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ARTICLE 1
DISABILITY SERVICES

2.6 Section 1. Minnesota Statutes 2022, section 179A.54, is amended by adding a subdivision
2.7 to read:

2.8 Subd. 11. **Home Care Orientation Trust.** (a) The state and an exclusive representative
2.9 certified pursuant to this section may establish a joint labor and management trust, referred
2.10 to as the Home Care Orientation Trust, for the exclusive purpose of rendering voluntary
2.11 orientation training to individual providers of direct support services who are represented
2.12 by the exclusive representative.

2.13 (b) Financial contributions by the state to the Home Care Orientation Trust shall be made
2.14 by the state pursuant to a collective bargaining agreement negotiated under this section. All
2.15 such financial contributions by the state shall be held in trust for the purpose of paying
2.16 from principal, from income, or from both, the costs associated with developing, delivering,
2.17 and promoting voluntary orientation training for individual providers of direct support
2.18 services working under a collective bargaining agreement and providing services through
2.19 a covered program under section 256B.0711. The Home Care Orientation Trust shall be
2.20 administered, managed, and otherwise controlled jointly by a board of trustees composed
2.21 of an equal number of trustees appointed by the state and trustees appointed by the exclusive
2.22 representative under this section. The trust shall not be an agent of either the state or of the
2.23 exclusive representative.

2.24 (c) Trust administrative, management, legal, and financial services may be provided to
2.25 the board of trustees by a third-party administrator, financial management institution, other
2.26 appropriate entity, or any combination thereof, as designated by the board of trustees from
2.27 time to time, and those services shall be paid from the money held in trust and created by
2.28 the state's financial contributions to the Home Care Orientation Trust.

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ARTICLE 1
DISABILITY SERVICES

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

2.6 Subd. 6. **Special certificate prohibition.** (a) On or after August 1, 2026, employers
2.7 must not hire any new employee with a disability at a wage that is less than the highest
2.8 applicable minimum wage, regardless of whether the employer holds a special certificate
2.9 from the United States Department of Labor under section 14(c) of the federal Fair Labor
2.10 Standards Act.

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

2.15 Sec. 2. Minnesota Statutes 2022, section 179A.54, is amended by adding a subdivision to
2.16 read:

2.17 Subd. 11. **Home Care Orientation Trust.** (a) The state and an exclusive representative
2.18 certified pursuant to this section may establish a joint labor and management trust, referred
2.19 to as the Home Care Orientation Trust, for the exclusive purpose of rendering voluntary
2.20 orientation training to individual providers of direct support services who are represented
2.21 by the exclusive representative.

2.22 (b) Financial contributions made by the state to the Home Care Orientation Trust shall
2.23 be made pursuant to a collective bargaining agreement negotiated under this section. All
2.24 such financial contributions made by the state shall be held in trust for the purpose of paying
2.25 from principle, from interest, or from both, the costs associated with developing, delivering,
2.26 and promoting voluntary orientation training for individual providers of direct support
2.27 services working under a collective bargaining agreement and providing services through
2.28 a covered program under section 256B.0711. The Home Care Orientation Trust shall be
2.29 administered, managed, and otherwise controlled jointly by a board of trustees composed
2.30 of an equal number of trustees appointed by the state and trustees appointed by the exclusive
2.31 representative under this section. The trust shall not be an agent of either the state or the
2.32 exclusive representative.

3.1 (c) Trust administrative, management, legal, and financial services may be provided by
3.2 the board of trustees by a third-party administrator, financial management institution, or
3.3 other appropriate entity, as designated by the board of trustees from time to time, and those
3.4 services shall be paid from the money held in trust and created by the state's financial
3.5 contributions to the Home Care Orientation Trust.

2.29 (d) The state is authorized to purchase liability insurance for members of the board of
2.30 trustees appointed by the state.

2.31 (e) Financial contributions to, participation in, or both contributions to and participation
2.32 in the administration, management, or both the administration and management of the Home
2.33 Care Orientation Trust shall not be considered an unfair labor practice under section 179A.13
2.34 or in violation of Minnesota law.

3.1 Sec. 2. Minnesota Statutes 2022, section 245A.03, subdivision 7, is amended to read:

3.2 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
3.3 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
3.4 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
3.5 for a physical location that will not be the primary residence of the license holder for the
3.6 entire period of licensure. If a family child foster care home or family adult foster care home
3.7 license is issued during this moratorium, and the license holder changes the license holder's
3.8 primary residence away from the physical location of the foster care license, the
3.9 commissioner shall revoke the license according to section 245A.07. The commissioner
3.10 shall not issue an initial license for a community residential setting licensed under chapter
3.11 245D. When approving an exception under this paragraph, the commissioner shall consider
3.12 the resource need determination process in paragraph (h), the availability of foster care
3.13 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
3.14 person's choices during their annual assessment and service plan review, and the
3.15 recommendation of the local county board. The determination by the commissioner is final
3.16 and not subject to appeal. Exceptions to the moratorium include:

3.17 (1) foster care settings where at least 80 percent of the residents are 55 years of age or
3.18 older;

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

3.23 (3) new foster care licenses or community residential setting licenses determined to be
3.24 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
3.25 or regional treatment center; restructuring of state-operated services that limits the capacity
3.26 of state-operated facilities; or allowing movement to the community for people who no
3.27 longer require the level of care provided in state-operated facilities as provided under section
3.28 256B.092, subdivision 13, or 256B.49, subdivision 24;

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

3.32 (5) new foster care licenses or community residential setting licenses for people receiving
3.33 customized living or 24-hour customized living services under the brain injury or community

3.6 (d) The state is authorized to purchase liability insurance for members of the board of
3.7 trustees appointed by the state.

3.8 (e) Financial contributions to, and participation in, the administration and management
3.9 of the Home Care Orientation Trust shall not be considered an unfair labor practice under
3.10 section 179A.13, or a violation of Minnesota law.

3.11 Sec. 3. Minnesota Statutes 2022, section 245A.03, subdivision 7, is amended to read:

3.12 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
3.13 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
3.14 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
3.15 for a physical location that will not be the primary residence of the license holder for the
3.16 entire period of licensure. If a family child foster care home or family adult foster care home
3.17 license is issued during this moratorium, and the license holder changes the license holder's
3.18 primary residence away from the physical location of the foster care license, the
3.19 commissioner shall revoke the license according to section 245A.07. The commissioner
3.20 shall not issue an initial license for a community residential setting licensed under chapter
3.21 245D. When approving an exception under this paragraph, the commissioner shall consider
3.22 the resource need determination process in paragraph (h), the availability of foster care
3.23 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
3.24 person's choices during their annual assessment and service plan review, and the
3.25 recommendation of the local county board. The determination by the commissioner is final
3.26 and not subject to appeal. Exceptions to the moratorium include:

3.27 (1) foster care settings where at least 80 percent of the residents are 55 years of age or
3.28 older;

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

4.1 (3) new foster care licenses or community residential setting licenses determined to be
4.2 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
4.3 or regional treatment center; restructuring of state-operated services that limits the capacity
4.4 of state-operated facilities; or allowing movement to the community for people who no
4.5 longer require the level of care provided in state-operated facilities as provided under section
4.6 256B.092, subdivision 13, or 256B.49, subdivision 24;

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

4.10 (5) new foster care licenses or community residential setting licenses for people receiving
4.11 customized living or 24-hour customized living services under the brain injury or community

3.34 access for disability inclusion waiver plans under section 256B.49 or elderly waiver plan
 4.1 under chapter 256S and residing in the customized living setting ~~before July 1, 2022,~~ for
 4.2 which a license is required. A customized living service provider subject to this exception
 4.3 may rebut the presumption that a license is required by seeking a reconsideration of the
 4.4 commissioner's determination. The commissioner's disposition of a request for
 4.5 reconsideration is final and not subject to appeal under chapter 14. The exception is available
 4.6 until ~~June 30~~ December 31, 2023. This exception is available when:

4.7 (i) the person's customized living services are provided in a customized living service
 4.8 setting serving four or fewer people ~~under the brain injury or community access for disability~~
 4.9 ~~inclusion waiver plans under section 256B.49~~ in a single-family home operational on or
 4.10 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

4.11 (ii) the person's case manager provided the person with information about the choice of
 4.12 service, service provider, and location of service, including in the person's home, to help
 4.13 the person make an informed choice; and

4.14 (iii) the person's services provided in the licensed foster care or community residential
 4.15 setting are less than or equal to the cost of the person's services delivered in the customized
 4.16 living setting as determined by the lead agency; or

4.17 (6) new foster care licenses or community residential setting licenses for a customized
 4.18 living setting that is a single-family home in which customized living or 24-hour customized
 4.19 living services were authorized and delivered on June 30, 2021, under the brain injury or
 4.20 community access for disability inclusion waiver plans under section 256B.49 or the elderly
 4.21 waiver under chapter 256S and for which a license is required. A customized living service
 4.22 provider subject to this exception may rebut the presumption that a license is required by
 4.23 seeking a reconsideration of the commissioner's determination. The commissioner's
 4.24 disposition of a request for reconsideration is final and not subject to appeal under chapter
 4.25 14. The exception is available for any eligible setting licensed as an assisted living facility
 4.26 under chapter 144G on or after August 1, 2021, if the assisted living licensee applies for a
 4.27 license under chapter 245D before December 31, 2023. The initial licensed capacity of the
 4.28 setting under this exception must be four. This exception is available when:

4.29 (i) the case manager of each resident of the customized living setting provided the person
 4.30 with information about the choice of service, service provider, and location of service,
 4.31 including in the person's home, to help the person make an informed choice about remaining
 4.32 in the newly licensed setting; and

5.1 (ii) the estimated average cost of services provided in the licensed foster care or
 5.2 community residential setting is less than or equal to the estimated average cost of services
 5.3 delivered in the customized living setting as determined by the lead agency.

5.4 (b) The commissioner shall determine the need for newly licensed foster care homes or
 5.5 community residential settings as defined under this subdivision. As part of the determination,
 5.6 the commissioner shall consider the availability of foster care capacity in the area in which

4.12 access for disability inclusion waiver plans under section 256B.49 or elderly waiver plan
 4.13 under chapter 256S and residing in the customized living setting ~~before July 1, 2022,~~ for
 4.14 which a license is required. A customized living service provider subject to this exception
 4.15 may rebut the presumption that a license is required by seeking a reconsideration of the
 4.16 commissioner's determination. The commissioner's disposition of a request for
 4.17 reconsideration is final and not subject to appeal under chapter 14. The exception is available
 4.18 until ~~June 30~~ December 31, 2023. This exception is available when:

4.19 (i) the person's customized living services are provided in a customized living service
 4.20 setting serving four or fewer people ~~under the brain injury or community access for disability~~
 4.21 ~~inclusion waiver plans under section 256B.49~~ in a single-family home operational on or
 4.22 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

4.23 (ii) the person's case manager provided the person with information about the choice of
 4.24 service, service provider, and location of service, including in the person's home, to help
 4.25 the person make an informed choice; and

4.26 (iii) the person's services provided in the licensed foster care or community residential
 4.27 setting are less than or equal to the cost of the person's services delivered in the customized
 4.28 living setting as determined by the lead agency;

4.29 (b) The commissioner shall determine the need for newly licensed foster care homes or
 4.30 community residential settings as defined under this subdivision. As part of the determination,
 4.31 the commissioner shall consider the availability of foster care capacity in the area in which

5.7 the licensee seeks to operate, and the recommendation of the local county board. The
5.8 determination by the commissioner must be final. A determination of need is not required
5.9 for a change in ownership at the same address.

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

5.15 (d) Residential settings that would otherwise be subject to the decreased license capacity
5.16 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
5.17 residents whose primary diagnosis is mental illness and the license holder is certified under
5.18 the requirements in subdivision 6a or section 245D.33.

5.19 (e) A resource need determination process, managed at the state level, using the available
5.20 data required by section 144A.351, and other data and information shall be used to determine
5.21 where the reduced capacity determined under section 256B.493 will be implemented. The
5.22 commissioner shall consult with the stakeholders described in section 144A.351, and employ
5.23 a variety of methods to improve the state's capacity to meet the informed decisions of those
5.24 people who want to move out of corporate foster care or community residential settings,
5.25 long-term service needs within budgetary limits, including seeking proposals from service
5.26 providers or lead agencies to change service type, capacity, or location to improve services,
5.27 increase the independence of residents, and better meet needs identified by the long-term
5.28 services and supports reports and statewide data and information.

5.29 (f) At the time of application and reapplication for licensure, the applicant and the license
5.30 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
5.31 required to inform the commissioner whether the physical location where the foster care
5.32 will be provided is or will be the primary residence of the license holder for the entire period
5.33 of licensure. If the primary residence of the applicant or license holder changes, the applicant
5.34 or license holder must notify the commissioner immediately. The commissioner shall print
6.1 on the foster care license certificate whether or not the physical location is the primary
6.2 residence of the license holder.

6.3 (g) License holders of foster care homes identified under paragraph (f) that are not the
6.4 primary residence of the license holder and that also provide services in the foster care home
6.5 that are covered by a federally approved home and community-based services waiver, as
6.6 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
6.7 services licensing division that the license holder provides or intends to provide these
6.8 waiver-funded services.

6.9 (h) The commissioner may adjust capacity to address needs identified in section
6.10 144A.351. Under this authority, the commissioner may approve new licensed settings or
6.11 delicense existing settings. Delicensing of settings will be accomplished through a process
6.12 identified in section 256B.493.

4.32 the licensee seeks to operate, and the recommendation of the local county board. The
4.33 determination by the commissioner must be final. A determination of need is not required
4.34 for a change in ownership at the same address.

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

5.6 (d) Residential settings that would otherwise be subject to the decreased license capacity
5.7 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
5.8 residents whose primary diagnosis is mental illness and the license holder is certified under
5.9 the requirements in subdivision 6a or section 245D.33.

5.10 (e) A resource need determination process, managed at the state level, using the available
5.11 data required by section 144A.351, and other data and information shall be used to determine
5.12 where the reduced capacity determined under section 256B.493 will be implemented. The
5.13 commissioner shall consult with the stakeholders described in section 144A.351, and employ
5.14 a variety of methods to improve the state's capacity to meet the informed decisions of those
5.15 people who want to move out of corporate foster care or community residential settings,
5.16 long-term service needs within budgetary limits, including seeking proposals from service
5.17 providers or lead agencies to change service type, capacity, or location to improve services,
5.18 increase the independence of residents, and better meet needs identified by the long-term
5.19 services and supports reports and statewide data and information.

5.20 (f) At the time of application and reapplication for licensure, the applicant and the license
5.21 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
5.22 required to inform the commissioner whether the physical location where the foster care
5.23 will be provided is or will be the primary residence of the license holder for the entire period
5.24 of licensure. If the primary residence of the applicant or license holder changes, the applicant
5.25 or license holder must notify the commissioner immediately. The commissioner shall print
5.26 on the foster care license certificate whether or not the physical location is the primary
5.27 residence of the license holder.

5.28 (g) License holders of foster care homes identified under paragraph (f) that are not the
5.29 primary residence of the license holder and that also provide services in the foster care home
5.30 that are covered by a federally approved home and community-based services waiver, as
5.31 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
5.32 services licensing division that the license holder provides or intends to provide these
5.33 waiver-funded services.

6.1 (h) The commissioner may adjust capacity to address needs identified in section
6.2 144A.351. Under this authority, the commissioner may approve new licensed settings or
6.3 delicense existing settings. Delicensing of settings will be accomplished through a process
6.4 identified in section 256B.493.

6.13 (i) The commissioner must notify a license holder when its corporate foster care or
 6.14 community residential setting licensed beds are reduced under this section. The notice of
 6.15 reduction of licensed beds must be in writing and delivered to the license holder by certified
 6.16 mail or personal service. The notice must state why the licensed beds are reduced and must
 6.17 inform the license holder of its right to request reconsideration by the commissioner. The
 6.18 license holder's request for reconsideration must be in writing. If mailed, the request for
 6.19 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
 6.20 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
 6.21 reconsideration is made by personal service, it must be received by the commissioner within
 6.22 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

6.23 (j) The commissioner shall not issue an initial license for children's residential treatment
 6.24 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
 6.25 for a program that Centers for Medicare and Medicaid Services would consider an institution
 6.26 for mental diseases. Facilities that serve only private pay clients are exempt from the
 6.27 moratorium described in this paragraph. The commissioner has the authority to manage
 6.28 existing statewide capacity for children's residential treatment services subject to the
 6.29 moratorium under this paragraph and may issue an initial license for such facilities if the
 6.30 initial license would not increase the statewide capacity for children's residential treatment
 6.31 services subject to the moratorium under this paragraph.

6.32 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2021.

