182.32 2026 and decreased by \$3,650,000 in fiscal
 182.33 year 2027.

| | | | | |
|--------|---|-----------|----------------------|------------------|
| 183.1 | <u>Subd. 3. Health Protection</u> | | <u>-0-</u> | <u>533,000</u> |
| 183.2 | <u>This appropriation is from the state</u> | | | |
| 183.3 | <u>government special revenue fund.</u> | | | |
| 183.4 | <u>Base Level Adjustments. The state</u> | | | |
| 183.5 | <u>government special revenue base is increased</u> | | | |
| 183.6 | <u>by \$525,000 in fiscal year 2026 and increased</u> | | | |
| 183.7 | <u>by \$525,000 in fiscal year 2027.</u> | | | |
| 183.8 | <u>Subd. 4. Grantee Evaluation Requirement</u> | | | |
| 183.9 | <u>For all new grants for which money is</u> | | | |
| 183.10 | <u>appropriated in this act, the commissioner of</u> | | | |
| 183.11 | <u>health must comply with the grantee</u> | | | |
| 183.12 | <u>evaluation requirements under Minnesota</u> | | | |
| 183.13 | <u>Statutes, section 16B.98, subdivision 12.</u> | | | |
| 183.14 | <u>Sec. 4. COUNCIL ON DISABILITY</u> | <u>\$</u> | <u>-0-</u> <u>\$</u> | <u>400,000</u> |
| 183.15 | <u>\$400,000 in fiscal year 2025 is for the</u> | | | |
| 183.16 | <u>Legislative Task Force on Guardianship.</u> | | | |
| 183.17 | <u>Notwithstanding Minnesota Statutes, section</u> | | | |
| 183.18 | <u>16A.28, subdivision 3, this appropriation is</u> | | | |
| 183.19 | <u>available until June 30, 2027. This is a onetime</u> | | | |
| 183.20 | <u>appropriation.</u> | | | |
| 183.21 | <u>Sec. 5. DEPARTMENT OF CORRECTIONS</u> | <u>\$</u> | <u>-0-</u> <u>\$</u> | <u>1,649,000</u> |
| 183.22 | <u>Medical Assistance Reentry Demonstration.</u> | | | |
| 183.23 | <u>\$1,649,000 in fiscal year 2025 is from the</u> | | | |
| 183.24 | <u>general fund for planning and implementation</u> | | | |
| 183.25 | <u>of the medical assistance reentry</u> | | | |
| 183.26 | <u>demonstration. The base for this appropriation</u> | | | |
| 183.27 | <u>is \$1,924,000 in fiscal year 2026 and</u> | | | |
| 183.28 | <u>\$2,364,000 in fiscal year 2027.</u> | | | |
| 183.29 | <u>Sec. 6. DEPARTMENT OF EMPLOYMENT</u> | | | |
| 183.30 | <u>AND ECONOMIC DEVELOPMENT</u> | <u>\$</u> | <u>-0-</u> <u>\$</u> | <u>5,000,000</u> |
| 183.31 | <u>Cedar Riverside Recreation Center.</u> | | | |
| 183.32 | <u>\$5,000,000 in fiscal year 2025 is for a payment</u> | | | |
| 183.33 | <u>to the Minneapolis Park and Recreation Board</u> | | | |

184.1 for the design, development, and construction
184.2 of the new Cedar Riverside Recreation Center
184.3 to serve the largest immigrant population
184.4 center in the state. This is a onetime
184.5 appropriation available until June 30, 2028.

184.6 Sec. 7. Laws 2021, First Special Session chapter 7, article 17, section 19, as amended by
184.7 Laws 2022, chapter 98, article 15, section 15, is amended to read:

184.8 Sec. 19. **CENTERS FOR INDEPENDENT LIVING HCBS ACCESS GRANT.**

184.9 (a) This act includes \$1,200,000 in fiscal year 2022 and \$1,200,000 in fiscal year 2023
184.10 for grants to expand services to support people with disabilities from underserved
184.11 communities who are ineligible for medical assistance to live in their own homes and
184.12 communities by providing accessibility modifications, independent living services, and
184.13 public health program facilitation. The commissioner of human services must award the
184.14 grants in equal amounts to grantees. To be eligible, a grantee must be an organization defined
184.15 in Minnesota Statutes, section 268A.01, subdivision 8. Any unexpended amount in fiscal
184.16 year 2022 is available through June 30, 2023. The general fund base included in this act for
184.17 this purpose is \$0 in fiscal year 2024 and \$0 in fiscal year 2025.

184.18 (b) All grant activities must be completed by ~~March 31, 2024~~ June 30, 2025.

184.19 (c) This section expires June 30, ~~2024~~ 2025.

184.20 **EFFECTIVE DATE.** This section is effective retroactively from March 31, 2024.

184.21 Sec. 8. Laws 2023, chapter 53, article 21, section 6, is amended to read:

184.22 Sec. 6. **TRANSFERS.**

184.23 (a) In the biennium ending on June 30, 2025, the commissioner of management and
184.24 budget must transfer ~~\$400,000,000~~ \$390,000,000 from the general fund to the Minnesota
184.25 forward fund account established in Minnesota Statutes, section 116J.8752, subdivision 2.
184.26 The base for this transfer is \$0.

184.27 (b) In the biennium ending on June 30, 2025, the commissioner of management and
184.28 budget shall transfer \$25,000,000 from the general fund to the Minnesota climate innovation
184.29 authority account established in Minnesota Statutes, section 216C.441, subdivision 11. The
184.30 base for this transfer is \$0.

(c) In the biennium ending on June 30, 2025, the commissioner of management and budget must transfer \$75,000,000 from the general fund to the state competitiveness fund account established in Minnesota Statutes, section 216C.391, subdivision 2. Notwithstanding Minnesota Statutes, section 216C.391, subdivision 2, the commissioner of commerce must use this transfer for grants to eligible entities for projects receiving federal loans or tax credits where the benefits are in disadvantaged communities. The base for this transfer is \$0. Up to three percent of money transferred under this paragraph is for administrative costs.

~~(d) In the biennium ending on June 30, 2027,~~ The commissioners of management and budget, in consultation with the commissioners of employment and economic development and commerce, may transfer money between the Minnesota forward fund account, the Minnesota climate innovation authority account, and the state competitiveness fund account. The commissioner of management and budget must notify the Legislative Advisory Commission within 15 days of making transfers under this paragraph.