6.5 (i) The commissioner must notify a license holder when its corporate foster care or
 6.6 community residential setting licensed beds are reduced under this section. The notice of
 6.7 reduction of licensed beds must be in writing and delivered to the license holder by certified
 6.8 mail or personal service. The notice must state why the licensed beds are reduced and must
 6.9 inform the license holder of its right to request reconsideration by the commissioner. The
 6.10 license holder's request for reconsideration must be in writing. If mailed, the request for
 6.11 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
 6.12 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
 6.13 reconsideration is made by personal service, it must be received by the commissioner within
 6.14 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

6.15 (j) The commissioner shall not issue an initial license for children's residential treatment
 6.16 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
 6.17 for a program that Centers for Medicare and Medicaid Services would consider an institution
 6.18 for mental diseases. Facilities that serve only private pay clients are exempt from the
 6.19 moratorium described in this paragraph. The commissioner has the authority to manage
 6.20 existing statewide capacity for children's residential treatment services subject to the
 6.21 moratorium under this paragraph and may issue an initial license for such facilities if the
 6.22 initial license would not increase the statewide capacity for children's residential treatment
 6.23 services subject to the moratorium under this paragraph.

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

6.25 Sec. 4. Minnesota Statutes 2022, section 245A.10, subdivision 3, is amended to read:

6.26 Subd. 3. **Application fee for initial license or certification.** (a) For fees required under
 6.27 subdivision 1, an applicant for an initial license or certification issued by the commissioner
 6.28 shall submit a \$500 application fee with each new application required under this subdivision.
 6.29 An applicant for an initial day services facility license under chapter 245D shall submit a
 6.30 \$250 application fee with each new application. The application fee shall not be prorated,
 6.31 is nonrefundable, and is in lieu of the annual license or certification fee that expires on
 6.32 December 31. The commissioner shall not process an application until the application fee
 6.33 is paid.

7.1 (b) Except as provided in clauses (1) to (3), an applicant shall apply for a license to
 7.2 provide services at a specific location.

7.3 (1) For a license to provide home and community-based services to persons with
 7.4 disabilities or age 65 and older under chapter 245D, an applicant shall submit an application
 7.5 to provide services statewide. Notwithstanding paragraph (a), applications received by the
 7.6 commissioner between July 1, 2013, and December 31, 2013, for licensure of services
 7.7 provided under chapter 245D must include an application fee that is equal to the annual
 7.8 license renewal fee under subdivision 4, paragraph (b), or \$500, whichever is less.
 7.9 Applications received by the commissioner after January 1, 2014, must include the application

7.1 Sec. 3. Minnesota Statutes 2022, section 245A.11, subdivision 7, is amended to read:

7.2 Subd. 7. **Adult foster care; variance for alternate overnight supervision.** (a) The

7.3 commissioner may grant a variance under section 245A.04, subdivision 9, to rule parts

7.4 requiring a caregiver to be present in an adult foster care home during normal sleeping hours

7.5 to allow for alternative methods of overnight supervision. The commissioner may grant the

7.6 variance if the local county licensing agency recommends the variance and the county

7.7 recommendation includes documentation verifying that:

7.8 (1) the county has approved the license holder's plan for alternative methods of providing

7.9 overnight supervision and determined the plan protects the residents' health, safety, and

7.10 rights;

7.11 (2) the license holder has obtained written and signed informed consent from each

7.12 resident or each resident's legal representative documenting the resident's or legal

7.13 representative's agreement with the alternative method of overnight supervision; and

7.14 (3) the alternative method of providing overnight supervision, which may include the

7.15 use of technology, is specified for each resident in the resident's: (i) individualized plan of

7.16 care; (ii) individual service plan under section 256B.092, subdivision 1b, if required; or (iii)

7.17 individual resident placement agreement under Minnesota Rules, part 9555.5105, subpart

7.18 19, if required.

7.19 (b) To be eligible for a variance under paragraph (a), the adult foster care license holder

7.20 must not have had a conditional license issued under section 245A.06, or any other licensing

7.21 sanction issued under section 245A.07 during the prior 24 months based on failure to provide

7.22 adequate supervision, health care services, or resident safety in the adult foster care home.

7.23 (c) A license holder requesting a variance under this subdivision to utilize technology

7.24 as a component of a plan for alternative overnight supervision may request the commissioner's

7.25 review in the absence of a county recommendation. Upon receipt of such a request from a

7.26 license holder, the commissioner shall review the variance request with the county.

7.27 (d) ~~A variance granted by the commissioner according to this subdivision before January~~

7.28 ~~1, 2014, to a license holder for an adult foster care home must transfer with the license when~~

7.10 ~~fee required under paragraph (a). Applicants who meet the modified application criteria~~

7.11 ~~identified in section 245A.042, subdivision 2, are exempt from paying an application fee.~~

7.12 (2) For a license to provide independent living assistance for youth under section 245A.22,

7.13 an applicant shall submit a single application to provide services statewide.

7.14 (3) For a license for a private agency to provide foster care or adoption services under

7.15 Minnesota Rules, parts 9545.0755 to 9545.0845, an applicant shall submit a single application

7.16 to provide services statewide.

7.17 (c) ~~The initial application fee charged under this subdivision does not include the~~

7.18 ~~temporary license surcharge under section 16E.22.~~

7.19 Sec. 5. Minnesota Statutes 2022, section 245A.11, subdivision 7, is amended to read:

7.20 Subd. 7. **Adult foster care; variance for alternate overnight supervision.** (a) The

7.21 commissioner may grant a variance under section 245A.04, subdivision 9, to rule parts

7.22 requiring a caregiver to be present in an adult foster care home during normal sleeping hours

7.23 to allow for alternative methods of overnight supervision. The commissioner may grant the

7.24 variance if the local county licensing agency recommends the variance and the county

7.25 recommendation includes documentation verifying that:

7.26 (1) the county has approved the license holder's plan for alternative methods of providing

7.27 overnight supervision and determined the plan protects the residents' health, safety, and

7.28 rights;

7.29 (2) the license holder has obtained written and signed informed consent from each

7.30 resident or each resident's legal representative documenting the resident's or legal

7.31 representative's agreement with the alternative method of overnight supervision; and

7.32 (3) the alternative method of providing overnight supervision, which may include the

7.33 use of technology, is specified for each resident in the resident's: (i) individualized plan of

8.1 care; (ii) individual service plan under section 256B.092, subdivision 1b, if required; or (iii)

8.2 individual resident placement agreement under Minnesota Rules, part 9555.5105, subpart

8.3 19, if required.

8.4 (b) To be eligible for a variance under paragraph (a), the adult foster care license holder

8.5 must not have had a conditional license issued under section 245A.06, or any other licensing

8.6 sanction issued under section 245A.07 during the prior 24 months based on failure to provide

8.7 adequate supervision, health care services, or resident safety in the adult foster care home.

8.8 (c) A license holder requesting a variance under this subdivision to utilize technology

8.9 as a component of a plan for alternative overnight supervision may request the commissioner's

8.10 review in the absence of a county recommendation. Upon receipt of such a request from a

8.11 license holder, the commissioner shall review the variance request with the county.

8.12 (d) ~~A variance granted by the commissioner according to this subdivision before January~~

8.13 ~~1, 2014, to a license holder for an adult foster care home must transfer with the license when~~

7.29 ~~the license converts to a community residential setting license under chapter 245D. The~~
7.30 ~~terms and conditions of the variance remain in effect as approved at the time the variance~~
7.31 ~~was granted. The variance requirements under this subdivision for alternative overnight~~
7.32 ~~supervision do not apply to community residential settings licensed under chapter 245D.~~

7.33 **EFFECTIVE DATE.** This section is effective January 1, 2024.

8.1 Sec. 4. Minnesota Statutes 2022, section 245A.11, subdivision 7a, is amended to read:

8.2 Subd. 7a. **Alternate overnight supervision technology; adult foster care and**
8.3 **community residential setting licenses.** (a) The commissioner may grant an applicant or
8.4 license holder an adult foster care ~~or community residential setting~~ license for a residence
8.5 that does not have a caregiver in the residence during normal sleeping hours as required
8.6 under Minnesota Rules, part 9555.5105, subpart 37, item B, or section 245D.02, subdivision
8.7 33b, but uses monitoring technology to alert the license holder when an incident occurs that
8.8 may jeopardize the health, safety, or rights of a foster care recipient. The applicant or license
8.9 holder must comply with all other requirements under Minnesota Rules, parts 9555.5105
8.10 to 9555.6265, or applicable requirements under chapter 245D, and the requirements under
8.11 this subdivision. The license printed by the commissioner must state in bold and large font:

8.12 (1) that the facility is under electronic monitoring; and

8.13 (2) the telephone number of the county's common entry point for making reports of
8.14 suspected maltreatment of vulnerable adults under section 626.557, subdivision 9.

8.15 (b) Applications for a license under this section must be submitted directly to the
8.16 Department of Human Services licensing division. The licensing division must immediately
8.17 notify the county licensing agency. The licensing division must collaborate with the county
8.18 licensing agency in the review of the application and the licensing of the program.

8.19 (c) Before a license is issued by the commissioner, and for the duration of the license,
8.20 the applicant or license holder must establish, maintain, and document the implementation
8.21 of written policies and procedures addressing the requirements in paragraphs (d) through
8.22 (f).

8.23 (d) The applicant or license holder must have policies and procedures that:

8.24 (1) establish characteristics of target populations that will be admitted into the home,
8.25 and characteristics of populations that will not be accepted into the home;

8.26 (2) explain the discharge process when a resident served by the program requires
8.27 overnight supervision or other services that cannot be provided by the license holder due
8.28 to the limited hours that the license holder is on site;

8.29 (3) describe the types of events to which the program will respond with a physical
8.30 presence when those events occur in the home during time when staff are not on site, and
8.31 how the license holder's response plan meets the requirements in paragraph (e), clause (1)
8.32 or (2);

8.14 ~~the license converts to a community residential setting license under chapter 245D. The~~
8.15 ~~terms and conditions of the variance remain in effect as approved at the time the variance~~
8.16 ~~was granted. The variance requirements under this subdivision for alternative overnight~~
8.17 ~~supervision do not apply to community residential settings licensed under chapter 245D.~~

8.18 **EFFECTIVE DATE.** This section is effective January 1, 2024.

8.19 Sec. 6. Minnesota Statutes 2022, section 245A.11, subdivision 7a, is amended to read:

8.20 Subd. 7a. **Alternate overnight supervision technology; adult foster care and**
8.21 **community residential setting licenses.** (a) The commissioner may grant an applicant or
8.22 license holder an adult foster care ~~or community residential setting~~ license for a residence
8.23 that does not have a caregiver in the residence during normal sleeping hours as required
8.24 under Minnesota Rules, part 9555.5105, subpart 37, item B, or section 245D.02, subdivision
8.25 33b, but uses monitoring technology to alert the license holder when an incident occurs that
8.26 may jeopardize the health, safety, or rights of a foster care recipient. The applicant or license
8.27 holder must comply with all other requirements under Minnesota Rules, parts 9555.5105
8.28 to 9555.6265, or applicable requirements under chapter 245D, and the requirements under
8.29 this subdivision. The license printed by the commissioner must state in bold and large font:

8.30 (1) that the facility is under electronic monitoring; and

8.31 (2) the telephone number of the county's common entry point for making reports of
8.32 suspected maltreatment of vulnerable adults under section 626.557, subdivision 9.

9.1 (b) Applications for a license under this section must be submitted directly to the
9.2 Department of Human Services licensing division. The licensing division must immediately
9.3 notify the county licensing agency. The licensing division must collaborate with the county
9.4 licensing agency in the review of the application and the licensing of the program.

9.5 (c) Before a license is issued by the commissioner, and for the duration of the license,
9.6 the applicant or license holder must establish, maintain, and document the implementation
9.7 of written policies and procedures addressing the requirements in paragraphs (d) through
9.8 (f).

9.9 (d) The applicant or license holder must have policies and procedures that:

9.10 (1) establish characteristics of target populations that will be admitted into the home,
9.11 and characteristics of populations that will not be accepted into the home;

9.12 (2) explain the discharge process when a resident served by the program requires
9.13 overnight supervision or other services that cannot be provided by the license holder due
9.14 to the limited hours that the license holder is on site;

9.15 (3) describe the types of events to which the program will respond with a physical
9.16 presence when those events occur in the home during time when staff are not on site, and
9.17 how the license holder's response plan meets the requirements in paragraph (e), clause (1)
9.18 or (2);

9.1 (4) establish a process for documenting a review of the implementation and effectiveness
9.2 of the response protocol for the response required under paragraph (e), clause (1) or (2).
9.3 The documentation must include:

- 9.4 (i) a description of the triggering incident;
- 9.5 (ii) the date and time of the triggering incident;
- 9.6 (iii) the time of the response or responses under paragraph (e), clause (1) or (2);
- 9.7 (iv) whether the response met the resident's needs;
- 9.8 (v) whether the existing policies and response protocols were followed; and
- 9.9 (vi) whether the existing policies and protocols are adequate or need modification.

9.10 When no physical presence response is completed for a three-month period, the license
9.11 holder's written policies and procedures must require a physical presence response drill to
9.12 be conducted for which the effectiveness of the response protocol under paragraph (e),
9.13 clause (1) or (2), will be reviewed and documented as required under this clause; and

9.14 (5) establish that emergency and nonemergency phone numbers are posted in a prominent
9.15 location in a common area of the home where they can be easily observed by a person
9.16 responding to an incident who is not otherwise affiliated with the home.

9.17 (e) The license holder must document and include in the license application which
9.18 response alternative under clause (1) or (2) is in place for responding to situations that
9.19 present a serious risk to the health, safety, or rights of residents served by the program:

9.20 (1) response alternative (1) requires only the technology to provide an electronic
9.21 notification or alert to the license holder that an event is underway that requires a response.
9.22 Under this alternative, no more than ten minutes will pass before the license holder will be
9.23 physically present on site to respond to the situation; or

9.24 (2) response alternative (2) requires the electronic notification and alert system under
9.25 alternative (1), but more than ten minutes may pass before the license holder is present on
9.26 site to respond to the situation. Under alternative (2), all of the following conditions are
9.27 met:

9.28 (i) the license holder has a written description of the interactive technological applications
9.29 that will assist the license holder in communicating with and assessing the needs related to
9.30 the care, health, and safety of the foster care recipients. This interactive technology must
9.31 permit the license holder to remotely assess the well being of the resident served by the
10.1 program without requiring the initiation of the foster care recipient. Requiring the foster
10.2 care recipient to initiate a telephone call does not meet this requirement;

10.3 (ii) the license holder documents how the remote license holder is qualified and capable
10.4 of meeting the needs of the foster care recipients and assessing foster care recipients' needs
10.5 under item (i) during the absence of the license holder on site;

9.19 (4) establish a process for documenting a review of the implementation and effectiveness
9.20 of the response protocol for the response required under paragraph (e), clause (1) or (2).
9.21 The documentation must include:

- 9.22 (i) a description of the triggering incident;
- 9.23 (ii) the date and time of the triggering incident;
- 9.24 (iii) the time of the response or responses under paragraph (e), clause (1) or (2);
- 9.25 (iv) whether the response met the resident's needs;
- 9.26 (v) whether the existing policies and response protocols were followed; and
- 9.27 (vi) whether the existing policies and protocols are adequate or need modification.

9.28 When no physical presence response is completed for a three-month period, the license
9.29 holder's written policies and procedures must require a physical presence response drill to
9.30 be conducted for which the effectiveness of the response protocol under paragraph (e),
9.31 clause (1) or (2), will be reviewed and documented as required under this clause; and

10.1 (5) establish that emergency and nonemergency phone numbers are posted in a prominent
10.2 location in a common area of the home where they can be easily observed by a person
10.3 responding to an incident who is not otherwise affiliated with the home.

10.4 (e) The license holder must document and include in the license application which
10.5 response alternative under clause (1) or (2) is in place for responding to situations that
10.6 present a serious risk to the health, safety, or rights of residents served by the program:

10.7 (1) response alternative (1) requires only the technology to provide an electronic
10.8 notification or alert to the license holder that an event is underway that requires a response.
10.9 Under this alternative, no more than ten minutes will pass before the license holder will be
10.10 physically present on site to respond to the situation; or

10.11 (2) response alternative (2) requires the electronic notification and alert system under
10.12 alternative (1), but more than ten minutes may pass before the license holder is present on
10.13 site to respond to the situation. Under alternative (2), all of the following conditions are
10.14 met:

10.15 (i) the license holder has a written description of the interactive technological applications
10.16 that will assist the license holder in communicating with and assessing the needs related to
10.17 the care, health, and safety of the foster care recipients. This interactive technology must
10.18 permit the license holder to remotely assess the well being of the resident served by the
10.19 program without requiring the initiation of the foster care recipient. Requiring the foster
10.20 care recipient to initiate a telephone call does not meet this requirement;

10.21 (ii) the license holder documents how the remote license holder is qualified and capable
10.22 of meeting the needs of the foster care recipients and assessing foster care recipients' needs
10.23 under item (i) during the absence of the license holder on site;

10.6 (iii) the license holder maintains written procedures to dispatch emergency response
10.7 personnel to the site in the event of an identified emergency; and

10.8 (iv) each resident's individualized plan of care, support plan under sections 256B.0913,
10.9 subdivision 8; 256B.092, subdivision 1b; 256B.49, subdivision 15; and 256S.10, if required,
10.10 or individual resident placement agreement under Minnesota Rules, part 9555.5105, subpart
10.11 19, if required, identifies the maximum response time, which may be greater than ten minutes,
10.12 for the license holder to be on site for that resident.