(e) The commissioner of management and budget may transfer money from the Minnesota forward fund account, the Minnesota climate innovation authority account, and the state competitiveness fund account to the human services response contingency account established under Minnesota Statutes, section 256.044, as necessary to respond to emergent state needs. The commissioner of management and budget must notify the Legislative Advisory Commission within 15 days of making transfers under this paragraph.

(f) The commissioner of management and budget may transfer money from the Minnesota forward fund account, the Minnesota climate innovation authority account, and the state competitiveness fund account to other state agencies to maximize federal funding opportunities. Money transferred under this paragraph is appropriated to the agency that receives the money and is available until June 30, 2027. Any money that remains unspent is canceled to the general fund. The commissioner of management and budget must notify the Legislative Advisory Commission 15 days prior to making transfers under this paragraph.

(g) The total amount transferred under paragraphs (e) and (f) shall not exceed \$100,000,000.

Sec. 9. Laws 2023, chapter 53, article 21, section 7, is amended to read:

Sec. 7. APPROPRIATIONS.

(a) \$50,000,000 in fiscal year 2024 is appropriated from the Minnesota forward fund account to the commissioner of employment and economic development for providing businesses with matching funds required by federal programs. Money awarded under this

program is made retroactive to February 1, 2023, for applications and projects. The commissioner may use up to two percent of this appropriation for administration. This is a onetime appropriation and is available until June 30, 2027. Any funds that remain unspent are canceled to the general fund.

(b) \$100,000,000 in fiscal year 2024 is appropriated from the Minnesota forward fund account to the commissioner of employment and economic development to match existing federal funds made available in the Consolidated Appropriations Act, Public Law 117-328. This appropriation must be used to (1) construct and operate a bioindustrial manufacturing pilot innovation facility, biorefinery, or commercial campus utilizing agricultural feedstocks or (2) for a Minnesota aerospace center for research, development, and testing, or both (1) and (2). This appropriation is not subject to the requirements of Minnesota Statutes, 116J.8752, subdivision 5. The commissioner may use up to two percent of this appropriation for administration. This is a onetime appropriation and is available until June 30, 2027. Any funds that remain unspent are canceled to the general fund.

(c) ~~\$250,000,000~~ \$240,000,000 in fiscal year 2024 is appropriated from the Minnesota forward fund account to the commissioner of employment and economic development to match federal funds made available in the Chips and Science Act, Public Law 117-167. Money awarded under this program is made retroactive to February 1, 2023, for applications and projects. This appropriation is not subject to Minnesota Statutes, section 116J.8752, subdivision 5. The commissioner may use up two percent for administration. This is a onetime appropriation and is available until June 30, 2027. Any funds that remain unspent are canceled to the general fund.

(d) The commissioner may use the appropriation under paragraph (c) to allocate up to 15 percent of the total project cost with a maximum of \$75,000,000 per project for the purpose of constructing, modernizing, or expanding commercial facilities on the front- and back-end fabrication of leading-edge, current-generation, and mature-node semiconductors; funding semiconductor materials and manufacturing equipment facilities; and for research and development facilities.

(e) The commissioner may use the appropriation under paragraph (c) to award:

(1) grants to institutions of higher education for developing and deploying training programs and to build pipelines to serve the needs of industry; and

(2) grants to increase the capacity of institutions of higher education to serve industrial requirements for research and development that coincide with current and future requirements of projects eligible under this section. Grant money may be used to construct and equip

187.1 facilities that serve the purpose of the industry. The maximum grant award per institution
 187.2 of higher education under this section is \$5,000,000 and may not represent more than 50
 187.3 percent of the total project funding from other sources. Use of this funding must be supported
 187.4 by businesses receiving funds under clause (1).

187.5 (f) Money appropriated in paragraphs (a), (b), and (c) may be transferred between
 187.6 appropriations within the Minnesota forward fund account by the commissioner of
 187.7 employment and economic development with approval of the commissioner of management
 187.8 and budget. The commissioner must notify the Legislative Advisory Commission at least
 187.9 15 days prior to changing appropriations under this paragraph.

187.10 Sec. 10. Laws 2023, chapter 61, article 1, section 67, subdivision 3, is amended to read:

187.11 Subd. 3. **Evaluation and report.** (a) The Metropolitan Center for Independent Living
 187.12 must contract with a third party to evaluate the pilot project's impact on health care costs,
 187.13 retention of personal care assistants, and patients' and providers' satisfaction of care. The
 187.14 evaluation must include the number of participants, the hours of care provided by participants,
 187.15 and the retention of participants from semester to semester.

187.16 (b) By January 15, ~~2025~~ 2026, the Metropolitan Center for Independent Living must
 187.17 report the findings under paragraph (a) to the chairs and ranking minority members of the
 187.18 legislative committees with jurisdiction over human services finance and policy.

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

187.20 Sec. 11. Laws 2023, chapter 61, article 4, section 11, the effective date, is amended to
 187.21 read:

187.22 **EFFECTIVE DATE.** This section is effective January 1, ~~2024~~ 2026, or upon federal
 187.23 approval, whichever is later. The commissioner shall notify the revisor of statutes when
 187.24 federal approval is obtained.

187.25 Sec. 12. Laws 2023, chapter 61, article 9, section 2, subdivision 5, is amended to read:

| | | |
|---|------------|------------|
| 187.26 Subd. 5. Central Office; Aging and Disability | | |
| 187.27 Services | 40,115,000 | 11,995,000 |

187.28 (a) **Employment Supports Alignment Study.**
 187.29 \$50,000 in fiscal year 2024 and \$200,000 in
 187.30 fiscal year 2025 are to conduct an interagency
 187.31 employment supports alignment study. The

188.1 base for this appropriation is \$150,000 in fiscal
188.2 year 2026 and \$100,000 in fiscal year 2027.

188.3 **(b) Case Management Training**

188.4 **Curriculum.** \$377,000 in fiscal year 2024 and
188.5 \$377,000 in fiscal year 2025 are to develop
188.6 and implement a curriculum and training plan
188.7 to ensure all lead agency assessors and case
188.8 managers have the knowledge and skills
188.9 necessary to fulfill support planning and
188.10 coordination responsibilities for individuals
188.11 who use home and community-based disability
188.12 services and live in own-home settings. This
188.13 is a onetime appropriation.

188.14 **(c) Office of Ombudsperson for Long-Term**

188.15 **Care.** \$875,000 in fiscal year 2024 and
188.16 \$875,000 in fiscal year 2025 are for additional
188.17 staff and associated direct costs in the Office
188.18 of Ombudsperson for Long-Term Care.

188.19 **(d) Direct Care Services Corps Pilot Project.**

188.20 \$500,000 in fiscal year 2024 is from the
188.21 general fund for a grant to the Metropolitan
188.22 Center for Independent Living for the direct
188.23 care services corps pilot project. Up to \$25,000
188.24 may be used by the Metropolitan Center for
188.25 Independent Living for administrative costs.
188.26 This is a onetime appropriation and is
188.27 available until June 30, 2026.

188.28 **(e) Research on Access to Long-Term Care**

188.29 **Services and Financing.** Any unexpended
188.30 amount of the fiscal year 2023 appropriation
188.31 referenced in Laws 2021, First Special Session
188.32 chapter 7, article 17, section 16, estimated to
188.33 be \$300,000, is canceled. The amount canceled
188.34 is appropriated in fiscal year 2024 for the same
188.35 purpose.

189.1 (f) **Native American Elder Coordinator.**

189.2 \$441,000 in fiscal year 2024 and \$441,000 in
189.3 fiscal year 2025 are for the Native American
189.4 elder coordinator position under Minnesota
189.5 Statutes, section 256.975, subdivision 6.

189.6 (g) **Grant Administration Carryforward.**

189.7 (1) Of this amount, \$8,154,000 in fiscal year
189.8 2024 is available until June 30, 2027.

189.9 (2) Of this amount, \$1,071,000 in fiscal year
189.10 2025 is available until June 30, 2027.

189.11 (3) Of this amount, \$19,000,000 in fiscal year
189.12 2024 is available until June 30, 2029.

189.13 (h) **Base Level Adjustment.** The general fund
189.14 base is increased by \$8,189,000 in fiscal year
189.15 2026 and increased by \$8,093,000 in fiscal
189.16 year 2027.

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

189.18 Sec. 13. Laws 2023, chapter 61, article 9, section 2, subdivision 14, is amended to read:

189.19 Subd. 14. **Grant Programs; Aging and Adult**
189.20 **Services Grants**

164,626,000

34,795,000

189.21 (a) **Vulnerable Adult Act Redesign Phase**

189.22 **Two.** \$17,129,000 in fiscal year 2024 is for
189.23 adult protection grants to counties and Tribes
189.24 under Minnesota Statutes, section 256M.42.
189.25 Notwithstanding Minnesota Statutes, section
189.26 16A.28, this appropriation is available until
189.27 June 30, 2027. The base for this appropriation
189.28 is \$866,000 in fiscal year 2026 and \$867,000
189.29 in fiscal year 2027.

189.30 (b) **Caregiver Respite Services Grants.**

189.31 \$1,800,000 in fiscal year 2025 is for caregiver
189.32 respite services grants under Minnesota

190.1 Statutes, section 256.9756. This is a onetime
190.2 appropriation.

190.3 **(c) Live Well at Home Grants.** \$4,575,000
190.4 in fiscal year 2024 is for live well at home
190.5 grants under Minnesota Statutes, section
190.6 256.9754, subdivision 3f. This is a onetime
190.7 appropriation and is available until June 30,
190.8 2025.

190.9 **(d) Senior Nutrition Program.** \$10,552,000
190.10 in fiscal year 2024 is for the senior nutrition
190.11 program. Notwithstanding Minnesota Statutes,
190.12 section 16A.28, this appropriation is available
190.13 until June 30, 2027. This is a onetime
190.14 appropriation.

190.15 **(e) Age-Friendly Community Grants.**
190.16 \$3,000,000 in fiscal year 2024 is for the
190.17 continuation of age-friendly community grants
190.18 under Laws 2021, First Special Session
190.19 chapter 7, article 17, section 8, subdivision 1.
190.20 Notwithstanding Minnesota Statutes, section
190.21 16A.28, this is a onetime appropriation and is
190.22 available until June 30, 2027.

190.23 **(f) Age-Friendly Technical Assistance**
190.24 **Grants.** \$1,725,000 in fiscal year 2024 is for
190.25 the continuation of age-friendly technical
190.26 assistance grants under Laws 2021, First
190.27 Special Session chapter 7, article 17, section
190.28 8, subdivision 2. Notwithstanding Minnesota
190.29 Statutes, section 16A.28, this is a onetime
190.30 appropriation and is available until June 30,
190.31 2027.

190.32 **(g) ~~Financially Distressed Nursing Facility~~**
190.33 **Long-Term Services and Supports Loan**
190.34 **Program.** \$93,200,000 in fiscal year 2024 is

191.1 for the ~~financially distressed nursing facility~~
191.2 long-term services and supports loan program
191.3 under Minnesota Statutes, section 256R.55,
191.4 and is available as provided therein.

191.5 (h) **Base Level Adjustment.** The general fund
191.6 base is \$33,861,000 in fiscal year 2026 and
191.7 \$33,862,000 in fiscal year 2027.

191.8 Sec. 14. Laws 2023, chapter 61, article 9, section 2, subdivision 16, as amended by Laws
191.9 2023, chapter 70, article 15, section 8, is amended to read:

| | | | |
|--------|--|-------------|------------|
| 191.10 | Subd. 16. Grant Programs; Disabilities Grants | 113,684,000 | 30,377,000 |
|--------|--|-------------|------------|

191.11 (a) **Temporary Grants for Small**
191.12 **Customized Living Providers.** \$5,450,000
191.13 in fiscal year 2024 is for grants to assist small
191.14 customized living providers to transition to
191.15 community residential services licensure or
191.16 integrated community supports licensure.
191.17 Notwithstanding Minnesota Statutes, section
191.18 16A.28, this appropriation is available until
191.19 June 30, 2027. This is a onetime appropriation.

191.20 (b) **Lead Agency Capacity Building Grants.**
191.21 \$444,000 in fiscal year 2024 and \$2,396,000
191.22 in fiscal year 2025 are for grants to assist
191.23 organizations, counties, and Tribes to build
191.24 capacity for employment opportunities for
191.25 people with disabilities. The base for this
191.26 appropriation is \$2,413,000 in fiscal year 2026
191.27 and \$2,411,000 in fiscal year 2027.