10.13 (f) Each resident's placement agreement, individual service agreement, and plan must
10.14 clearly state that the adult foster care ~~or community residential setting~~ license category is
10.15 a program without the presence of a caregiver in the residence during normal sleeping hours;
10.16 the protocols in place for responding to situations that present a serious risk to the health,
10.17 safety, or rights of residents served by the program under paragraph (e), clause (1) or (2);
10.18 and a signed informed consent from each resident served by the program or the person's
10.19 legal representative documenting the person's or legal representative's agreement with
10.20 placement in the program. If electronic monitoring technology is used in the home, the
10.21 informed consent form must also explain the following:

10.22 (1) how any electronic monitoring is incorporated into the alternative supervision system;

10.23 (2) the backup system for any electronic monitoring in times of electrical outages or
10.24 other equipment malfunctions;

10.25 (3) how the caregivers or direct support staff are trained on the use of the technology;

10.26 (4) the event types and license holder response times established under paragraph (e);

10.27 (5) how the license holder protects each resident's privacy related to electronic monitoring
10.28 and related to any electronically recorded data generated by the monitoring system. A
10.29 resident served by the program may not be removed from a program under this subdivision
10.30 for failure to consent to electronic monitoring. The consent form must explain where and
10.31 how the electronically recorded data is stored, with whom it will be shared, and how long
10.32 it is retained; and

10.33 (6) the risks and benefits of the alternative overnight supervision system.

11.1 The written explanations under clauses (1) to (6) may be accomplished through
11.2 cross-references to other policies and procedures as long as they are explained to the person
11.3 giving consent, and the person giving consent is offered a copy.

11.4 (g) Nothing in this section requires the applicant or license holder to develop or maintain
11.5 separate or duplicative policies, procedures, documentation, consent forms, or individual
11.6 plans that may be required for other licensing standards, if the requirements of this section
11.7 are incorporated into those documents.

11.8 (h) The commissioner may grant variances to the requirements of this section according
11.9 to section 245A.04, subdivision 9.

10.24 (iii) the license holder maintains written procedures to dispatch emergency response
10.25 personnel to the site in the event of an identified emergency; and

10.26 (iv) each resident's individualized plan of care, support plan under sections 256B.0913,
10.27 subdivision 8; 256B.092, subdivision 1b; 256B.49, subdivision 15; and 256S.10, if required,
10.28 or individual resident placement agreement under Minnesota Rules, part 9555.5105, subpart
10.29 19, if required, identifies the maximum response time, which may be greater than ten minutes,
10.30 for the license holder to be on site for that resident.

10.31 (f) Each resident's placement agreement, individual service agreement, and plan must
10.32 clearly state that the adult foster care ~~or community residential setting~~ license category is
10.33 a program without the presence of a caregiver in the residence during normal sleeping hours;
11.1 the protocols in place for responding to situations that present a serious risk to the health,
11.2 safety, or rights of residents served by the program under paragraph (e), clause (1) or (2);
11.3 and a signed informed consent from each resident served by the program or the person's
11.4 legal representative documenting the person's or legal representative's agreement with
11.5 placement in the program. If electronic monitoring technology is used in the home, the
11.6 informed consent form must also explain the following:

11.7 (1) how any electronic monitoring is incorporated into the alternative supervision system;

11.8 (2) the backup system for any electronic monitoring in times of electrical outages or
11.9 other equipment malfunctions;

11.10 (3) how the caregivers or direct support staff are trained on the use of the technology;

11.11 (4) the event types and license holder response times established under paragraph (e);

11.12 (5) how the license holder protects each resident's privacy related to electronic monitoring
11.13 and related to any electronically recorded data generated by the monitoring system. A
11.14 resident served by the program may not be removed from a program under this subdivision
11.15 for failure to consent to electronic monitoring. The consent form must explain where and
11.16 how the electronically recorded data is stored, with whom it will be shared, and how long
11.17 it is retained; and

11.18 (6) the risks and benefits of the alternative overnight supervision system.

11.19 The written explanations under clauses (1) to (6) may be accomplished through
11.20 cross-references to other policies and procedures as long as they are explained to the person
11.21 giving consent, and the person giving consent is offered a copy.

11.22 (g) Nothing in this section requires the applicant or license holder to develop or maintain
11.23 separate or duplicative policies, procedures, documentation, consent forms, or individual
11.24 plans that may be required for other licensing standards, if the requirements of this section
11.25 are incorporated into those documents.

11.26 (h) The commissioner may grant variances to the requirements of this section according
11.27 to section 245A.04, subdivision 9.

11.10 (i) For the purposes of paragraphs (d) through (h), "license holder" has the meaning
11.11 under section 245A.02, subdivision 9, and additionally includes all staff, volunteers, and
11.12 contractors affiliated with the license holder.

11.13 (j) For the purposes of paragraph (e), the terms "assess" and "assessing" mean to remotely
11.14 determine what action the license holder needs to take to protect the well-being of the foster
11.15 care recipient.

11.16 (k) The commissioner shall evaluate license applications using the requirements in
11.17 paragraphs (d) to (f). The commissioner shall provide detailed application forms, including
11.18 a checklist of criteria needed for approval.

11.19 (l) To be eligible for a license under paragraph (a), the adult foster care ~~or community~~
11.20 ~~residential setting~~ license holder must not have had a conditional license issued under section
11.21 245A.06 or any licensing sanction under section 245A.07 during the prior 24 months based
11.22 on failure to provide adequate supervision, health care services, or resident safety in the
11.23 adult foster care home ~~or community residential setting~~.

11.24 (m) The commissioner shall review an application for an alternative overnight supervision
11.25 license within 60 days of receipt of the application. When the commissioner receives an
11.26 application that is incomplete because the applicant failed to submit required documents or
11.27 that is substantially deficient because the documents submitted do not meet licensing
11.28 requirements, the commissioner shall provide the applicant written notice that the application
11.29 is incomplete or substantially deficient. In the written notice to the applicant, the
11.30 commissioner shall identify documents that are missing or deficient and give the applicant
11.31 45 days to resubmit a second application that is substantially complete. An applicant's failure
11.32 to submit a substantially complete application after receiving notice from the commissioner
11.33 is a basis for license denial under section 245A.05. The commissioner shall complete
11.34 subsequent review within 30 days.

12.1 (n) Once the application is considered complete under paragraph (m), the commissioner
12.2 will approve or deny an application for an alternative overnight supervision license within
12.3 60 days.

12.4 (o) For the purposes of this subdivision, "supervision" means:

12.5 (1) oversight by a caregiver or direct support staff as specified in the individual resident's
12.6 place agreement or support plan and awareness of the resident's needs and activities; and

12.7 (2) the presence of a caregiver or direct support staff in a residence during normal sleeping
12.8 hours, unless a determination has been made and documented in the individual's support
12.9 plan that the individual does not require the presence of a caregiver or direct support staff
12.10 during normal sleeping hours.

12.11 **EFFECTIVE DATE.** This section is effective January 1, 2024.

11.28 (i) For the purposes of paragraphs (d) through (h), "license holder" has the meaning
11.29 under section 245A.02, subdivision 9, and additionally includes all staff, volunteers, and
11.30 contractors affiliated with the license holder.

12.1 (j) For the purposes of paragraph (e), the terms "assess" and "assessing" mean to remotely
12.2 determine what action the license holder needs to take to protect the well-being of the foster
12.3 care recipient.

12.4 (k) The commissioner shall evaluate license applications using the requirements in
12.5 paragraphs (d) to (f). The commissioner shall provide detailed application forms, including
12.6 a checklist of criteria needed for approval.

12.7 (l) To be eligible for a license under paragraph (a), the adult foster care ~~or community~~
12.8 ~~residential setting~~ license holder must not have had a conditional license issued under section
12.9 245A.06 or any licensing sanction under section 245A.07 during the prior 24 months based
12.10 on failure to provide adequate supervision, health care services, or resident safety in the
12.11 adult foster care home ~~or community residential setting~~.

12.12 (m) The commissioner shall review an application for an alternative overnight supervision
12.13 license within 60 days of receipt of the application. When the commissioner receives an
12.14 application that is incomplete because the applicant failed to submit required documents or
12.15 that is substantially deficient because the documents submitted do not meet licensing
12.16 requirements, the commissioner shall provide the applicant written notice that the application
12.17 is incomplete or substantially deficient. In the written notice to the applicant, the
12.18 commissioner shall identify documents that are missing or deficient and give the applicant
12.19 45 days to resubmit a second application that is substantially complete. An applicant's failure
12.20 to submit a substantially complete application after receiving notice from the commissioner
12.21 is a basis for license denial under section 245A.05. The commissioner shall complete
12.22 subsequent review within 30 days.

12.23 (n) Once the application is considered complete under paragraph (m), the commissioner
12.24 will approve or deny an application for an alternative overnight supervision license within
12.25 60 days.

12.26 (o) For the purposes of this subdivision, "supervision" means:

12.27 (1) oversight by a caregiver or direct support staff as specified in the individual resident's
12.28 place agreement or support plan and awareness of the resident's needs and activities; and

12.29 (2) the presence of a caregiver or direct support staff in a residence during normal sleeping
12.30 hours, unless a determination has been made and documented in the individual's support
12.31 plan that the individual does not require the presence of a caregiver or direct support staff
12.32 during normal sleeping hours.

12.33 **EFFECTIVE DATE.** This section is effective January 1, 2024.

- 13.1 Sec. 7. Minnesota Statutes 2022, section 245D.03, subdivision 1, is amended to read:
- 13.2 Subdivision 1. **Applicability.** (a) The commissioner shall regulate the provision of home
- 13.3 and community-based services to persons with disabilities and persons age 65 and older
- 13.4 pursuant to this chapter. The licensing standards in this chapter govern the provision of
- 13.5 basic support services and intensive support services.
- 13.6 (b) Basic support services provide the level of assistance, supervision, and care that is
- 13.7 necessary to ensure the health and welfare of the person and do not include services that
- 13.8 are specifically directed toward the training, treatment, habilitation, or rehabilitation of the
- 13.9 person. Basic support services include:
- 13.10 (1) in-home and out-of-home respite care services as defined in section 245A.02,
- 13.11 subdivision 15, and under the brain injury, community alternative care, community access
- 13.12 for disability inclusion, developmental disabilities, and elderly waiver plans, excluding
- 13.13 out-of-home respite care provided to children in a family child foster care home licensed
- 13.14 under Minnesota Rules, parts 2960.3000 to 2960.3100, when the child foster care license
- 13.15 holder complies with the requirements under section 245D.06, subdivisions 5, 6, 7, and 8,
- 13.16 or successor provisions; and section 245D.061 or successor provisions, which must be
- 13.17 stipulated in the statement of intended use required under Minnesota Rules, part 2960.3000,
- 13.18 subpart 4;
- 13.19 (2) adult companion services as defined under the brain injury, community access for
- 13.20 disability inclusion, community alternative care, and elderly waiver plans, excluding adult
- 13.21 companion services provided under the Corporation for National and Community Services
- 13.22 Senior Companion Program established under the Domestic Volunteer Service Act of 1973,
- 13.23 Public Law 98-288;
- 13.24 (3) personal support as defined under the developmental disabilities waiver plan;
- 13.25 (4) 24-hour emergency assistance, personal emergency response as defined under the
- 13.26 community access for disability inclusion and developmental disabilities waiver plans;
- 13.27 (5) night supervision services as defined under the brain injury, community access for
- 13.28 disability inclusion, community alternative care, and developmental disabilities waiver
- 13.29 plans;
- 13.30 (6) homemaker services as defined under the community access for disability inclusion,
- 13.31 brain injury, community alternative care, developmental disabilities, and elderly waiver
- 13.32 plans, excluding providers licensed by the Department of Health under chapter 144A and
- 13.33 those providers providing cleaning services only;
- 14.1 (7) individual community living support under section 256S.13; and
- 14.2 (8) individualized home supports services as defined under the brain injury, community
- 14.3 alternative care, and community access for disability inclusion, and developmental disabilities
- 14.4 waiver plans.

- 14.5 (c) Intensive support services provide assistance, supervision, and care that is necessary
- 14.6 to ensure the health and welfare of the person and services specifically directed toward the
- 14.7 training, habilitation, or rehabilitation of the person. Intensive support services include:
- 14.8 (1) intervention services, including:
- 14.9 (i) positive support services as defined under the brain injury and community access for
- 14.10 disability inclusion, community alternative care, and developmental disabilities waiver
- 14.11 plans;
- 14.12 (ii) in-home or out-of-home crisis respite services as defined under the brain injury,
- 14.13 community access for disability inclusion, community alternative care, and developmental
- 14.14 disabilities waiver plans; and
- 14.15 (iii) specialist services as defined under the current brain injury, community access for
- 14.16 disability inclusion, community alternative care, and developmental disabilities waiver
- 14.17 plans;
- 14.18 (2) in-home support services, including:
- 14.19 (i) in-home family support and supported living services as defined under the
- 14.20 developmental disabilities waiver plan;
- 14.21 (ii) independent living services training as defined under the brain injury and community
- 14.22 access for disability inclusion waiver plans;
- 14.23 (iii) semi-independent living services;
- 14.24 (iv) individualized home support with training services as defined under the brain injury,
- 14.25 community alternative care, community access for disability inclusion, and developmental
- 14.26 disabilities waiver plans; and
- 14.27 (v) individualized home support with family training services as defined under the brain
- 14.28 injury, community alternative care, community access for disability inclusion, and
- 14.29 developmental disabilities waiver plans;
- 14.30 (3) residential supports and services, including:
- 15.1 (i) supported living services as defined under the developmental disabilities waiver plan
- 15.2 provided in a family or corporate child foster care residence, a family adult foster care
- 15.3 residence, a community residential setting, or a supervised living facility;
- 15.4 (ii) foster care services as defined in the brain injury, community alternative care, and
- 15.5 community access for disability inclusion waiver plans provided in a family or corporate
- 15.6 child foster care residence, a family adult foster care residence, or a community residential
- 15.7 setting;
- 15.8 (iii) community residential services as defined under the brain injury, community
- 15.9 alternative care, community access for disability inclusion, and developmental disabilities

- 15.10 waiver plans provided in a corporate child foster care residence, a community residential
15.11 setting, or a supervised living facility;
- 15.12 (iv) family residential services as defined in the brain injury, community alternative
15.13 care, community access for disability inclusion, and developmental disabilities waiver plans
15.14 provided in a family child foster care residence or a family adult foster care residence; and
- 15.15 (v) residential services provided to more than four persons with developmental disabilities
15.16 in a supervised living facility, including ICFs/DD; and
- 15.17 (vi) life sharing as defined in the brain injury, community alternative care, community
15.18 access for disability inclusion, and developmental disabilities waiver plans;
- 15.19 (4) day services, including:
- 15.20 (i) structured day services as defined under the brain injury waiver plan;
- 15.21 (ii) day services under sections 252.41 to 252.46, and as defined under the brain injury,
15.22 community alternative care, community access for disability inclusion, and developmental
15.23 disabilities waiver plans;
- 15.24 (iii) day training and habilitation services under sections 252.41 to 252.46, and as defined
15.25 under the developmental disabilities waiver plan; and
- 15.26 (iv) prevocational services as defined under the brain injury, community alternative care,
15.27 community access for disability inclusion, and developmental disabilities waiver plans; and
- 15.28 (5) employment exploration services as defined under the brain injury, community
15.29 alternative care, community access for disability inclusion, and developmental disabilities
15.30 waiver plans;
- 16.1 (6) employment development services as defined under the brain injury, community
16.2 alternative care, community access for disability inclusion, and developmental disabilities
16.3 waiver plans;
- 16.4 (7) employment support services as defined under the brain injury, community alternative
16.5 care, community access for disability inclusion, and developmental disabilities waiver plans;
16.6 and
- 16.7 (8) integrated community support as defined under the brain injury and community
16.8 access for disability inclusion waiver plans beginning January 1, 2021, and community
16.9 alternative care and developmental disabilities waiver plans beginning January 1, 2023.
- 16.10 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
16.11 whichever is later. The commissioner of human services shall notify the revisor of statutes
16.12 when federal approval is obtained.