191.28 (c) **Employment and Technical Assistance**
191.29 **Center Grants.** \$450,000 in fiscal year 2024
191.30 and \$1,800,000 in fiscal year 2025 are for
191.31 employment and technical assistance grants
191.32 to assist organizations and employers in
191.33 promoting a more inclusive workplace for
191.34 people with disabilities.

192.1 **(d) Case Management Training Grants.**

192.2 \$37,000 in fiscal year 2024 and \$123,000 in
192.3 fiscal year 2025 are for grants to provide case
192.4 management training to organizations and
192.5 employers to support the state's disability
192.6 employment supports system. The base for
192.7 this appropriation is \$45,000 in fiscal year
192.8 2026 and \$45,000 in fiscal year 2027.

192.9 **(e) Self-Directed Bargaining Agreement;**

192.10 **Electronic Visit Verification Stipends.**

192.11 \$6,095,000 in fiscal year 2024 is for onetime
192.12 stipends of \$200 to bargaining members to
192.13 offset the potential costs related to people
192.14 using individual devices to access the
192.15 electronic visit verification system. Of this
192.16 amount, \$5,600,000 is for stipends and
192.17 \$495,000 is for administration. This is a
192.18 onetime appropriation and is available until
192.19 June 30, 2025.

192.20 **(f) Self-Directed Collective Bargaining**

192.21 **Agreement; Temporary Rate Increase**

192.22 **Memorandum of Understanding. \$1,600,000**

192.23 in fiscal year 2024 is for onetime stipends for
192.24 individual providers covered by the SEIU
192.25 collective bargaining agreement based on the
192.26 memorandum of understanding related to the
192.27 temporary rate increase in effect between
192.28 December 1, 2020, and February 7, 2021. Of
192.29 this amount, \$1,400,000 of the appropriation
192.30 is for stipends and \$200,000 is for
192.31 administration. This is a onetime
192.32 appropriation.

192.33 **(g) Self-Directed Collective Bargaining**

192.34 **Agreement; Retention Bonuses. \$50,750,000**

192.35 in fiscal year 2024 is for onetime retention

193.1 bonuses covered by the SEIU collective
193.2 bargaining agreement. Of this amount,
193.3 \$50,000,000 is for retention bonuses and
193.4 \$750,000 is for administration of the bonuses.
193.5 This is a onetime appropriation and is
193.6 available until June 30, 2025.

193.7 **(h) Self-Directed Bargaining Agreement;**
193.8 **Training Stipends.** \$2,100,000 in fiscal year
193.9 2024 and \$100,000 in fiscal year 2025 are for
193.10 onetime stipends of \$500 for collective
193.11 bargaining unit members who complete
193.12 designated, voluntary trainings made available
193.13 through or recommended by the State Provider
193.14 Cooperation Committee. Of this amount,
193.15 \$2,000,000 in fiscal year 2024 is for stipends,
193.16 and \$100,000 in fiscal year 2024 and \$100,000
193.17 in fiscal year 2025 are for administration. This
193.18 is a onetime appropriation.

193.19 **(i) Self-Directed Bargaining Agreement;**
193.20 **Orientation Program.** \$2,000,000 in fiscal
193.21 year 2024 and \$2,000,000 in fiscal year 2025
193.22 are for onetime \$100 payments to collective
193.23 bargaining unit members who complete
193.24 voluntary orientation requirements. Of this
193.25 amount, \$1,500,000 in fiscal year 2024 and
193.26 \$1,500,000 in fiscal year 2025 are for the
193.27 onetime \$100 payments, and \$500,000 in
193.28 fiscal year 2024 and \$500,000 in fiscal year
193.29 2025 are for orientation-related costs. This is
193.30 a onetime appropriation.

193.31 **(j) Self-Directed Bargaining Agreement;**
193.32 **Home Care Orientation Trust.** \$1,000,000
193.33 in fiscal year 2024 is for the Home Care
193.34 Orientation Trust under Minnesota Statutes,
193.35 section 179A.54, subdivision 11. The

194.1 commissioner shall disburse the appropriation
194.2 to the board of trustees of the Home Care
194.3 Orientation Trust for deposit into an account
194.4 designated by the board of trustees outside the
194.5 state treasury and state's accounting system.

194.6 This is a onetime appropriation and is
194.7 available until June 30, 2025.

194.8 **(k) HIV/AIDS Supportive Services.**

194.9 \$12,100,000 in fiscal year 2024 is for grants
194.10 to community-based HIV/AIDS supportive
194.11 services providers as defined in Minnesota
194.12 Statutes, section 256.01, subdivision 19, and
194.13 for payment of allowed health care costs as
194.14 defined in Minnesota Statutes, section
194.15 256.9365. This is a onetime appropriation and
194.16 is available until June 30, 2025.

194.17 **(l) Motion Analysis Advancements Clinical**

194.18 **Study and Patient Care.** \$400,000 is fiscal
194.19 year 2024 is for a grant to the Mayo Clinic
194.20 Motion Analysis Laboratory and Limb Lab
194.21 for continued research in motion analysis
194.22 advancements and patient care. This is a
194.23 onetime appropriation and is available through
194.24 June 30, 2025.

194.25 **(m) Grant to Family Voices in Minnesota.**

194.26 \$75,000 in fiscal year 2024 and \$75,000 in
194.27 fiscal year 2025 are for a grant to Family
194.28 Voices in Minnesota under Minnesota
194.29 Statutes, section 256.4776.

194.30 **(n) Parent-to-Parent Programs.**

194.31 (1) \$550,000 in fiscal year 2024 and \$550,000
194.32 in fiscal year 2025 are for grants to
194.33 organizations that provide services to
194.34 underserved communities with a high

195.1 prevalence of autism spectrum disorder. This
195.2 is a onetime appropriation and is available
195.3 until June 30, 2025.

195.4 (2) The commissioner shall give priority to
195.5 organizations that provide culturally specific
195.6 and culturally responsive services.