- 12.12 Sec. 5. Minnesota Statutes 2022, section 245D.04, subdivision 3, is amended to read:
- 12.13 Subd. 3. **Protection-related rights.** (a) A person's protection-related rights include the
- 12.14 right to:
- 12.15 (1) have personal, financial, service, health, and medical information kept private, and
- 12.16 be advised of disclosure of this information by the license holder;
- 12.17 (2) access records and recorded information about the person in accordance with
- 12.18 applicable state and federal law, regulation, or rule;
- 12.19 (3) be free from maltreatment;
- 12.20 (4) be free from restraint, time out, seclusion, restrictive intervention, or other prohibited
- 12.21 procedure identified in section 245D.06, subdivision 5, or successor provisions, except for:
- 12.22 (i) emergency use of manual restraint to protect the person from imminent danger to self
- 12.23 or others according to the requirements in section 245D.061 or successor provisions; or (ii)
- 12.24 the use of safety interventions as part of a positive support transition plan under section
- 12.25 245D.06, subdivision 8, or successor provisions;
- 12.26 (5) receive services in a clean and safe environment when the license holder is the owner,
- 12.27 lessor, or tenant of the service site;
- 12.28 (6) be treated with courtesy and respect and receive respectful treatment of the person's
- 12.29 property;
- 12.30 (7) reasonable observance of cultural and ethnic practice and religion;
- 13.1 (8) be free from bias and harassment regarding race, gender, age, disability, spirituality,
- 13.2 and sexual orientation;
- 13.3 (9) be informed of and use the license holder's grievance policy and procedures, including
- 13.4 knowing how to contact persons responsible for addressing problems and to appeal under
- 13.5 section 256.045;
- 13.6 (10) know the name, telephone number, and the website, email, and street addresses of
- 13.7 protection and advocacy services, including the appropriate state-appointed ombudsman,
- 13.8 and a brief description of how to file a complaint with these offices;
- 13.9 (11) assert these rights personally, or have them asserted by the person's family,
- 13.10 authorized representative, or legal representative, without retaliation;
- 13.11 (12) give or withhold written informed consent to participate in any research or
- 13.12 experimental treatment;
- 13.13 (13) associate with other persons of the person's choice in the community;
- 13.14 (14) personal privacy, including the right to use the lock on the person's bedroom or unit
- 13.15 door;

- 13.16 (15) engage in chosen activities; and
- 13.17 (16) access to the person's personal possessions at any time, including financial resources.
- 13.18 (b) For a person residing in a residential site licensed according to chapter 245A, or
- 13.19 where the license holder is the owner, lessor, or tenant of the residential service site,
- 13.20 protection-related rights also include the right to:
- 13.21 (1) have daily, private access to and use of a non-coin-operated telephone for local calls
- 13.22 and long-distance calls made collect or paid for by the person;
- 13.23 (2) receive and send, without interference, uncensored, unopened mail or electronic
- 13.24 correspondence or communication;
- 13.25 (3) have use of and free access to common areas in the residence and the freedom to
- 13.26 come and go from the residence at will;
- 13.27 (4) choose the person's visitors and time of visits and have privacy for visits with the
- 13.28 person's spouse, next of kin, legal counsel, religious adviser, or others, in accordance with
- 13.29 section 363A.09 of the Human Rights Act, including privacy in the person's bedroom;
- 13.30 (5) have access to three nutritionally balanced meals and nutritious snacks between
- 13.31 meals each day;
- 14.1 (6) have freedom and support to access food and potable water at any time;
- 14.2 (7) have the freedom to furnish and decorate the person's bedroom or living unit;
- 14.3 (8) a setting that is clean and free from accumulation of dirt, grease, garbage, peeling
- 14.4 paint, mold, vermin, and insects;
- 14.5 (9) a setting that is free from hazards that threaten the person's health or safety; and
- 14.6 (10) a setting that meets the definition of a dwelling unit within a residential occupancy
- 14.7 as defined in the State Fire Code.
- 14.8 (c) Restriction of a person's rights under paragraph (a), clauses (13) to (16), or paragraph
- 14.9 (b) is allowed only if determined necessary to ensure the health, safety, and well-being of
- 14.10 the person. Any restriction of those rights must be documented in the person's support plan
- 14.11 or support plan addendum. The restriction must be implemented in the least restrictive
- 14.12 alternative manner necessary to protect the person and provide support to reduce or eliminate
- 14.13 the need for the restriction in the most integrated setting and inclusive manner. The
- 14.14 documentation must include the following information:
- 14.15 (1) the justification for the restriction based on an assessment of the person's vulnerability
- 14.16 related to exercising the right without restriction;
- 14.17 (2) the objective measures set as conditions for ending the restriction;

14.18 (3) a schedule for reviewing the need for the restriction based on the conditions for
14.19 ending the restriction to occur semiannually from the date of initial approval, at a minimum,
14.20 or more frequently if requested by the person, the person's legal representative, if any, and
14.21 case manager; and

14.22 (4) signed and dated approval for the restriction from the person, or the person's legal
14.23 representative, if any. A restriction may be implemented only when the required approval
14.24 has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the
14.25 right must be immediately and fully restored.

14.26 (d) Notwithstanding the authority of a guardian to restrict interaction with others under
14.27 section 524.5-120, clause (10), for a person subject to guardianship or a person subject to
14.28 conservatorship, restriction of the person's rights under paragraph (b), clause (4), is allowed
14.29 for no more than 14 days unless the written notice of the restrictions imposed that was
14.30 provided to the court by the guardian is acknowledged and the restrictions imposed affirmed
14.31 as appropriate by the court.

15.1 Sec. 6. [245D.261] COMMUNITY RESIDENTIAL SETTINGS; REMOTE
15.2 OVERNIGHT SUPERVISION.

15.3 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
15.4 the meanings given, unless otherwise specified.

15.5 (b) "Resident" means an adult residing in a community residential setting.

15.6 (c) "Technology" means:

15.7 (1) enabling technology, which is a device capable of live two-way communication or
15.8 engagement between a resident and direct support staff at a remote location; or

15.9 (2) monitoring technology, which is the use of equipment to oversee, monitor, and
15.10 supervise an individual who receives medical assistance waiver or alternative care services
15.11 under section 256B.0913 or 256B.092, or chapter 256S.

15.12 Subd. 2. Documentation of permissible remote overnight supervision. A license
15.13 holder providing remote overnight supervision in a community residential setting in lieu of
15.14 on-site direct support staff must comply with the requirements of this chapter, including
15.15 the requirement under section 245D.02, subdivision 33b, paragraph (a), clause (3), that the
15.16 absence of direct support staff from the community residential setting while services are
15.17 being delivered must be documented in the resident's support plan or support plan addendum.

15.18 Subd. 3. Provider requirements for remote overnight supervision; commissioner
15.19 notification. (a) A license holder providing remote overnight supervision in a community
15.20 residential setting must:

15.21 (1) use technology;

16.13 Sec. 8. [245D.261] COMMUNITY RESIDENTIAL SETTINGS; REMOTE
16.14 OVERNIGHT SUPERVISION.

16.15 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
16.16 the meanings given them, unless otherwise specified.

16.17 (b) "Resident" means an adult residing in a community residential setting.

16.18 (c) "Technology" means:

16.19 (1) enabling technology, which is a device capable of live, two-way communication or
16.20 engagement between a resident and direct support staff at a remote location; or

16.21 (2) monitoring technology, which is the use of equipment to oversee, monitor, and
16.22 supervise an individual who receives medical assistance waiver or alternative care services
16.23 under section 256B.0913, 256B.092, or 256B.49 or chapter 256S.

16.24 Subd. 2. Documentation of permissible remote overnight supervision. A license
16.25 holder providing remote overnight supervision in a community residential setting in lieu of
16.26 on-site direct support staff must comply with the requirements of this chapter, including
16.27 the requirement under section 245D.02, subdivision 33b, paragraph (a), clause (3), that the
16.28 absence of direct support staff from the community residential setting while services are
16.29 being delivered must be documented in the resident's support plan or support plan addendum.

16.30 Subd. 3. Provider requirements for remote overnight supervision; commissioner
16.31 notification. (a) A license holder providing remote overnight supervision in a community
16.32 residential setting must:

17.1 (1) use technology;

15.22 (2) notify the commissioner of the community residential setting's intent to use technology
 15.23 in lieu of on-site staff. The notification must:

15.24 (i) indicate a start date for the use of technology; and

15.25 (ii) attest that all requirements under this section are met and policies required under
 15.26 subdivision 4 are available upon request;

15.27 (3) clearly state in each person's support plan addendum that the community residential
 15.28 setting is a program without the in-person presence of overnight direct support;

15.29 (4) include with each person's support plan addendum the license holder's protocols for
 15.30 responding to situations that present a serious risk to the health, safety, or rights of residents
 15.31 served by the program; and

16.1 (5) include in each person's support plan addendum the person's maximum permissible
 16.2 response time as determined by the person's support team.

16.3 (b) Upon being notified via technology that an incident has occurred that may jeopardize
 16.4 the health, safety, or rights of a resident, the license holder must conduct an evaluation of
 16.5 the need for the physical presence of a staff member. If a physical presence is needed, a
 16.6 staff person, volunteer, or contractor must be on site to respond to the situation within the
 16.7 resident's maximum permissible response time.

16.8 (c) A license holder must notify the commissioner if remote overnight supervision
 16.9 technology will no longer be used by the license holder.

16.10 (d) Upon receipt of notification of use of remote overnight supervision or discontinuation
 16.11 of use of remote overnight supervision by a license holder, the commissioner shall notify
 16.12 the county licensing agency and update the license.

16.13 Subd. 4. **Required policies and procedures for remote overnight supervision.** (a) A
 16.14 license holder providing remote overnight supervision must have policies and procedures
 16.15 that:

16.16 (1) protect the residents' health, safety, and rights;

16.17 (2) explain the discharge process if a person served by the program requires in-person
 16.18 supervision or other services that cannot be provided by the license holder due to the limited
 16.19 hours that direct support staff are on site;

16.20 (3) explain the backup system for technology in times of electrical outages or other
 16.21 equipment malfunctions;

17.2 (2) notify the commissioner of the community residential setting's intent to use technology
 17.3 in lieu of on-site staff. The notification must:

17.4 (i) indicate a start date for the use of technology; and

17.5 (ii) attest that all requirements under this section are met and policies required under
 17.6 subdivision 4 are available upon request;

17.7 (3) clearly state in each person's support plan addendum that the community residential
 17.8 setting is a program without the in-person presence of overnight direct support;

17.9 (4) include with each person's support plan addendum the license holder's protocols for
 17.10 responding to situations that present a serious risk to the health, safety, or rights of residents
 17.11 served by the program; and

17.12 (5) include in each person's support plan addendum the person's maximum permissible
 17.13 response time as determined by the person's support team.

17.14 (b) Upon being notified via technology that an incident has occurred that may jeopardize
 17.15 the health, safety, or rights of a resident, the license holder must conduct an evaluation of
 17.16 the need for the physical presence of a staff member. If a physical presence is needed, a
 17.17 staff person, volunteer, or contractor must be on site to respond to the situation within the
 17.18 resident's maximum permissible response time.

17.19 (c) A license holder must notify the commissioner if remote overnight supervision
 17.20 technology will no longer be used by the license holder.

17.21 (d) When no physical presence response is completed for a three-month period, the
 17.22 license holder must conduct a physical presence response drill. The effectiveness of the
 17.23 response protocol must be reviewed and documented.

17.24 (e) Upon receipt of notification of use of remote overnight supervision or discontinuation
 17.25 of use of remote overnight supervision by a license holder, the commissioner shall notify
 17.26 the county licensing agency and update the license.

17.27 Subd. 4. **Required policies and procedures for remote overnight supervision.** (a) A
 17.28 license holder providing remote overnight supervision must have policies and procedures
 17.29 that:

17.30 (1) protect the residents' health, safety, and rights;

18.1 (2) explain the discharge process if a person served by the program requires in-person
 18.2 supervision or other services that cannot be provided by the license holder due to the limited
 18.3 hours that direct support staff are on site;

18.4 (3) explain the backup system for technology in times of electrical outages or other
 18.5 equipment malfunctions;

16.22 (4) explain how the license holder trains the direct support staff on the use of the
16.23 technology; and

16.24 (5) establish a plan for dispatching emergency response personnel to the site in the event
16.25 of an identified emergency.

16.26 (b) Nothing in this section requires the license holder to develop or maintain separate
16.27 or duplicative policies, procedures, documentation, consent forms, or individual plans that
16.28 may be required for other licensing standards if the requirements of this section are
16.29 incorporated into those documents.

16.30 (c) When no physical presence response is completed for a three-month period, the
16.31 license holder must conduct a physical presence response drill. The effectiveness of the
16.32 response protocol must be reviewed and documented.

17.1 Subd. 5. **Consent to use of monitoring technology.** If a license holder uses monitoring
17.2 technology in a community residential setting, the license holder must obtain a signed
17.3 informed consent form from each resident served by the program or the resident's legal
17.4 representative documenting the resident's or legal representative's agreement to use of the
17.5 specific monitoring technology used in the setting. The informed consent form documenting
17.6 this agreement must also explain:

17.7 (1) how the license holder uses monitoring technology to provide remote supervision;

17.8 (2) the risks and benefits of using monitoring technology;

17.9 (3) how the license holder protects each resident's privacy while monitoring technology
17.10 is being used in the setting; and

17.11 (4) how the license holder protects each resident's privacy when the monitoring
17.12 technology system electronically records personally identifying data.

17.13 **EFFECTIVE DATE.** This section is effective January 1, 2024.

18.6 (4) explain how the license holder trains the direct support staff on the use of the
18.7 technology; and

18.8 (5) establish a plan for dispatching emergency response personnel to the site in the event
18.9 of an identified emergency.

18.10 (b) Nothing in this section requires the license holder to develop or maintain separate
18.11 or duplicative policies, procedures, documentation, consent forms, or individual plans that
18.12 may be required for other licensing standards if the requirements of this section are
18.13 incorporated into those documents.

18.14 Subd. 5. **Consent to use of monitoring technology.** If a license holder uses monitoring
18.15 technology in a community residential setting, the license holder must obtain a signed
18.16 informed consent form from each resident served by the program or the resident's legal
18.17 representative documenting the resident's or legal representative's agreement to use of the
18.18 specific monitoring technology used in the setting. The informed consent form documenting
18.19 this agreement must also explain:

18.20 (1) how the license holder uses monitoring technology to provide remote supervision;

18.21 (2) the risks and benefits of using monitoring technology;

18.22 (3) how the license holder protects each resident's privacy while monitoring technology
18.23 is being used in the setting; and

18.24 (4) how the license holder protects each resident's privacy when the monitoring
18.25 technology system electronically records personally identifying data.

18.26 **EFFECTIVE DATE.** This section is effective January 1, 2024.

18.27 Sec. 9. Minnesota Statutes 2022, section 252.44, is amended to read:

18.28 **252.44 LEAD AGENCY BOARD RESPONSIBILITIES.**

18.29 When the need for day services in a county or Tribe has been determined under section
18.30 252.28, the board of commissioners for that lead agency shall:

19.1 (1) authorize the delivery of services according to the support plans and support plan
19.2 addendums required as part of the lead agency's provision of case management services
19.3 under sections 256B.0913, subdivision 8; 256B.092, subdivision 1b; 256B.49, subdivision
19.4 15; and 256S.10 and Minnesota Rules, parts 9525.0004 to 9525.0036;

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

- 19.7 (3) monitor and evaluate the cost and effectiveness of the services;
- 19.8 (4) ensure that on or after August 1, 2026, employers do not hire any new employee at
- 19.9 a wage that is less than the highest applicable minimum wage, regardless of whether the
- 19.10 employer holds a special certificate from the United States Department of Labor under
- 19.11 section 14(c) of the federal Fair Labor Standards Act; and
- 19.12 (5) ensure that on or after August 1, 2028, any day service program, including county,
- 19.13 Tribal, or privately funded day services, pay employees with disabilities the highest applicable
- 19.14 minimum wage, regardless of whether the employer holds a special certificate from the
- 19.15 United States Department of Labor under section 14(c) of the federal Fair Labor Standards
- 19.16 Act.
- 19.17 Sec. 10. **[252.54] STATEWIDE DISABILITY EMPLOYMENT TECHNICAL**
- 19.18 **ASSISTANCE CENTER.**
- 19.19 The commissioner must establish a statewide technical assistance center to provide
- 19.20 resources and assistance to programs, people, and families to support individuals with
- 19.21 disabilities to achieve meaningful and competitive employment in integrated settings. Duties
- 19.22 of the technical assistance center include but are not limited to:
- 19.23 (1) offering provider business model transition support to ensure ongoing access to
- 19.24 employment and day services;
- 19.25 (2) identifying and providing training on innovative, promising, and emerging practices;
- 19.26 (3) maintaining a resource clearinghouse to serve as a hub of information to ensure
- 19.27 programs, people, and families have access to high-quality materials and information;
- 19.28 (4) fostering innovation and actionable progress by providing direct technical assistance
- 19.29 to programs; and
- 19.30 (5) cultivating partnerships and mentorship across support programs, people, and families
- 19.31 in the exploration of and successful transition to competitive, integrated employment.
- 20.1 Sec. 11. **[252.55] LEAD AGENCY EMPLOYMENT FIRST CAPACITY BUILDING**
- 20.2 **GRANTS.**
- 20.3 The commissioner shall establish a grant program to expand lead agency capacity to
- 20.4 support people with disabilities to contemplate, explore, and maintain competitive, integrated
- 20.5 employment options. Allowable uses of money include:
- 20.6 (1) enhancing resources and staffing to support people and families in understanding
- 20.7 employment options and navigating service options;
- 20.8 (2) implementing and testing innovative approaches to better support people with
- 20.9 disabilities and their families in achieving competitive, integrated employment; and

17.14 Sec. 7. **[256.4761] PROVIDER CAPACITY GRANTS FOR RURAL AND**
17.15 **UNDERSERVED COMMUNITIES.**

17.16 Subdivision 1. **Establishment and authority.** (a) The commissioner of human services
17.17 shall award grants to organizations that provide community-based services to rural or
17.18 underserved communities. The grants must be used to build organizational capacity to
17.19 provide home and community-based services in the state and to build new or expanded
17.20 infrastructure to access medical assistance reimbursement.

17.21 (b) The commissioner shall conduct community engagement, provide technical assistance,
17.22 and establish a collaborative learning community related to the grants available under this
17.23 section and shall work with the commissioner of management and budget and the
17.24 commissioner of the Department of Administration to mitigate barriers in accessing grant
17.25 money.

17.26 (c) The commissioner shall limit expenditures under this subdivision to the amount
17.27 appropriated for this purpose.

17.28 (d) The commissioner shall give priority to organizations that provide culturally specific
17.29 and culturally responsive services or that serve historically underserved communities
17.30 throughout the state.

18.1 Subd. 2. **Eligibility.** An eligible applicant for the capacity grants under subdivision 1 is
18.2 an organization or provider that serves, or will serve, rural or underserved communities
18.3 and:

18.4 (1) provides, or will provide, home and community-based services in the state; or

18.5 (2) serves, or will serve, as a connector for communities to available home and
18.6 community-based services.

18.7 Subd. 3. **Allowable grant activities.** Grants under this section must be used by recipients
18.8 for the following activities:

18.9 (1) expanding existing services;

18.10 (2) increasing access in rural or underserved areas;

18.11 (3) creating new home and community-based organizations;

18.12 (4) connecting underserved communities to benefits and available services; or

20.10 (3) other activities approved by the commissioner.

20.11 **EFFECTIVE DATE.** This section is effective July 1, 2023.

THE FOLLOWING SECTION WAS MOVED UP FROM UES2934-2, ARTICLE 1, SECTION 45

62.1 Sec. 45. **PROVIDER CAPACITY GRANTS FOR RURAL AND UNDERSERVED**
62.2 **COMMUNITIES.**

62.3 Subdivision 1. **Establishment and authority.** (a) The commissioner of human services
62.4 shall award grants to organizations that provide community-based services to rural or
62.5 underserved communities. The grants must be used to build organizational capacity to
62.6 provide home and community-based services in the state and to build new or expanded
62.7 infrastructure to access medical assistance reimbursement.

62.8 (b) The commissioner shall conduct community engagement, provide technical assistance,
62.9 and establish a collaborative learning community related to the grants available under this
62.10 section and shall work with the commissioners of management and budget and administration
62.11 to mitigate barriers in accessing grant money.

62.12 (c) The commissioner shall limit expenditures under this subdivision to the amount
62.13 appropriated for this purpose.

62.14 (d) The commissioner shall give priority to organizations that provide culturally specific
62.15 and culturally responsive services or that serve historically underserved communities
62.16 throughout the state.

62.17 Subd. 2. **Eligibility.** An eligible applicant for the capacity grants under subdivision 1 is
62.18 an organization or provider that serves, or will serve, rural or underserved communities
62.19 and:

62.20 (1) provides, or will provide, home and community-based services in the state; or

62.21 (2) serves, or will serve, as a connector for communities to available home and
62.22 community-based services.

62.23 Subd. 3. **Allowable grant activities.** Grants under this section must be used by recipients
62.24 for the following activities:

62.25 (1) expanding existing services;

62.26 (2) increasing access in rural or underserved areas;

62.27 (3) creating new home and community-based organizations;

62.28 (4) connecting underserved communities to benefits and available services; or

18.13 (5) building new or expanded infrastructure to access medical assistance reimbursement.

18.14 Sec. 8. **[256.4762] LONG-TERM CARE WORKFORCE GRANTS FOR NEW**
18.15 **AMERICANS.**

18.16 Subdivision 1. **Definition.** For the purposes of this section, "new American" means an
18.17 individual born abroad and the individual's children, irrespective of immigration status.

18.18 Subd. 2. **Grant program established.** The commissioner of human services shall
18.19 establish a grant program for organizations that support immigrants, refugees, and new
18.20 Americans interested in entering the long-term care workforce.

18.21 Subd. 3. **Eligibility.** (a) The commissioner shall select projects for funding under this
18.22 section. An eligible applicant for the grant program in subdivision 1 is an:

18.23 (1) organization or provider that is experienced in working with immigrants, refugees,
18.24 and people born outside of the United States and that demonstrates cultural competency;
18.25 or

18.26 (2) organization or provider with the expertise and capacity to provide training, peer
18.27 mentoring, supportive services, and workforce development or other services to develop
18.28 and implement strategies for recruiting and retaining qualified employees.

18.29 (b) The commissioner shall prioritize applications from joint labor management programs.

19.1 Subd. 4. **Allowable grant activities.** (a) Money allocated under this section must be
19.2 used to:

19.3 (1) support immigrants, refugees, or new Americans to obtain or maintain employment
19.4 in the long-term care workforce;

19.5 (2) develop connections to employment with long-term care employers and potential
19.6 employees;

19.7 (3) provide recruitment, training, guidance, mentorship, and other support services
19.8 necessary to encourage employment, employee retention, and successful community
19.9 integration;

19.10 (4) provide career education, wraparound support services, and job skills training in
19.11 high-demand health care and long-term care fields;

19.12 (5) pay for program expenses, including but not limited to hiring instructors and
19.13 navigators, space rentals, and supportive services to help participants attend classes.

19.14 Allowable uses for supportive services include but are not limited to:

19.15 (i) course fees;

62.29 (5) building new or expanded infrastructure to access medical assistance reimbursement.

THE FOLLOWING SECTION WAS MOVED UP FROM UES2934-2, ARTICLE
1, SECTION 44

60.22 Sec. 44. **SUPPORTING NEW AMERICANS IN THE LONG-TERM CARE**
60.23 **WORKFORCE GRANTS.**

60.24 Subdivision 1. **Definition.** For the purposes of this section, "new American" means an
60.25 individual born abroad and the individual's children, irrespective of immigration status.

60.26 Subd. 2. **Grant program established.** The commissioner of human services shall
60.27 establish a grant program for organizations that support immigrants, refugees, and new
60.28 Americans interested in entering the long-term care workforce.

60.29 Subd. 3. **Eligibility.** (a) The commissioner shall select projects for funding under this
60.30 section. An eligible applicant for the grant program in subdivision 1 is an:

61.1 (1) organization or provider that is experienced in working with immigrants, refugees,
61.2 and people born outside of the United States and that demonstrates cultural competency;
61.3 or

61.4 (2) organization or provider with the expertise and capacity to provide training, peer
61.5 mentoring, supportive services, and workforce development or other services to develop
61.6 and implement strategies for recruiting and retaining qualified employees.

61.7 (b) The commissioner shall prioritize applications from joint labor management programs.

61.8 Subd. 4. **Allowable grant activities.** Money allocated under this section must be used
61.9 to:

61.10 (1) support immigrants, refugees, or new Americans to obtain or maintain employment
61.11 in the long-term care workforce;

61.12 (2) develop connections to employment with long-term care employers and potential
61.13 employees;

61.14 (3) provide recruitment, training, guidance, mentorship, and other support services
61.15 necessary to encourage employment, employee retention, and successful community
61.16 integration;

61.17 (4) provide career education, wraparound support services, and job skills training in
61.18 high-demand health care and long-term care fields;

61.19 (5) pay for program expenses, including but not limited to hiring instructors and
61.20 navigators, space rentals, and supportive services to help participants attend classes.

61.21 Allowable uses for supportive services include but are not limited to:

61.22 (i) course fees;

- 19.16 (ii) child care costs;
- 19.17 (iii) transportation costs;
- 19.18 (iv) tuition fees;
- 19.19 (v) financial coaching fees;
- 19.20 (vi) mental health supports; or
- 19.21 (vii) uniforms costs incurred as a direct result of participating in classroom instruction
- 19.22 or training; or
- 19.23 (6) repay student loan debt directly incurred as a result of pursuing a qualifying course
- 19.24 of study or training.

- 19.25 Sec. 9. **[256.4764] HOME AND COMMUNITY-BASED WORKFORCE INCENTIVE**
- 19.26 **FUND GRANTS.**
- 19.27 Subdivision 1. **Grant program established.** The commissioner of human services shall
- 19.28 establish grants for disability and home and community-based providers to assist with
- 19.29 recruiting and retaining direct support and frontline workers.

- 20.1 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
- 20.2 meanings given.
- 20.3 (b) "Commissioner" means the commissioner of human services.
- 20.4 (c) "Eligible employer" means an organization enrolled in a Minnesota health care
- 20.5 program or providing housing services and **that** is:
- 20.6 (1) a provider of home and community-based services under chapter 245D; or

- 20.7 (2) a facility certified as an intermediate care facility for persons with developmental
- 20.8 disabilities.
- 20.9 (d) "Eligible worker" means a worker who earns \$30 per hour or less and is currently
- 20.10 employed or recruited to be employed by an eligible employer.
- 20.11 Subd. 3. **Allowable uses of grant money.** (a) Grantees must use grant money to provide
- 20.12 payments to eligible workers for the following purposes:
- 20.13 (1) retention, recruitment, and incentive payments;
- 20.14 (2) postsecondary loan and tuition payments;

- 61.23 (ii) child care costs;
- 61.24 (iii) transportation costs;
- 61.25 (iv) tuition fees;
- 61.26 (v) financial coaching fees; or
- 61.27 (vi) mental health supports **and** uniforms costs incurred as a direct result of participating
- 61.28 in classroom instruction or training; or

- 61.29 (6) repay student loan debt directly incurred as a result of pursuing a qualifying course
- 61.30 of study or training.
- THE FOLLOWING SECTION WAS MOVED UP FROM UES2934-2, ARTICLE 1, SECTION 42

- 56.25 Sec. 42. **HOME AND COMMUNITY-BASED WORKFORCE INCENTIVE FUND**
- 56.26 **GRANTS.**
- 56.27 Subdivision 1. **Grant program established.** The commissioner of human services shall
- 56.28 establish grants for disability and home and community-based providers to assist with
- 56.29 recruiting and retaining direct support and frontline workers.

- 56.30 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
- 56.31 meanings given.
- 57.1 (b) "Commissioner" means the commissioner of human services.
- 57.2 (c) "Eligible employer" means an organization enrolled in a Minnesota health care
- 57.3 program or providing housing services and is:
- 57.4 (1) a provider of home and community-based services under **Minnesota Statutes**, chapter
- 57.5 245D; or
- 57.6 (2) a facility certified as an intermediate care facility for persons with developmental
- 57.7 disabilities.
- 57.8 (d) "Eligible worker" means a worker who earns \$30 per hour or less and is currently
- 57.9 employed or recruited to be employed by an eligible employer.
- 57.10 Subd. 3. **Allowable uses of grant money.** (a) Grantees must use grant money to provide
- 57.11 payments to eligible workers for the following purposes:
- 57.12 (1) retention, recruitment, and incentive payments;
- 57.13 (2) postsecondary loan and tuition payments;

20.15 (3) child care costs;
20.16 (4) transportation-related costs; and
20.17 (5) other costs associated with retaining and recruiting workers, as approved by the
20.18 commissioner.
20.19 (b) Eligible workers may receive payments up to \$1,000 per year from the home and
20.20 community-based workforce incentive fund.
20.21 (c) The commissioner must develop a grant cycle distribution plan that allows for
20.22 equitable distribution of money among eligible employers. The commissioner's determination
20.23 of the grant awards and amounts is final and is not subject to appeal.
20.24 Subd. 4. **Attestation.** As a condition of obtaining grant payments under this section, an
20.25 eligible employer must attest and agree to the following:
20.26 (1) the employer is an eligible employer;
20.27 (2) the total number of eligible employees;
20.28 (3) the employer will distribute the entire value of the grant to eligible workers, as
20.29 allowed under this section;
20.30 (4) the employer will create and maintain records under subdivision 6;
21.1 (5) the employer will not use the money appropriated under this section for any purpose
21.2 other than the purposes permitted under this section; and
21.3 (6) the entire value of any grant amounts will be distributed to eligible workers identified
21.4 by the employer.

57.14 (3) child care costs;
57.15 (4) transportation-related costs; and
57.16 (5) other costs associated with retaining and recruiting workers, as approved by the
57.17 commissioner.
57.18 (b) Eligible workers may receive payments up to \$1,000 per year from the home and
57.19 community-based workforce incentive fund.
57.20 (c) The commissioner must develop a grant cycle distribution plan that allows for
57.21 equitable distribution of money among eligible employers. The commissioner's determination
57.22 of the grant awards and amounts is final and is not subject to appeal.
57.23 Subd. 4. **Attestation.** As a condition of obtaining grant payments under this section, an
57.24 eligible employer must attest and agree to the following:
57.25 (1) the employer is an eligible employer;
57.26 (2) the total number of eligible employees;
57.27 (3) the employer will distribute the entire value of the grant to eligible workers allowed
57.28 under this section;
57.29 (4) the employer will create and maintain records under subdivision 6;
58.1 (5) the employer will not use the money appropriated under this section for any purpose
58.2 other than the purposes permitted under this section; and
58.3 (6) the entire value of any grant amounts will be distributed to eligible workers identified
58.4 by the employer.
58.5 Subd. 5. **Distribution plan; report.** (a) A provider agency or individual provider that
58.6 receives a grant under subdivision 4 shall prepare, and upon request submit to the
58.7 commissioner, a distribution plan that specifies the amount of money the provider expects
58.8 to receive and how that money will be distributed for recruitment and retention purposes
58.9 for eligible employees. Within 60 days of receiving the grant, the provider must post the
58.10 distribution plan and leave it posted for a period of at least six months in an area of the
58.11 provider's operation to which all direct support professionals have access.
58.12 (b) Within 12 months of receiving a grant under this section, each provider agency or
58.13 individual provider that receives a grant under subdivision 4 shall submit a report to the
58.14 commissioner that includes the following information:
58.15 (1) a description of how grant money was distributed to eligible employees; and
58.16 (2) the total dollar amount distributed.

21.5 Subd. 5. **Audits and recoupment.** (a) The commissioner may perform an audit under
21.6 this section up to six years after a grant is awarded to ensure:

21.7 (1) the grantee used the money solely for allowable purposes under subdivision 3;

21.8 (2) the grantee was truthful when making attestations under subdivision 4; and

21.9 (3) the grantee complied with the conditions of receiving a grant under this section.

21.10 (b) If the commissioner determines that a grantee used grant money for purposes not
21.11 authorized under this section, the commissioner must treat any amount used for a purpose
21.12 not authorized under this section as an overpayment. The commissioner must recover any
21.13 overpayment.

21.14 Subd. 6. **Payments not to be considered income.** (a) For the purposes of this subdivision,
21.15 "subtraction" has the meaning given in section 290.0132, subdivision 1, paragraph (a), and
21.16 the rules in that subdivision apply to this subdivision. The definitions in section 290.01
21.17 apply to this subdivision.

21.18 (b) The amount of a payment received under this section is a subtraction.

21.19 (c) Payments under this section are excluded from income, as defined in sections
21.20 290.0674, subdivision 2a, and 290A.03, subdivision 3.

21.21 (d) Notwithstanding any law to the contrary, payments under this section must not be
21.22 considered income, assets, or personal property for purposes of determining eligibility or
21.23 recertifying eligibility for:

21.24 (1) child care assistance programs under chapter 119B;

21.25 (2) general assistance, Minnesota supplemental aid, and food support under chapter
21.26 256D;

21.27 (3) housing support under chapter 256I;

21.28 (4) the Minnesota family investment program and diversionary work program under
21.29 chapter 256J; and

21.30 (5) economic assistance programs under chapter 256P.

22.1 (e) The commissioner must not consider payments under this section as income or assets
22.2 under section 256B.056, subdivision 1a, paragraph (a), 3, or 3c, or for persons with eligibility
22.3 determined under section 256B.057, subdivision 3, 3a, or 3b.

58.17 (c) Failure to submit the report under paragraph (b) may result in recoupment of grant
58.18 money.

58.19 Subd. 6. **Audits and recoupment.** (a) The commissioner may perform an audit under
58.20 this section up to six years after a grant is awarded to ensure:

58.21 (1) the grantee used the money solely for allowable purposes under subdivision 3;

58.22 (2) the grantee was truthful when making attestations under subdivision 4; and

58.23 (3) the grantee complied with the conditions of receiving a grant under this section.

58.24 (b) If the commissioner determines that a grantee used grant money for purposes not
58.25 authorized under this section, the commissioner must treat any amount used for a purpose
58.26 not authorized under this section as an overpayment. The commissioner must recover any
58.27 overpayment.

58.28 Subd. 7. **Grants not to be considered income.** (a) Notwithstanding any law to the
58.29 contrary, grant awards under this section must not be considered income, assets, or personal
58.30 property for purposes of determining eligibility or recertifying eligibility for:

58.31 (1) child care assistance programs under Minnesota Statutes, chapter 119B;

59.1 (2) general assistance, Minnesota supplemental aid, and food support under Minnesota
59.2 Statutes, chapter 256D;

59.3 (3) housing support under Minnesota Statutes, chapter 256I;

59.4 (4) the Minnesota family investment program and diversionary work program under
59.5 Minnesota Statutes, chapter 256J; and

59.6 (5) economic assistance programs under Minnesota Statutes, chapter 256P.