195.7 (3) Eligible organizations must:

195.8 (i) conduct outreach and provide support to
195.9 newly identified parents or guardians of a child
195.10 with special health care needs;

195.11 (ii) provide training to educate parents and
195.12 guardians in ways to support their child and
195.13 navigate the health, education, and human
195.14 services systems;

195.15 (iii) facilitate ongoing peer support for parents
195.16 and guardians from trained volunteer support
195.17 parents; and

195.18 (iv) communicate regularly with other
195.19 parent-to-parent programs and national
195.20 organizations to ensure that best practices are
195.21 implemented.

195.22 (4) Grant recipients must use grant money for
195.23 the activities identified in clause (3).

195.24 (5) For purposes of this paragraph, "special
195.25 health care needs" means disabilities, chronic
195.26 illnesses or conditions, health-related
195.27 educational or behavioral problems, or the risk
195.28 of developing disabilities, illnesses, conditions,
195.29 or problems.

195.30 (6) Each grant recipient must report to the
195.31 commissioner of human services annually by
195.32 January 15 with measurable outcomes from
195.33 programs and services funded by this

196.1 appropriation the previous year including the
196.2 number of families served and the number of
196.3 volunteer support parents trained by the
196.4 organization's parent-to-parent program.

196.5 **(o) Self-Advocacy Grants for Persons with**
196.6 **Intellectual and Developmental Disabilities.**

196.7 \$323,000 in fiscal year 2024 and \$323,000 in
196.8 fiscal year 2025 are for self-advocacy grants
196.9 under Minnesota Statutes, section 256.477.

196.10 This is a onetime appropriation. Of these
196.11 amounts, \$218,000 in fiscal year 2024 and
196.12 \$218,000 in fiscal year 2025 are for the
196.13 activities under Minnesota Statutes, section
196.14 256.477, subdivision 1, paragraph (a), clauses
196.15 (5) to (7), and for administrative costs, and
196.16 \$105,000 in fiscal year 2024 and \$105,000 in
196.17 fiscal year 2025 are for the activities under
196.18 Minnesota Statutes, section 256.477,
196.19 subdivision 2.

196.20 **(p) Technology for Home Grants.** \$300,000
196.21 in fiscal year 2024 and \$300,000 in fiscal year
196.22 2025 are for technology for home grants under
196.23 Minnesota Statutes, section 256.4773.

196.24 **(q) Community Residential Setting**
196.25 **Transition.** \$500,000 in fiscal year 2024 is
196.26 for a grant to Hennepin County to expedite
196.27 approval of community residential setting
196.28 licenses subject to the corporate foster care
196.29 moratorium exception under Minnesota
196.30 Statutes, section 245A.03, subdivision 7,
196.31 paragraph (a), clause (5).

196.32 **(r) Base Level Adjustment.** The general fund
196.33 base is \$27,343,000 in fiscal year 2026 and
196.34 \$27,016,000 in fiscal year 2027.

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

197.2 Sec. 15. Laws 2023, chapter 61, article 9, section 2, subdivision 18, is amended to read:

197.3 Subd. 18. **Grant Programs; Chemical**
197.4 **Dependency Treatment Support Grants**

197.5 Appropriations by Fund

| | | | |
|-------|---------|------------|-----------|
| 197.6 | General | 54,691,000 | 5,342,000 |
|-------|---------|------------|-----------|

| | | | |
|-------|---------------|-----------|-----------|
| 197.7 | Lottery Prize | 1,733,000 | 1,733,000 |
|-------|---------------|-----------|-----------|

197.8 (a) **Culturally Specific Recovery**

197.9 **Community Organization Start-Up Grants.**

197.10 \$4,000,000 in fiscal year 2024 is for culturally

197.11 specific recovery community organization

197.12 start-up grants. Notwithstanding Minnesota

197.13 Statutes, section 16A.28, this appropriation is

197.14 available until June 30, 2027. This is a onetime

197.15 appropriation.

197.16 (b) **Safe Recovery Sites.** \$14,537,000 in fiscal

197.17 year 2024 is from the general fund for start-up

197.18 and capacity-building grants for organizations

197.19 to establish safe recovery sites.

197.20 Notwithstanding Minnesota Statutes, section

197.21 16A.28, this appropriation is onetime and is

197.22 available until June 30, 2029.

197.23 (c) **Technical Assistance for Culturally**

197.24 **Specific Organizations; Culturally Specific**

197.25 **Services Grants.** \$4,000,000 in fiscal year

197.26 2024 is for grants to culturally specific

197.27 providers for technical assistance navigating

197.28 culturally specific and responsive substance

197.29 use and recovery programs. Notwithstanding

197.30 Minnesota Statutes, section 16A.28, this

197.31 appropriation is available until June 30, 2027.

197.32 (d) **Technical Assistance for Culturally**

197.33 **Specific Organizations; Culturally Specific**

197.34 **Grant Development Training.** \$400,000 in

198.1 fiscal year 2024 is for grants for up to four
198.2 trainings for community members and
198.3 culturally specific providers for grant writing
198.4 training for substance use and recovery-related
198.5 grants. Notwithstanding Minnesota Statutes,
198.6 section 16A.28, this is a onetime appropriation
198.7 and is available until June 30, 2027.

198.8 **(e) Harm Reduction Supplies for Tribal and**
198.9 **Culturally Specific Programs.** \$7,597,000
198.10 in fiscal year 2024 is from the general fund to
198.11 provide sole source grants to culturally
198.12 specific communities to purchase syringes,
198.13 testing supplies, and opiate antagonists.
198.14 Notwithstanding Minnesota Statutes, section
198.15 16A.28, this appropriation is available until
198.16 June 30, 2027. This is a onetime appropriation.

198.17 **(f) Families and Family Treatment**
198.18 **Capacity-Building and Start-Up Grants.**
198.19 \$10,000,000 in fiscal year 2024 is from the
198.20 general fund for start-up and capacity-building
198.21 grants for family substance use disorder
198.22 treatment programs. Notwithstanding
198.23 Minnesota Statutes, section 16A.28, this
198.24 appropriation is available until June 30, 2029.
198.25 This is a onetime appropriation.

198.26 **(g) Start-Up and Capacity Building Grants**
198.27 **for Withdrawal Management.** ~~\$500,000~~ \$0
198.28 in fiscal year 2024 and \$1,000,000 in fiscal
198.29 year 2025 are for start-up and capacity
198.30 building grants for withdrawal management.