59.7 (b) The commissioner must not consider grant awards under this section as income or
59.8 assets under Minnesota Statutes, section 256B.056, subdivision 1a, paragraph (a), 3, or 3c,
59.9 or for persons with eligibility determined under Minnesota Statutes, section 256B.057,
59.10 subdivision 3, 3a, 3b, 4, or 9.

22.4 Sec. 10. **[256.4771] SUPPORTED-DECISION-MAKING PROGRAMS.**

22.5 Subdivision 1. **Authorization.** The commissioner of human services shall award general

22.6 operating grants to public and private nonprofit organizations, counties, and Tribes to provide

22.7 and promote supported decision making.

22.8 Subd. 2. **Definitions.** (a) For the purposes of this section, the terms in this section have

22.9 the meanings given.

22.10 (b) "Supported decision making" has the meaning given in section 524.5-102, subdivision

22.11 16a.

22.12 (c) "Supported-decision-making services" means services provided to help an individual

22.13 consider, access, or develop supported decision making, potentially as an alternative to

22.14 more restrictive forms of decision making, including guardianship and conservatorship.

22.15 The services may be provided to the individual, family members, or trusted support people.

22.16 The individual may currently be a person subject to guardianship or conservatorship, but

22.17 the services must not be used to help a person access a guardianship or conservatorship.

22.18 Subd. 3. **Grants.** (a) The grants must be distributed as follows:

22.19 (1) at least 75 percent of the grant money must be used to fund programs or organizations

22.20 that provide supported-decision-making services;

22.21 (2) no more than 20 percent of the grant money may be used to fund county or Tribal

22.22 programs that provide supported-decision-making services; and

22.23 (3) no more than five percent of the grant money may be used to fund programs or

22.24 organizations that do not provide supported-decision-making services but do promote the

22.25 use and advancement of supported decision making.

22.26 (b) The grants must be distributed in a manner to promote racial and geographic diversity

22.27 in the populations receiving services as determined by the commissioner.

22.28 Subd. 4. **Evaluation and report.** By December 1, 2024, the commissioner must submit

22.29 to the chairs and ranking minority members of the legislative committees with jurisdiction

22.30 over human services finance and policy an interim report on the impact and outcomes of

22.31 the grants, including the number of grants awarded and the organizations receiving the

22.32 grants. The interim report must include any available evidence of how grantees were able

23.1 to increase utilization of supported decision making and reduce or avoid more restrictive

23.2 forms of decision making such as guardianship and conservatorship. By December 1, 2025,

23.3 the commissioner must submit to the chairs and ranking minority members of the legislative

23.4 committees with jurisdiction over human services finance and policy a final report on the

23.5 impact and outcomes of the grants, including any updated information from the interim

23.6 report and the total number of people served by the grants. The final report must also detail

23.7 how the money was used to achieve the requirements in subdivision 3, paragraph (b).

23.8 Subd. 5. **Applications.** Any public or private nonprofit agency may apply to the
23.9 commissioner for a grant under subdivision 3, paragraph (a), clause (1) or (3). Any county
23.10 or Tribal agency in Minnesota may apply to the commissioner for a grant under subdivision
23.11 3, paragraph (a), clause (2). The application must be submitted in a form approved by the
23.12 commissioner.

23.13 Subd. 6. **Duties of grantees.** Every public or private nonprofit agency, county, or Tribal
23.14 agency that receives a grant to provide or promote supported decision making must comply
23.15 with rules related to the administration of the grants.

23.16 Sec. 11. **[256.4773] TECHNOLOGY FOR HOME GRANT.**

23.17 Subdivision 1. **Establishment.** The commissioner must establish a technology for home
23.18 grant program that provides assistive technology consultations and resources for people
23.19 with disabilities who want to stay in their own home, move to their own home, or remain
23.20 in a less restrictive residential setting. The grant program may be administered using a team
23.21 approach that allows multiple professionals to assess and meet a person's assistive technology
23.22 needs. The team may include but is not limited to occupational therapists, physical therapists,
23.23 speech therapists, nurses, and engineers.

23.24 Subd. 2. **Eligible applicants.** An eligible applicant is a person who uses or is eligible
23.25 for home care services under section 256B.0651, home and community-based services under
23.26 section 256B.092 or 256B.49, personal care assistance under section 256B.0659, or
23.27 community first services and supports under section 256B.85, and who meets one of the
23.28 following conditions:

23.29 (1) lives in the applicant's own home and may benefit from assistive technology for
23.30 safety, communication, community engagement, or independence;

23.31 (2) is currently seeking to live in the applicant's own home and needs assistive technology
23.32 to meet that goal; or

24.1 (3) resides in a residential setting under section 256B.4914, subdivision 3, and is seeking
24.2 to reduce reliance on paid staff to live more independently in the setting.

24.3 Subd. 3. **Allowable grant activities.** The technology for home grant program must
24.4 provide at-home, in-person assistive technology consultation and technical assistance to
24.5 help people with disabilities live more independently. Allowable activities include but are
24.6 not limited to:

24.7 (1) consultations in people's homes, workplaces, or community locations;

24.8 (2) connecting people to resources to help them live in their own homes, transition to
24.9 their own homes, or live more independently in residential settings;

24.10 (3) conducting training for and set up and installation of assistive technology; and

24.11 (4) participating on a person's care team to develop a plan to ensure assistive technology
24.12 goals are met.

24.13 Subd. 4. **Data collection and outcomes.** Grantees must provide data summaries to the
24.14 commissioner for the purpose of evaluating the effectiveness of the grant program. The
24.15 commissioner must identify outcome measures to evaluate program activities to assess
24.16 whether the grant programs help people transition to or remain in the least restrictive setting.

24.17 Sec. 12. Minnesota Statutes 2022, section 256B.0659, subdivision 1, is amended to read:

24.18 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in
24.19 paragraphs (b) to (r) have the meanings given unless otherwise provided in text.

24.20 (b) "Activities of daily living" means grooming, dressing, bathing, transferring, mobility,
24.21 positioning, eating, and toileting.

24.22 (c) "Behavior," effective January 1, 2010, means a category to determine the home care
24.23 rating and is based on the criteria found in this section. "Level I behavior" means physical
24.24 aggression ~~towards~~ toward self, others, or destruction of property that requires the immediate
24.25 response of another person.

24.26 (d) "Complex health-related needs," effective January 1, 2010, means a category to
24.27 determine the home care rating and is based on the criteria found in this section.

24.28 (e) "Critical activities of daily living," effective January 1, 2010, means transferring,
24.29 mobility, eating, and toileting.

24.30 (f) "Dependency in activities of daily living" means a person requires assistance to begin
24.31 and complete one or more of the activities of daily living.

25.1 (g) "Extended personal care assistance service" means personal care assistance services
25.2 included in a service plan under one of the home and community-based services waivers
25.3 authorized under chapter 256S and sections 256B.092, subdivision 5, and 256B.49, which

20.12 Sec. 12. Minnesota Statutes 2022, section 256.482, is amended by adding a subdivision
20.13 to read:

20.14 Subd. 9. **Report to legislature.** On or before January 15, 2025, and annually on January
20.15 15 thereafter, the Minnesota Council on Disability shall submit a report to the chair and
20.16 ranking minority members of the legislative committees with jurisdiction over state
20.17 government finance and local government specifying the number of cities and counties that
20.18 received training or technical assistance on website accessibility, the outcomes of website
20.19 accessibility training and outreach, the costs incurred by cities and counties to make website
20.20 accessibility improvements, and any other information that the council deems relevant.

UES2934-2, ARTICLE 1, SECTIONS 13 AND 14 HAVE BEEN MOVED OUT
TO MATCH S2934-3, ARTICLE 3, SECTIONS 3 AND 4.

24.24 Sec. 15. Minnesota Statutes 2022, section 256B.0659, subdivision 1, is amended to read:

24.25 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in
24.26 paragraphs (b) to (r) have the meanings given unless otherwise provided in text.

24.27 (b) "Activities of daily living" means grooming, dressing, bathing, transferring, mobility,
24.28 positioning, eating, and toileting.

24.29 (c) "Behavior," effective January 1, 2010, means a category to determine the home care
24.30 rating and is based on the criteria found in this section. "Level I behavior" means physical
24.31 aggression ~~towards~~ toward self, others, or destruction of property that requires the immediate
24.32 response of another person.

25.1 (d) "Complex health-related needs," effective January 1, 2010, means a category to
25.2 determine the home care rating and is based on the criteria found in this section.

25.3 (e) "Critical activities of daily living," effective January 1, 2010, means transferring,
25.4 mobility, eating, and toileting.

25.5 (f) "Dependency in activities of daily living" means a person requires assistance to begin
25.6 and complete one or more of the activities of daily living.

25.7 (g) "Extended personal care assistance service" means personal care assistance services
25.8 included in a service plan under one of the home and community-based services waivers
25.9 authorized under chapter 256S and sections 256B.092, subdivision 5, and 256B.49, which

25.4 exceed the amount, duration, and frequency of the state plan personal care assistance services
25.5 for participants who:

25.6 (1) need assistance provided periodically during a week, but less than daily will not be
25.7 able to remain in their homes without the assistance, and other replacement services are
25.8 more expensive or are not available when personal care assistance services are to be reduced;
25.9 or

25.10 (2) need additional personal care assistance services beyond the amount authorized by
25.11 the state plan personal care assistance assessment in order to ensure that their safety, health,
25.12 and welfare are provided for in their homes.

25.13 (h) "Health-related procedures and tasks" means procedures and tasks that can be
25.14 delegated or assigned by a licensed health care professional under state law to be performed
25.15 by a personal care assistant.

25.16 (i) "Instrumental activities of daily living" means activities to include meal planning and
25.17 preparation; basic assistance with paying bills; shopping for food, clothing, and other
25.18 essential items; performing household tasks integral to the personal care assistance services;
25.19 communication by telephone and other media; and traveling, including to medical
25.20 appointments and to participate in the community. For purposes of this paragraph, traveling
25.21 includes driving and accompanying the recipient in the recipient's chosen mode of
25.22 transportation and according to the recipient's personal care assistance care plan.

25.23 (j) "Managing employee" has the same definition as Code of Federal Regulations, title
25.24 42, section 455.

25.25 (k) "Qualified professional" means a professional providing supervision of personal care
25.26 assistance services and staff as defined in section 256B.0625, subdivision 19c.

25.27 (l) "Personal care assistance provider agency" means a medical assistance enrolled
25.28 provider that provides or assists with providing personal care assistance services and includes
25.29 a personal care assistance provider organization, personal care assistance choice agency,
25.30 class A licensed nursing agency, and Medicare-certified home health agency.

25.31 (m) "Personal care assistant" or "PCA" means an individual employed by a personal
25.32 care assistance agency who provides personal care assistance services.

26.1 (n) "Personal care assistance care plan" means a written description of personal care
26.2 assistance services developed by the personal care assistance provider according to the
26.3 service plan.

26.4 (o) "Responsible party" means an individual who is capable of providing the support
26.5 necessary to assist the recipient to live in the community.

26.6 (p) "Self-administered medication" means medication taken orally, by injection, nebulizer,
26.7 or insertion, or applied topically without the need for assistance.

25.10 exceed the amount, duration, and frequency of the state plan personal care assistance services
25.11 for participants who:

25.12 (1) need assistance provided periodically during a week, but less than daily will not be
25.13 able to remain in their homes without the assistance, and other replacement services are
25.14 more expensive or are not available when personal care assistance services are to be reduced;
25.15 or

25.16 (2) need additional personal care assistance services beyond the amount authorized by
25.17 the state plan personal care assistance assessment in order to ensure that their safety, health,
25.18 and welfare are provided for in their homes.

25.19 (h) "Health-related procedures and tasks" means procedures and tasks that can be
25.20 delegated or assigned by a licensed health care professional under state law to be performed
25.21 by a personal care assistant.

25.22 (i) "Instrumental activities of daily living" means activities to include meal planning and
25.23 preparation; basic assistance with paying bills; shopping for food, clothing, and other
25.24 essential items; performing household tasks integral to the personal care assistance services;
25.25 communication by telephone and other media; and traveling, including to medical
25.26 appointments and to participate in the community. For purposes of this paragraph, traveling
25.27 includes driving and accompanying the recipient in the recipient's chosen mode of
25.28 transportation and according to the recipient's personal care assistance care plan.

25.29 (j) "Managing employee" has the same definition as Code of Federal Regulations, title
25.30 42, section 455.

25.31 (k) "Qualified professional" means a professional providing supervision of personal care
25.32 assistance services and staff as defined in section 256B.0625, subdivision 19c.

26.1 (l) "Personal care assistance provider agency" means a medical assistance enrolled
26.2 provider that provides or assists with providing personal care assistance services and includes
26.3 a personal care assistance provider organization, personal care assistance choice agency,
26.4 class A licensed nursing agency, and Medicare-certified home health agency.

26.5 (m) "Personal care assistant" or "PCA" means an individual employed by a personal
26.6 care assistance agency who provides personal care assistance services.

26.7 (n) "Personal care assistance care plan" means a written description of personal care
26.8 assistance services developed by the personal care assistance provider according to the
26.9 service plan.

26.10 (o) "Responsible party" means an individual who is capable of providing the support
26.11 necessary to assist the recipient to live in the community.

26.12 (p) "Self-administered medication" means medication taken orally, by injection, nebulizer,
26.13 or insertion, or applied topically without the need for assistance.

26.8 (q) "Service plan" means a written summary of the assessment and description of the
26.9 services needed by the recipient.

26.10 (r) "Wages and benefits" means wages and salaries, the employer's share of FICA taxes,
26.11 Medicare taxes, state and federal unemployment taxes, workers' compensation, mileage
26.12 reimbursement, health and dental insurance, life insurance, disability insurance, long-term
26.13 care insurance, uniform allowance, and contributions to employee retirement accounts.

26.14 **EFFECTIVE DATE.** This section is effective 90 days following federal approval. The
26.15 commissioner of human services shall notify the revisor of statutes when federal approval
26.16 is obtained.

26.17 Sec. 13. Minnesota Statutes 2022, section 256B.0659, subdivision 12, is amended to read:

26.18 Subd. 12. **Documentation of personal care assistance services provided.** (a) Personal
26.19 care assistance services for a recipient must be documented daily by each personal care
26.20 assistant, on a time sheet form approved by the commissioner. All documentation may be
26.21 web-based, electronic, or paper documentation. The completed form must be submitted on
26.22 a monthly basis to the provider and kept in the recipient's health record.

26.23 (b) The activity documentation must correspond to the personal care assistance care plan
26.24 and be reviewed by the qualified professional.

26.25 (c) The personal care assistant time sheet must be on a form approved by the
26.26 commissioner documenting time the personal care assistant provides services in the home.
26.27 The following criteria must be included in the time sheet:

26.28 (1) full name of personal care assistant and individual provider number;
26.29 (2) provider name and telephone numbers;

26.30 (3) full name of recipient and either the recipient's medical assistance identification
26.31 number or date of birth;

27.1 (4) consecutive dates, including month, day, and year, and arrival and departure times
27.2 with a.m. or p.m. notations;

27.3 (5) signatures of recipient or the responsible party;
27.4 (6) personal signature of the personal care assistant;
27.5 (7) any shared care provided, if applicable;

27.6 (8) a statement that it is a federal crime to provide false information on personal care
27.7 service billings for medical assistance payments; ~~and~~

27.8 (9) dates and location of recipient stays in a hospital, care facility, or incarceration; and

26.14 (q) "Service plan" means a written summary of the assessment and description of the
26.15 services needed by the recipient.

26.16 (r) "Wages and benefits" means wages and salaries, the employer's share of FICA taxes,
26.17 Medicare taxes, state and federal unemployment taxes, workers' compensation, mileage
26.18 reimbursement, health and dental insurance, life insurance, disability insurance, long-term
26.19 care insurance, uniform allowance, and contributions to employee retirement accounts.

26.20 **EFFECTIVE DATE.** This section is effective 90 days following federal approval. The
26.21 commissioner of human services shall notify the revisor of statutes when federal approval
26.22 is obtained.

26.23 Sec. 16. Minnesota Statutes 2022, section 256B.0659, subdivision 12, is amended to read:

26.24 Subd. 12. **Documentation of personal care assistance services provided.** (a) Personal
26.25 care assistance services for a recipient must be documented daily by each personal care
26.26 assistant, on a time sheet form approved by the commissioner. All documentation may be
26.27 web-based, electronic, or paper documentation. The completed form must be submitted on
26.28 a monthly basis to the provider and kept in the recipient's health record.

26.29 (b) The activity documentation must correspond to the personal care assistance care plan
26.30 and be reviewed by the qualified professional.

27.1 (c) The personal care assistant time sheet must be on a form approved by the
27.2 commissioner documenting time the personal care assistant provides services in the home.
27.3 The following criteria must be included in the time sheet:

27.4 (1) full name of personal care assistant and individual provider number;
27.5 (2) provider name and telephone numbers;

27.6 (3) full name of recipient and either the recipient's medical assistance identification
27.7 number or date of birth;

27.8 (4) consecutive dates, including month, day, and year, and arrival and departure times
27.9 with a.m. or p.m. notations;

27.10 (5) signatures of recipient or the responsible party;
27.11 (6) personal signature of the personal care assistant;
27.12 (7) any shared care provided, if applicable;

27.13 (8) a statement that it is a federal crime to provide false information on personal care
27.14 service billings for medical assistance payments; ~~and~~

27.15 (9) dates and location of recipient stays in a hospital, care facility, or incarceration; and

27.9 (10) any time spent traveling, as described in subdivision 1, paragraph (i), including
27.10 start and stop times with a.m. and p.m. designations, the origination site, and the destination
27.11 site.

27.12 **EFFECTIVE DATE.** This section is effective 90 days following federal approval. The
27.13 commissioner of human services shall notify the revisor of statutes when federal approval
27.14 is obtained.

27.15 Sec. 14. Minnesota Statutes 2022, section 256B.0659, subdivision 19, is amended to read:

27.16 Subd. 19. **Personal care assistance choice option; qualifications; duties.** (a) Under
27.17 personal care assistance choice, the recipient or responsible party shall:

27.18 (1) recruit, hire, schedule, and terminate personal care assistants according to the terms
27.19 of the written agreement required under subdivision 20, paragraph (a);

27.20 (2) develop a personal care assistance care plan based on the assessed needs and
27.21 addressing the health and safety of the recipient with the assistance of a qualified professional
27.22 as needed;

27.23 (3) orient and train the personal care assistant with assistance as needed from the qualified
27.24 professional;

27.16 (10) any time spent traveling, as described in subdivision 1, paragraph (i), including
27.17 start and stop times with a.m. and p.m. designations, the origination site, and the destination
27.18 site.

27.19 **EFFECTIVE DATE.** This section is effective 90 days following federal approval. The
27.20 commissioner of human services shall notify the revisor of statutes when federal approval
27.21 is obtained.

27.22 Sec. 17. Minnesota Statutes 2022, section 256B.0659, is amended by adding a subdivision
27.23 to read:

27.24 Subd. 14a. **Qualified professional; remote supervision.** (a) For recipients with chronic
27.25 health conditions or severely compromised immune systems, a qualified professional may
27.26 conduct the supervision required under subdivision 14 via two-way interactive audio and
27.27 visual telecommunication if, at the recipient's request, the recipient's primary health care
27.28 provider:

27.29 (1) determines that remote supervision is appropriate; and

27.30 (2) documents the determination under clause (1) in a statement of need or other document
27.31 that is subsequently included in the recipient's personal care assistance care plan.

28.1 (b) Notwithstanding any other provision of law, a care plan developed or amended via
28.2 remote supervision may be executed by electronic signature.

28.3 (c) A personal care assistance provider agency must not conduct its first supervisory
28.4 visit for a recipient and complete its initial personal care assistance care plan via a remote
28.5 visit.

28.6 (d) A recipient may request to return to in-person supervisory visits at any time.

28.7 **EFFECTIVE DATE.** This section is effective July 1, 2023, or upon federal approval,
28.8 whichever is later. The commissioner of human services shall notify the revisor of statutes
28.9 when federal approval is obtained.

28.10 Sec. 18. Minnesota Statutes 2022, section 256B.0659, subdivision 19, is amended to read:

28.11 Subd. 19. **Personal care assistance choice option; qualifications; duties.** (a) Under
28.12 personal care assistance choice, the recipient or responsible party shall:

28.13 (1) recruit, hire, schedule, and terminate personal care assistants according to the terms
28.14 of the written agreement required under subdivision 20, paragraph (a);

28.15 (2) develop a personal care assistance care plan based on the assessed needs and
28.16 addressing the health and safety of the recipient with the assistance of a qualified professional
28.17 as needed;

28.18 (3) orient and train the personal care assistant with assistance as needed from the qualified
28.19 professional;

27.25 (4) supervise and evaluate the personal care assistant with the qualified professional,
27.26 who is required to visit the recipient at least every 180 days;

27.27 (5) monitor and verify in writing and report to the personal care assistance choice agency
27.28 the number of hours worked by the personal care assistant and the qualified professional;

27.29 (6) engage in an annual reassessment as required in subdivision 3a to determine
27.30 continuing eligibility and service authorization; ~~and~~

28.1 (7) use the same personal care assistance choice provider agency if shared personal
28.2 assistance care is being used; and

28.3 (8) ensure that a personal care assistant driving the recipient under subdivision 1,
28.4 paragraph (i), has a valid driver's license and the vehicle used is registered and insured
28.5 according to Minnesota law.

28.6 (b) The personal care assistance choice provider agency shall:

28.7 (1) meet all personal care assistance provider agency standards;

28.8 (2) enter into a written agreement with the recipient, responsible party, and personal
28.9 care assistants;

28.10 (3) not be related as a parent, child, sibling, or spouse to the recipient or the personal
28.11 care assistant; and

28.12 (4) ensure arm's-length transactions without undue influence or coercion with the recipient
28.13 and personal care assistant.

28.14 (c) The duties of the personal care assistance choice provider agency are to:

28.15 (1) be the employer of the personal care assistant and the qualified professional for
28.16 employment law and related regulations including but not limited to purchasing and
28.17 maintaining workers' compensation, unemployment insurance, surety and fidelity bonds,
28.18 and liability insurance, and submit any or all necessary documentation including but not
28.19 limited to workers' compensation, unemployment insurance, and labor market data required
28.20 under section 256B.4912, subdivision 1a;

28.21 (2) bill the medical assistance program for personal care assistance services and qualified
28.22 professional services;

28.23 (3) request and complete background studies that comply with the requirements for
28.24 personal care assistants and qualified professionals;

28.25 (4) pay the personal care assistant and qualified professional based on actual hours of
28.26 services provided;

28.27 (5) withhold and pay all applicable federal and state taxes;

28.20 (4) supervise and evaluate the personal care assistant with the qualified professional,
28.21 who is required to visit the recipient at least every 180 days;

28.22 (5) monitor and verify in writing and report to the personal care assistance choice agency
28.23 the number of hours worked by the personal care assistant and the qualified professional;

28.24 (6) engage in an annual reassessment as required in subdivision 3a to determine
28.25 continuing eligibility and service authorization; ~~and~~

28.26 (7) use the same personal care assistance choice provider agency if shared personal
28.27 assistance care is being used; and

28.28 (8) ensure that a personal care assistant driving the recipient under subdivision 1,
28.29 paragraph (i), has a valid driver's license and the vehicle used is registered and insured
28.30 according to Minnesota law.

28.31 (b) The personal care assistance choice provider agency shall:

29.1 (1) meet all personal care assistance provider agency standards;

29.2 (2) enter into a written agreement with the recipient, responsible party, and personal
29.3 care assistants;

29.4 (3) not be related as a parent, child, sibling, or spouse to the recipient or the personal
29.5 care assistant; and

29.6 (4) ensure arm's-length transactions without undue influence or coercion with the recipient
29.7 and personal care assistant.

29.8 (c) The duties of the personal care assistance choice provider agency are to:

29.9 (1) be the employer of the personal care assistant and the qualified professional for
29.10 employment law and related regulations including but not limited to purchasing and
29.11 maintaining workers' compensation, unemployment insurance, surety and fidelity bonds,
29.12 and liability insurance, and submit any or all necessary documentation including but not
29.13 limited to workers' compensation, unemployment insurance, and labor market data required
29.14 under section 256B.4912, subdivision 1a;

29.15 (2) bill the medical assistance program for personal care assistance services and qualified
29.16 professional services;

29.17 (3) request and complete background studies that comply with the requirements for
29.18 personal care assistants and qualified professionals;

29.19 (4) pay the personal care assistant and qualified professional based on actual hours of
29.20 services provided;

29.21 (5) withhold and pay all applicable federal and state taxes;

28.28 (6) verify and keep records of hours worked by the personal care assistant and qualified
28.29 professional;

28.30 (7) make the arrangements and pay taxes and other benefits, if any, and comply with
28.31 any legal requirements for a Minnesota employer;

29.1 (8) enroll in the medical assistance program as a personal care assistance choice agency;
29.2 and

29.3 (9) enter into a written agreement as specified in subdivision 20 before services are
29.4 provided.

29.5 **EFFECTIVE DATE.** This section is effective 90 days following federal approval. The
29.6 commissioner of human services shall notify the revisor of statutes when federal approval
29.7 is obtained.

29.8 Sec. 15. Minnesota Statutes 2022, section 256B.0659, subdivision 24, is amended to read:

29.9 Subd. 24. **Personal care assistance provider agency; general duties.** A personal care
29.10 assistance provider agency shall:

29.11 (1) enroll as a Medicaid provider meeting all provider standards, including completion
29.12 of the required provider training;

29.13 (2) comply with general medical assistance coverage requirements;

29.14 (3) demonstrate compliance with law and policies of the personal care assistance program
29.15 to be determined by the commissioner;

29.16 (4) comply with background study requirements;

29.17 (5) verify and keep records of hours worked by the personal care assistant and qualified
29.18 professional;

29.19 (6) not engage in any agency-initiated direct contact or marketing in person, by phone,
29.20 or other electronic means to potential recipients, guardians, or family members;

29.21 (7) pay the personal care assistant and qualified professional based on actual hours of
29.22 services provided;

29.23 (8) withhold and pay all applicable federal and state taxes;

29.24 (9) document that the agency uses a minimum of 72.5 percent of the revenue generated
29.25 by the medical assistance rate for personal care assistance services for employee personal
29.26 care assistant wages and benefits. The revenue generated by the qualified professional and
29.27 the reasonable costs associated with the qualified professional shall not be used in making
29.28 this calculation;

29.29 (10) make the arrangements and pay unemployment insurance, taxes, workers'
29.30 compensation, liability insurance, and other benefits, if any;

29.22 (6) verify and keep records of hours worked by the personal care assistant and qualified
29.23 professional;

29.24 (7) make the arrangements and pay taxes and other benefits, if any, and comply with
29.25 any legal requirements for a Minnesota employer;

29.26 (8) enroll in the medical assistance program as a personal care assistance choice agency;
29.27 and

29.28 (9) enter into a written agreement as specified in subdivision 20 before services are
29.29 provided.

30.1 **EFFECTIVE DATE.** This section is effective 90 days following federal approval. The
30.2 commissioner of human services shall notify the revisor of statutes when federal approval
30.3 is obtained.

30.4 Sec. 19. Minnesota Statutes 2022, section 256B.0659, subdivision 24, is amended to read:

30.5 Subd. 24. **Personal care assistance provider agency; general duties.** A personal care
30.6 assistance provider agency shall:

30.7 (1) enroll as a Medicaid provider meeting all provider standards, including completion
30.8 of the required provider training;

30.9 (2) comply with general medical assistance coverage requirements;

30.10 (3) demonstrate compliance with law and policies of the personal care assistance program
30.11 to be determined by the commissioner;

30.12 (4) comply with background study requirements;

30.13 (5) verify and keep records of hours worked by the personal care assistant and qualified
30.14 professional;

30.15 (6) not engage in any agency-initiated direct contact or marketing in person, by phone,
30.16 or other electronic means to potential recipients, guardians, or family members;

30.17 (7) pay the personal care assistant and qualified professional based on actual hours of
30.18 services provided;

30.19 (8) withhold and pay all applicable federal and state taxes;

30.20 (9) document that the agency uses a minimum of 72.5 percent of the revenue generated
30.21 by the medical assistance rate for personal care assistance services for employee personal
30.22 care assistant wages and benefits. The revenue generated by the qualified professional and
30.23 the reasonable costs associated with the qualified professional shall not be used in making
30.24 this calculation;

30.25 (10) make the arrangements and pay unemployment insurance, taxes, workers'
30.26 compensation, liability insurance, and other benefits, if any;

29.31 (11) enter into a written agreement under subdivision 20 before services are provided;

30.1 (12) report suspected neglect and abuse to the common entry point according to section

30.2 256B.0651;

30.3 (13) provide the recipient with a copy of the home care bill of rights at start of service;

30.4 (14) request reassessments at least 60 days prior to the end of the current authorization

30.5 for personal care assistance services, on forms provided by the commissioner;

30.6 (15) comply with the labor market reporting requirements described in section 256B.4912,

30.7 subdivision 1a; ~~and~~

30.8 (16) document that the agency uses the additional revenue due to the enhanced rate under

30.9 subdivision 17a for the wages and benefits of the PCAs whose services meet the requirements

30.10 under subdivision 11, paragraph (d); and

30.11 (17) ensure that a personal care assistant driving a recipient under subdivision 1,

30.12 paragraph (i), has a valid driver's license and the vehicle used is registered and insured

30.13 according to Minnesota law.

30.14 **EFFECTIVE DATE.** This section is effective 90 days following federal approval. The

30.15 commissioner of human services shall notify the revisor of statutes when federal approval

30.16 is obtained.

30.17 Sec. 16. Minnesota Statutes 2022, section 256B.0911, subdivision 13, is amended to read:

30.18 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The

30.19 commissioner shall develop and implement a curriculum and an assessor certification

30.20 process.

30.21 (b) MnCHOICES certified assessors must:

30.22 (1) either have a bachelor's degree in social work, nursing with a public health nursing

30.23 certificate, or other closely related field ~~with at least one year of home and community-based~~

30.24 ~~experience~~ or be a registered nurse with at least two years of home and community-based

30.25 experience; and

30.26 (2) have received training and certification specific to assessment and consultation for

30.27 long-term care services in the state.

30.28 (c) Certified assessors shall demonstrate best practices in assessment and support

30.29 planning, including person-centered planning principles, and have a common set of skills

30.30 that ensures consistency and equitable access to services statewide.

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

30.27 (11) enter into a written agreement under subdivision 20 before services are provided;

30.28 (12) report suspected neglect and abuse to the common entry point according to section

30.29 256B.0651;

30.30 (13) provide the recipient with a copy of the home care bill of rights at start of service;

31.1 (14) request reassessments at least 60 days prior to the end of the current authorization

31.2 for personal care assistance services, on forms provided by the commissioner;

31.3 (15) comply with the labor market reporting requirements described in section 256B.4912,

31.4 subdivision 1a; ~~and~~

31.5 (16) document that the agency uses the additional revenue due to the enhanced rate under

31.6 subdivision 17a for the wages and benefits of the PCAs whose services meet the requirements

31.7 under subdivision 11, paragraph (d); and

31.8 (17) ensure that a personal care assistant driving a recipient under subdivision 1,

31.9 paragraph (i), has a valid driver's license and the vehicle used is registered and insured

31.10 according to Minnesota law.

31.11 **EFFECTIVE DATE.** This section is effective 90 days following federal approval. The

31.12 commissioner of human services shall notify the revisor of statutes when federal approval

31.13 is obtained.

31.14 Sec. 20. Minnesota Statutes 2022, section 256B.0911, subdivision 13, is amended to read:

31.15 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The

31.16 commissioner shall develop and implement a curriculum and an assessor certification

31.17 process.

31.18 (b) MnCHOICES certified assessors must:

31.19 (1) either have a bachelor's degree in social work, nursing with a public health nursing

31.20 certificate, or other closely related field ~~with at least one year of home and community-based~~

31.21 ~~experience~~ or be a registered nurse with at least two years of home and community-based

31.22 experience; and

31.23 (2) have received training and certification specific to assessment and consultation for

31.24 long-term care services in the state.

31.25 (c) Certified assessors shall demonstrate best practices in assessment and support

31.26 planning, including person-centered planning principles, and have a common set of skills

31.27 that ensures consistency and equitable access to services statewide.

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

- 32.1 Sec. 21. Minnesota Statutes 2022, section 256B.092, subdivision 1a, is amended to read:
- 32.2 Subd. 1a. **Case management services.** (a) Each recipient of a home and community-based
- 32.3 waiver shall be provided case management services by qualified vendors as described in
- 32.4 the federally approved waiver application.
- 32.5 (b) Case management service activities provided to or arranged for a person include:
- 32.6 (1) development of the person-centered support plan under subdivision 1b;
- 32.7 (2) informing the individual or the individual's legal guardian or conservator, or parent
- 32.8 if the person is a minor, of service options, including all service options available under the
- 32.9 waiver plan;
- 32.10 (3) consulting with relevant medical experts or service providers;
- 32.11 (4) assisting the person in the identification of potential providers of chosen services,
- 32.12 including;
- 32.13 (i) providers of services provided in a non-disability-specific setting;
- 32.14 (ii) employment service providers;
- 32.15 (iii) providers of services provided in settings that are not controlled by a provider; and
- 32.16 (iv) providers of financial management services;
- 32.17 (5) assisting the person to access services and assisting in appeals under section 256.045;
- 32.18 (6) coordination of services, if coordination is not provided by another service provider;
- 32.19 (7) evaluation and monitoring of the services identified in the support plan, which must
- 32.20 incorporate at least one annual face-to-face visit by the case manager with each person; and
- 32.21 (8) reviewing support plans and providing the lead agency with recommendations for
- 32.22 service authorization based upon the individual's needs identified in the support plan.
- 32.23 (c) Case management service activities that are provided to the person with a
- 32.24 developmental disability shall be provided directly by county agencies or under contract.
- 32.25 If a county agency contracts for case management services, the county agency must provide
- 32.26 each recipient of home and community-based services who is receiving contracted case
- 32.27 management services with the contact information the recipient may use to file a grievance
- 32.28 with the county agency about the quality of the contracted services the recipient is receiving
- 32.29 from a county-contracted case manager. Case management services must be provided by a
- 32.30 public or private agency that is enrolled as a medical assistance provider determined by the
- 32.31 commissioner to meet all of the requirements in the approved federal waiver plans. Case
- 33.1 management services must not be provided to a recipient by a private agency that has a
- 33.2 financial interest in the provision of any other services included in the recipient's support
- 33.3 plan. For purposes of this section, "private agency" means any agency that is not identified
- 33.4 as a lead agency under section 256B.0911, subdivision 10.