198.31 **(h) Recovery Community Organization**
198.32 **Grants.** \$4,300,000 in fiscal year 2024 is from
198.33 the general fund for grants to recovery
198.34 community organizations, as defined in
198.35 Minnesota Statutes, section 254B.01,

199.1 subdivision 8, that are current grantees as of
199.2 June 30, 2023. This is a onetime appropriation
199.3 and is available until June 30, 2025.

199.4 **(i) Opioid Overdose Prevention Grants.**

199.5 (1) \$125,000 in fiscal year 2024 and \$125,000
199.6 in fiscal year 2025 are from the general fund
199.7 for a grant to Ka Joog, a nonprofit organization
199.8 in Minneapolis, Minnesota, to be used for
199.9 collaborative outreach, education, and training
199.10 on opioid use and overdose, and distribution
199.11 of opiate antagonist kits in East African and
199.12 Somali communities in Minnesota. This is a
199.13 onetime appropriation.

199.14 (2) \$125,000 in fiscal year 2024 and \$125,000
199.15 in fiscal year 2025 are from the general fund
199.16 for a grant to the Steve Rummeler Hope
199.17 Network to be used for statewide outreach,
199.18 education, and training on opioid use and
199.19 overdose, and distribution of opiate antagonist
199.20 kits. This is a onetime appropriation.

199.21 (3) \$250,000 in fiscal year 2024 and \$250,000
199.22 in fiscal year 2025 are from the general fund
199.23 for a grant to African Career Education and
199.24 Resource, Inc. to be used for collaborative
199.25 outreach, education, and training on opioid
199.26 use and overdose, and distribution of opiate
199.27 antagonist kits. This is a onetime
199.28 appropriation.

199.29 **(j) Problem Gambling.** \$225,000 in fiscal
199.30 year 2024 and \$225,000 in fiscal year 2025
199.31 are from the lottery prize fund for a grant to a
199.32 state affiliate recognized by the National
199.33 Council on Problem Gambling. The affiliate
199.34 must provide services to increase public

200.1 awareness of problem gambling, education,
200.2 training for individuals and organizations that
200.3 provide effective treatment services to problem
200.4 gamblers and their families, and research
200.5 related to problem gambling.

200.6 **(k) Project ECHO.** \$1,310,000 in fiscal year
200.7 2024 and \$1,295,000 in fiscal year 2025 are
200.8 from the general fund for a grant to Hennepin
200.9 Healthcare to expand the Project ECHO
200.10 program. The grant must be used to establish
200.11 at least four substance use disorder-focused
200.12 Project ECHO programs at Hennepin
200.13 Healthcare, expanding the grantee's capacity
200.14 to improve health and substance use disorder
200.15 outcomes for diverse populations of
200.16 individuals enrolled in medical assistance,
200.17 including but not limited to immigrants,
200.18 individuals who are homeless, individuals
200.19 seeking maternal and perinatal care, and other
200.20 underserved populations. The Project ECHO
200.21 programs funded under this section must be
200.22 culturally responsive, and the grantee must
200.23 contract with culturally and linguistically
200.24 appropriate substance use disorder service
200.25 providers who have expertise in focus areas,
200.26 based on the populations served. Grant funds
200.27 may be used for program administration,
200.28 equipment, provider reimbursement, and
200.29 staffing hours. This is a onetime appropriation
200.30 and is available until June 30, 2027.

200.31 **(l) White Earth Nation Substance Use**
200.32 **Disorder Digital Therapy Tool.** \$3,000,000
200.33 in fiscal year 2024 is from the general fund
200.34 for a grant to the White Earth Nation to
200.35 develop an individualized Native American

201.1 centric digital therapy tool with Pathfinder

201.2 Solutions. This is a onetime appropriation.

201.3 The grant must be used to:

201.4 (1) develop a mobile application that is

201.5 culturally tailored to connecting substance use

201.6 disorder resources with White Earth Nation

201.7 members;

201.8 (2) convene a planning circle with White Earth

201.9 Nation members to design the tool;

201.10 (3) provide and expand White Earth

201.11 Nation-specific substance use disorder

201.12 services; and

201.13 (4) partner with an academic research

201.14 institution to evaluate the efficacy of the

201.15 program.

201.16 (m) **Wellness in the Woods.** \$300,000 in

201.17 fiscal year 2024 and \$300,000 in fiscal year

201.18 2025 are from the general fund for a grant to

201.19 Wellness in the Woods for daily peer support

201.20 and special sessions for individuals who are

201.21 in substance use disorder recovery, are

201.22 transitioning out of incarceration, or who have

201.23 experienced trauma. These are onetime

201.24 appropriations.

201.25 (n) **Base Level Adjustment.** The general fund

201.26 base is \$3,247,000 in fiscal year 2026 and

201.27 \$3,247,000 in fiscal year 2027.

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

201.29 Sec. 16. Laws 2023, chapter 70, article 20, section 2, subdivision 29, is amended to read:

201.30 Subd. 29. **Grant Programs; Adult Mental Health**

201.31 **Grants**

132,327,000121,270,000

201.32 (a) **Mobile crisis grants to Tribal Nations.**

201.33 \$1,000,000 in fiscal year 2024 and \$1,000,000

202.1 in fiscal year 2025 are for mobile crisis grants
202.2 under Minnesota Statutes ~~section~~ sections
202.3 245.4661, subdivision 9, paragraph (b), clause
202.4 (15), and 245.4889, subdivision 1, paragraph
202.5 (b), clause (4), to Tribal Nations.

202.6 **(b) Mental health provider supervision**
202.7 **grant program.** \$1,500,000 in fiscal year
202.8 2024 and \$1,500,000 in fiscal year 2025 are
202.9 for the mental health provider supervision
202.10 grant program under Minnesota Statutes,
202.11 section 245.4663.

202.12 **(c) Minnesota State University, Mankato**
202.13 **community behavioral health center.**
202.14 \$750,000 in fiscal year 2024 and \$750,000 in
202.15 fiscal year 2025 are for a grant to the Center
202.16 for Rural Behavioral Health at Minnesota State
202.17 University, Mankato to establish a community
202.18 behavioral health center and training clinic.
202.19 The community behavioral health center must
202.20 provide comprehensive, culturally specific,
202.21 trauma-informed, practice- and
202.22 evidence-based, person- and family-centered
202.23 mental health and substance use disorder
202.24 treatment services in Blue Earth County and
202.25 the surrounding region to individuals of all
202.26 ages, regardless of an individual's ability to
202.27 pay or place of residence. The community
202.28 behavioral health center and training clinic
202.29 must also provide training and workforce
202.30 development opportunities to students enrolled
202.31 in the university's training programs in the
202.32 fields of social work, counseling and student
202.33 personnel, alcohol and drug studies,
202.34 psychology, and nursing. Upon request, the
202.35 commissioner must make information

203.1 regarding the use of this grant funding
203.2 available to the chairs and ranking minority
203.3 members of the legislative committees with
203.4 jurisdiction over behavioral health. This is a
203.5 onetime appropriation and is available until
203.6 June 30, 2027.

203.7 **(d) White Earth Nation; adult mental health**
203.8 **initiative.** \$300,000 in fiscal year 2024 and
203.9 \$300,000 in fiscal year 2025 are for adult
203.10 mental health initiative grants to the White
203.11 Earth Nation. This is a onetime appropriation.

203.12 **(e) Mobile crisis grants.** \$8,472,000 in fiscal
203.13 year 2024 and \$8,380,000 in fiscal year 2025
203.14 are for the mobile crisis grants under
203.15 Minnesota Statutes, ~~section~~ sections 245.4661,
203.16 subdivision 9, paragraph (b), clause (15), and
203.17 245.4889, subdivision 1, paragraph (b), clause
203.18 (4). This is a onetime appropriation and is
203.19 available until June 30, 2027.

203.20 **(f) Base level adjustment.** The general fund
203.21 base is \$121,980,000 in fiscal year 2026 and
203.22 \$121,980,000 in fiscal year 2027.

203.23 **Sec. 17. REIMBURSEMENT TO BELTRAMI COUNTY AND TODD COUNTY**
203.24 **FOR CERTAIN COST OF CARE PAYMENTS.**

203.25 This act includes \$336,680 in fiscal year 2025 for reimbursement of prior payments by
203.26 Beltrami County and the forgiveness of existing Beltrami County debt under article 4,
203.27 section 8, paragraph (a), and \$387,000 in fiscal year 2025 for reimbursement of prior
203.28 payments by Todd County and the forgiveness of existing Todd County debt under article
203.29 4, section 8, paragraph (b).

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

204.1 Sec. 18. **REVIVAL AND REENACTMENT.**

204.2 Minnesota Statutes 2022, section 256B.051, subdivision 7, is revived and reenacted
204.3 effective retroactively from August 1, 2023. Any time frames within or dependent on the
204.4 subdivision are based on the original effective date in Laws 2017, First Special Session
204.5 chapter 6, article 2, section 10.

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

204.7 Sec. 19. **APPROPRIATIONS GIVEN EFFECT ONCE.**

204.8 If an appropriation or transfer in this article is enacted more than once during the 2024
204.9 legislative session, the appropriation or transfer must be given effect once.

204.10 Sec. 20. **DIRECTION TO COMMISSIONER OF MANAGEMENT AND BUDGET;**
204.11 **DIRECT CARE AND TREATMENT BUDGET.**

204.12 The commissioner of management and budget must identify any unexpended
204.13 appropriations and all base funding for the Direct Care and Treatment Division of the
204.14 Department of Human Services and allocate the identified unexpended appropriations and
204.15 base funding to Direct Care and Treatment when establishing the 2026-2027 biennial budget.

204.16 Sec. 21. **REPEALER.**

204.17 Laws 2023, chapter 25, section 190, subdivision 10, is repealed.

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

204.19 Sec. 22. **EXPIRATION OF UNCODIFIED LANGUAGE.**

204.20 All uncodified language contained in this article expires on June 30, 2025, unless a
204.21 different expiration date is explicit.

204.22 Sec. 23. **EFFECTIVE DATE.**

204.23 This article is effective July 1, 2024, unless a different effective date is specified.

246.41 BENEFIT FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

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

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

Subd. 3. **Appropriation.** There is hereby appropriated from the special welfare fund in the state treasury to such persons as are entitled thereto to carry out the provisions stated in this section.

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

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

Subd. 2. **Development of Department of Direct Care and Treatment Board.** (a) The commissioner of human services shall prepare legislation for introduction during the 2024 legislative session, with input from stakeholders the commissioner deems necessary, proposing legislation for the creation and implementation of the Direct Care and Treatment executive board and defining the responsibilities, powers, and function of the Department of Direct Care and Treatment executive board.

(b) The Department of Direct Care and Treatment executive board shall consist of no more than five members, all appointed by the governor.

(c) An executive board member's qualifications must be appropriate for overseeing a complex behavioral health system, such as experience serving on a hospital or non-profit board, serving as a public sector labor union representative, experience in delivery of behavioral health services or care coordination, or working as a licensed health care provider, in an allied health profession, or in health care administration.

252.27 CHILDREN'S SERVICES; PARENTAL CONTRIBUTION.

Subd. 1a. **Definitions.** A "related condition" is a condition: (1) that is found to be closely related to a developmental disability, including, but not limited to, cerebral palsy, epilepsy, autism, fetal alcohol spectrum disorder, and Prader-Willi syndrome; and (2) that meets all of the following criteria:

- (i) is severe and chronic;
- (ii) results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with developmental disabilities;
- (iii) requires treatment or services similar to those required for persons with developmental disabilities;
- (iv) is manifested before the person reaches 22 years of age;
- (v) is likely to continue indefinitely;
- (vi) results in substantial functional limitations in three or more of the following areas of major life activity: (A) self-care, (B) understanding and use of language, (C) learning, (D) mobility, (E) self-direction, or (F) capacity for independent living; and
- (vii) is not attributable to mental illness as defined in section 245.462, subdivision 20, or an emotional disturbance as defined in section 245.4871, subdivision 15.

For purposes of item (vii), notwithstanding section 245.462, subdivision 20, or 245.4871, subdivision 15, "mental illness" does not include autism or other pervasive developmental disorders.

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Subd. 2. **Parental responsibility.** Responsibility of the parents for the cost of services shall be based upon ability to pay. The state agency shall adopt rules to determine responsibility of the parents for the cost of services when:

- (1) insurance or other health care benefits pay some but not all of the cost of services; and
- (2) no insurance or other health care benefits are available.

Subd. 2a. **Contribution amount.** (a) The natural or adoptive parents of a minor child, not including a child determined eligible for medical assistance without consideration of parental income under the Tax Equity and Fiscal Responsibility Act (TEFRA) option or a child accessing home and community-based waiver services, 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 1.65 percent of adjusted gross income at 275 percent of federal poverty guidelines and increases to 4.5 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 4.5 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 4.5 percent of adjusted gross income at 675 percent of federal poverty guidelines and increases to 5.99 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 7.49 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.

Subd. 3. **Civil actions.** If the parent fails to make appropriate reimbursement as required in subdivisions 2a and 2b, the attorney general, at the request of the commissioner, may institute or direct the appropriate county attorney to institute civil action to recover the required reimbursement.

Subd. 4a. **Order of payment.** If the parental contribution is for reimbursement for the cost of services to both the local agency and the medical assistance program, the local agency shall be reimbursed for its expenses first and the remainder must be deposited in the medical assistance account.

Subd. 5. **Determination; redetermination; notice.** A determination order and notice of parental fee shall be mailed to the parent at least annually, or more frequently as provided in Minnesota Rules, parts 9550.6220 to 9550.6229. The determination order and notice shall contain the following information:

- (1) the amount the parent is required to contribute;
- (2) notice of the right to a redetermination and appeal; and

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(3) the telephone number of the division at the Department of Human Services that is responsible for redeterminations.

Subd. 6. **Appeals.** A parent may appeal the determination or redetermination of an obligation to make a contribution under this section, according to section 256.045. The parent must make a request for a hearing in writing within 30 days of the date the determination or redetermination order is mailed, or within 90 days of such written notice if the parent shows good cause why the request was not submitted within the 30-day time limit. The commissioner must provide the parent with a written notice that acknowledges receipt of the request and notifies the parent of the date of the hearing. While the appeal is pending, the parent has the rights regarding making payment that are provided in Minnesota Rules, part 9550.6235. If the commissioner's determination or redetermination is affirmed, the parent shall, within 90 calendar days after the date an order is issued under section 256.045, subdivision 5, pay the total amount due from the effective date of the notice of determination or redetermination that was appealed by the parent. If the commissioner's order under this subdivision results in a decrease in the parental fee amount, any payments made by the parent that result in an overpayment shall be credited to the parent as provided in Minnesota Rules, part 9550.6235, subpart 3.

253C.01 REPORTING BY RESIDENTIAL TREATMENT PROGRAMS REQUIRED.

Subdivision 1. **Definition.** As used in this section, "residential program" means (1) a hospital-based primary treatment program that provides residential treatment to minors with emotional disturbance as defined by the Comprehensive Children's Mental Health Act in sections 245.487 to 245.4889, or (2) a facility licensed by the state under Minnesota Rules, parts 2960.0580 to 2960.0700, to provide services to minors on a 24-hour basis.

Subd. 2. **Information required.** Beginning June 1, 1986, each residential program shall collect the information listed in this subdivision. Each residential program shall provide the required information annually on a date to be determined by the commissioner of human services. All residential programs shall report to the commissioner of human services. The summary reports on each program are public data and must contain at least the following information for the period covered by the report:

- (1) number of minors admitted to the program;
- (2) number of minors discharged from the program;
- (3) number of minors served during the reporting period;
- (4) number of minors who remained in residence for less than 30 days;
- (5) number of minors who remained in residence for between 30 and 60 days;
- (6) number of minors who remained in residence for more than 60 days;
- (7) average length of stay of minors in the program;
- (8) number of minors who have received psychotropic medications as part of treatment in the program;
- (9) age, race, and sex of each minor admitted to the program;
- (10) number of minors admitted who have previously had residential treatment;
- (11) number of minors discharged who are on private pay or third-party reimbursement payment and number who are receiving government funds for treatment;
- (12) the county of residence of discharged minors;
- (13) number of admitted minors whose admission is court-ordered; and
- (14) number of beds on a locked unit and number of beds on an unlocked unit.

Subd. 3. **Release and summary of data.** The reporting requirement of this section must not release individual names of minors or other identifying information. The commissioner of health and the commissioner of human services shall make the reports available to interested persons upon request.

256.043 OPIATE EPIDEMIC RESPONSE FUND.

Subd. 4. **Settlement; sunset.** (a) If the state receives a total sum of \$250,000,000: (1) as a result of a settlement agreement or an assurance of discontinuance entered into by the attorney general

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of the state or resulting from a court order in litigation brought by the attorney general of the state on behalf of the state or a state agency, related to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this state, or other alleged illegal actions that contributed to the excessive use of opioids; (2) from the fees collected under sections 151.065, subdivisions 1 and 3, and 151.066, that are deposited into the opiate epidemic response fund established in this section; or (3) from a combination of both, the fees specified in section 151.065, subdivisions 1, clause (16), and 3, clause (14), shall be reduced to \$5,260, and the opiate registration fee in section 151.066, subdivision 3, shall be repealed. For purposes of this paragraph, any money received as a result of a settlement agreement specified in this paragraph and directly allocated or distributed and received by either the state or a municipality as defined in section 466.01, subdivision 1, shall be counted toward determining when the \$250,000,000 is reached.

(b) The commissioner of management and budget shall inform the Board of Pharmacy, the governor, and the legislature when the amount specified in paragraph (a) has been reached. The board shall apply the reduced license fee for the next licensure period.

(c) Notwithstanding paragraph (a), the reduction of the license fee in section 151.065, subdivisions 1 and 3, and the repeal of the registration fee in section 151.066 shall not occur before July 1, 2031.

256B.0916 EXPANSION OF HOME AND COMMUNITY-BASED SERVICES.

Subd. 10. **Transitional supports allowance.** A transitional supports allowance shall be available to all persons under a home and community-based waiver who are moving from a licensed setting to a community setting. "Transitional supports allowance" means a onetime payment of up to \$3,000, to cover the costs, not covered by other sources, associated with moving from a licensed setting to a community setting. Covered costs include:

- (1) lease or rent deposits;
- (2) security deposits;
- (3) utilities setup costs, including telephone;
- (4) essential furnishings and supplies; and
- (5) personal supports and transports needed to locate and transition to community settings.