31.1 Sec. 17. Minnesota Statutes 2022, section 256B.0949, subdivision 15, is amended to read:

31.2 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be employed by an agency

31.3 and be:

31.4 (1) a licensed mental health professional who has at least 2,000 hours of supervised

31.5 clinical experience or training in examining or treating people with ASD or a related condition

31.6 or equivalent documented coursework at the graduate level by an accredited university in

31.7 ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child

31.8 development; or

33.5 (d) Case managers are responsible for service provisions listed in paragraphs (a) and

33.6 (b). Case managers shall collaborate with consumers, families, legal representatives, and

33.7 relevant medical experts and service providers in the development and annual review of the

33.8 person-centered support plan and habilitation plan.

33.9 (e) For persons who need a positive support transition plan as required in chapter 245D,

33.10 the case manager shall participate in the development and ongoing evaluation of the plan

33.11 with the expanded support team. At least quarterly, the case manager, in consultation with

33.12 the expanded support team, shall evaluate the effectiveness of the plan based on progress

33.13 evaluation data submitted by the licensed provider to the case manager. The evaluation must

33.14 identify whether the plan has been developed and implemented in a manner to achieve the

33.15 following within the required timelines:

33.16 (1) phasing out the use of prohibited procedures;

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

33.18 timeline; and

33.19 (3) accomplishment of identified outcomes.

33.20 If adequate progress is not being made, the case manager shall consult with the person's

33.21 expanded support team to identify needed modifications and whether additional professional

33.22 support is required to provide consultation.

33.23 (f) The Department of Human Services shall offer ongoing education in case management

33.24 to case managers. Case managers shall receive no less than ~~ten~~ 20 hours of case management

33.25 education and disability-related training each year. The education and training must include

33.26 person-centered planning, informed choice, cultural competency, employment planning,

33.27 community living planning, self-direction options, and use of technology supports. By

33.28 August 1, 2024, all case managers must complete an employment support training course

33.29 identified by the commissioner of human services. For case managers hired after August

33.30 1, 2024, this training must be completed within the first six months of providing case

33.31 management services. For the purposes of this section, "person-centered planning" or

33.32 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case

33.33 managers must document completion of training in a system identified by the commissioner.

34.1 Sec. 22. Minnesota Statutes 2022, section 256B.0949, subdivision 15, is amended to read:

34.2 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be employed by an agency

34.3 and be:

34.4 (1) a licensed mental health professional who has at least 2,000 hours of supervised

34.5 clinical experience or training in examining or treating people with ASD or a related condition

34.6 or equivalent documented coursework at the graduate level by an accredited university in

34.7 ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child

34.8 development; or

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

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

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

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

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

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

31.28 (iii) a board-certified behavior analyst; or

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

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

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

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

32.10 (ii) has certification as a board-certified assistant behavior analyst from the Behavior
32.11 Analyst Certification Board;

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

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

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

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

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

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

34.28 (iii) a board-certified behavior analyst; or

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

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

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

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

35.10 (ii) has certification as a board-certified assistant behavior analyst from the Behavior
35.11 Analyst Certification Board;

32.12 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification
32.13 Board; or

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

32.16 (2) a person who has:

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

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

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

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

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

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

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

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

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

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

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

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

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

35.12 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification
35.13 Board; or

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

35.16 (2) a person who has:

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

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

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

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

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

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

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

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

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

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

36.9 (2) fluency in a non-English language or Tribal nation certification;

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

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

33.14 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
33.15 whichever is later. The commissioner of human services shall notify the revisor of statutes
33.16 when federal approval is obtained.

33.17 Sec. 18. Minnesota Statutes 2022, section 256B.49, subdivision 11, is amended to read:

33.18 Subd. 11. **Authority.** (a) The commissioner is authorized to apply for home and
33.19 community-based service waivers, as authorized under section 1915(c) of the federal Social
33.20 Security Act to serve persons under the age of 65 who are determined to require the level
33.21 of care provided in a nursing home and persons who require the level of care provided in a
33.22 hospital. The commissioner shall apply for the home and community-based waivers in order
33.23 to:

- 33.24 (1) promote the support of persons with disabilities in the most integrated settings;
33.25 (2) expand the availability of services for persons who are eligible for medical assistance;
33.26 (3) promote cost-effective options to institutional care; and
33.27 (4) obtain federal financial participation.

33.28 (b) The provision of waiver services to medical assistance recipients with disabilities
33.29 shall comply with the requirements outlined in the federally approved applications for home
33.30 and community-based services and subsequent amendments, including provision of services
33.31 according to a service plan designed to meet the needs of the individual, except when
34.1 applying a size limitation to a setting, the commissioner must treat residents under 55 years
34.2 of age who are receiving services under the brain injury or the community access for
34.3 disability inclusion waiver as if the residents are 55 years of age or older if the residents
34.4 lived and received services in the setting on or before March 1, 2023. For purposes of this
34.5 section, the approved home and community-based application is considered the necessary
34.6 federal requirement.

34.7 (c) The commissioner shall provide interested persons serving on agency advisory
34.8 committees, task forces, the Centers for Independent Living, and others who request to be
34.9 on a list to receive, notice of, and an opportunity to comment on, at least 30 days before
34.10 any effective dates, (1) any substantive changes to the state's disability services program
34.11 manual, or (2) changes or amendments to the federally approved applications for home and
34.12 community-based waivers, prior to their submission to the federal Centers for Medicare
34.13 and Medicaid Services.

34.14 (d) The commissioner shall seek approval, as authorized under section 1915(c) of the
34.15 federal Social Security Act, to allow medical assistance eligibility under this section for
34.16 children under age 21 without deeming of parental income or assets.

34.17 (e) The commissioner shall seek approval, as authorized under section 1915(c) of the
34.18 Social Act, to allow medical assistance eligibility under this section for individuals under
34.19 age 65 without deeming the spouse's income or assets.

36.14 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
36.15 whichever is later. The commissioner of human services shall notify the revisor of statutes
36.16 when federal approval is obtained.

34.20 (f) The commissioner shall comply with the requirements in the federally approved
34.21 transition plan for the home and community-based services waivers authorized under this
34.22 section, except when applying a size limitation to a setting, the commissioner must treat
34.23 residents under 55 years of age who are receiving services under the brain injury or the
34.24 community access for disability inclusion waiver as if the residents are 55 years of age or
34.25 older if the residents lived and received services in the setting on or before March 1, 2023.

34.26 (g) The commissioner shall seek federal approval to allow for the reconfiguration of the
34.27 1915(c) home and community-based waivers in this section, as authorized under section
34.28 1915(c) of the federal Social Security Act, to implement a two-waiver program structure.

34.29 (h) The commissioner shall seek federal approval for the 1915(c) home and
34.30 community-based waivers in this section, as authorized under section 1915(c) of the federal
34.31 Social Security Act, to implement an individual resource allocation methodology.

34.32 **EFFECTIVE DATE.** This section is effective retroactively from January 11, 2021.

36.17 Sec. 23. Minnesota Statutes 2022, section 256B.49, subdivision 13, is amended to read:

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

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

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

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

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

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

36.29 (iii) employment service providers;

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

37.2 and

37.3 (v) providers of financial management services;

37.4 (4) assisting the recipient to access services and assisting with appeals under section
37.5 256.045; and

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

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

37.11 (1) finalizing the person-centered support plan;

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

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

37.15 (c) Case management services must be provided by a public or private agency that is
37.16 enrolled as a medical assistance provider determined by the commissioner to meet all of
37.17 the requirements in the approved federal waiver plans. Case management services must not
37.18 be provided to a recipient by a private agency that has any financial interest in the provision
37.19 of any other services included in the recipient's support plan. For purposes of this section,
37.20 "private agency" means any agency that is not identified as a lead agency under section
37.21 256B.0911, subdivision 10.

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

37.29 (1) phasing out the use of prohibited procedures;

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

37.32 (3) accomplishment of identified outcomes.

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

38.4 (e) The Department of Human Services shall offer ongoing education in case management
38.5 to case managers. Case managers shall receive no less than ~~ten~~ 20 hours of case management
38.6 education and disability-related training each year. The education and training must include
38.7 person-centered planning, informed choice, cultural competency, employment planning,
38.8 community living planning, self-direction options, and use of technology supports. By
38.9 August 1, 2024, all case managers must complete an employment support training course
38.10 identified by the commissioner of human services. For case managers hired after August
38.11 1, 2024, this training must be completed within the first six months of providing case
38.12 management services. For the purposes of this section, "person-centered planning" or

35.1 Sec. 19. Minnesota Statutes 2022, section 256B.49, subdivision 28, is amended to read:

35.2 Subd. 28. **Customized living moratorium for brain injury and community access**

35.3 **for disability inclusion waivers.** (a) Notwithstanding section 245A.03, subdivision 2,

35.4 paragraph (a), clause (23), to prevent new development of customized living settings that

35.5 otherwise meet the residential program definition under section 245A.02, subdivision 14,

35.6 the commissioner shall not enroll new customized living settings serving four or fewer

35.7 people in a single-family home to deliver customized living services as defined under the

35.8 brain injury or community access for disability inclusion waiver plans under this section.

35.9 (b) The commissioner may approve an exception to paragraph (a) when an existing

35.10 customized living setting changes ownership at the same address and must approve an

35.11 exception to paragraph (a) when the same owner relocates an existing customized living

35.12 setting to a new address.

35.13 (c) Customized living settings operational on or before June 30, 2021, are considered

35.14 existing customized living settings.

35.15 (d) For any new customized living settings serving four or fewer people in a single-family

35.16 home to deliver customized living services as defined in paragraph (a) and that was not

35.17 operational on or before June 30, 2021, the authorizing lead agency is financially responsible

35.18 for all home and community-based service payments in the setting.

35.19 (e) For purposes of this subdivision, "operational" means customized living services are

35.20 authorized and delivered to a person in the customized living setting.

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

38.13 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case

38.14 managers shall document completion of training in a system identified by the commissioner.

38.15 Sec. 24. Minnesota Statutes 2022, section 256B.4905, subdivision 4a, is amended to read:

38.16 Subd. 4a. **Informed choice in employment policy.** It is the policy of this state that

38.17 working-age individuals who have disabilities:

38.18 (1) can work and achieve competitive integrated employment with appropriate services

38.19 and supports, as needed;

38.20 (2) make informed choices about their postsecondary education, work, and career goals;

38.21 and

38.22 (3) will be offered the opportunity to make an informed choice, at least annually, to

38.23 pursue postsecondary education or to work and earn a competitive wage; and

38.24 (4) will be offered benefits planning assistance and supports to understand available

38.25 work incentive programs and to understand the impact of work on benefits.

35.22 Sec. 20. Minnesota Statutes 2022, section 256B.4905, subdivision 5a, is amended to read:

35.23 Subd. 5a. **Employment first implementation for disability waiver services.** (a) The
35.24 commissioner of human services shall ensure that:

35.25 (1) the disability waivers under sections 256B.092 and 256B.49 support the presumption
35.26 that all working-age Minnesotans with disabilities can work and achieve competitive
35.27 integrated employment with appropriate services and supports, as needed; and

35.28 (2) each waiver recipient of working age be offered, after an informed decision-making
35.29 process and during a person-centered planning process, the opportunity to work and earn a
35.30 competitive wage before being offered exclusively day services as defined in section
35.31 245D.03, subdivision 1, paragraph (c), clause (4), or successor provisions.

36.1 (b) Nothing in this subdivision prohibits a waiver recipient of working age, after an
36.2 informed decision-making process and during a person-centered planning process, from
36.3 choosing employment at a special minimum wage under a 14(c) certificate as provided by
36.4 Code of Federal Regulations, title 29, sections 525.1 to 525.24. For any waiver recipient
36.5 who chooses employment at a special minimum wage, the commissioner must not impose
36.6 any limitations on the length of disability services provided to support the recipient's informed
36.7 choice or limitations on the reimbursement rates for the disability waiver services provided
36.8 to support the recipient's informed choice.

38.26 Sec. 25. **[256B.4906] SUBMINIMUM WAGES IN HOME AND**
38.27 **COMMUNITY-BASED SERVICES PROHIBITION; REQUIREMENTS.**

38.28 Subdivision 1. **Subminimum wage outcome reporting.** (a) A provider of home and
38.29 community-based services for people with developmental disabilities under section 256B.092
38.30 or home and community-based services for people with disabilities under section 256B.49
38.31 that holds a credential listed in clause (1) or (2) as of August 1, 2023, must submit to the
38.32 commissioner of human services data on individuals who are currently being paid
39.1 subminimum wages or were being paid subminimum wages by the provider organization
39.2 as of August 1, 2023:

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

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

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

39.9 (1) name;

36.9 Sec. 21. Minnesota Statutes 2022, section 256B.4911, is amended by adding a subdivision
36.10 to read:

36.11 Subd. 6. **Services provided by parents and spouses.** (a) This subdivision limits medical
36.12 assistance payments under the consumer-directed community supports option for personal
36.13 assistance services provided by a parent to the parent's minor child or by a participant's
36.14 spouse. This subdivision applies to the consumer-directed community supports option
36.15 available under all of the following:

36.16 (1) alternative care program;

36.17 (2) brain injury waiver;

36.18 (3) community alternative care waiver;

36.19 (4) community access for disability inclusion waiver;

39.10 (2) date of birth;

39.11 (3) identified race and ethnicity;

39.12 (4) disability type;

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

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

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

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

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

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

39.26 Subd. 2. **Prohibition of subminimum wages.** Providers of home and community-based
39.27 services are prohibited from paying a person with a disability wages below the state minimum
39.28 wage pursuant to section 177.24, or below the prevailing local minimum wage on the basis
39.29 of the person's disability. A special certificate authorizing the payment of less than the
39.30 minimum wage to a person with a disability issued pursuant to a law of this state or to a
39.31 federal law is without effect as of August 1, 2028.

- 36.20 (5) developmental disabilities waiver;
- 36.21 (6) elderly waiver; and
- 36.22 (7) Minnesota senior health option.
- 36.23 (b) For the purposes of this subdivision, "parent" means a parent, stepparent, or legal
- 36.24 guardian of a minor.
- 36.25 (c) If multiple parents are providing personal assistance services to their minor child or
- 36.26 children, each parent may provide up to 40 hours of personal assistance services in any
- 36.27 seven-day period regardless of the number of children served. The total number of hours
- 36.28 of personal assistance services provided by all of the parents must not exceed 80 hours in
- 36.29 a seven-day period regardless of the number of children served.
- 36.30 (d) If only one parent is providing personal assistance services to a minor child or
- 36.31 children, the parent may provide up to 60 hours of personal assistance services in a seven-day
- 36.32 period regardless of the number of children served.
- 37.1 (e) If a participant's spouse is providing personal assistance services, the spouse may
- 37.2 provide up to 60 hours of personal assistance services in a seven-day period.
- 37.3 (f) This subdivision must not be construed to permit an increase in the total authorized
- 37.4 consumer-directed community supports budget for an individual.
- 37.5 **EFFECTIVE DATE.** This section is effective July 1, 2023, or upon federal approval,
- 37.6 whichever is later. The commissioner of human services shall notify the revisor of statutes
- 37.7 when federal approval is obtained.
- 37.8 Sec. 22. Minnesota Statutes 2022, section 256B.4912, is amended by adding a subdivision
- 37.9 to read:
- 37.10 Subd. 1b. **Direct support professional annual labor market survey.** (a) The
- 37.11 commissioner shall develop and administer a survey of direct care staff who work for
- 37.12 organizations that provide services under the following programs:
- 37.13 (1) home and community-based services for seniors under chapter 256S and section
- 37.14 256B.0913, home and community-based services for people with developmental disabilities
- 37.15 under section 256B.092, and home and community-based services for people with disabilities
- 37.16 under section 256B.49;
- 37.17 (2) personal care assistance services under section 256B.0625, subdivision 19a;
- 37.18 community first services and supports under section 256B.85; nursing services and home
- 37.19 health services under section 256B.0625, subdivision 6a; home care nursing services under
- 37.20 section 256B.0625, subdivision 7; and
- 37.21 (3) financial management services for participants who directly employ direct-care staff
- 37.22 through consumer support grants under section 256.476; the personal care assistance choice
- 37.23 program under section 256B.0659, subdivisions 18 to 20; community first services and

37.24 supports under section 256B.85; and the consumer-directed community supports option
37.25 available under the alternative care program, the brain injury waiver, the community
37.26 alternative care waiver, the community access for disability inclusion waiver, the
37.27 developmental disabilities waiver, the elderly waiver, and the Minnesota senior health
37.28 option, except financial management services providers are not required to submit the data
37.29 listed in subdivision 1a, clauses (7) to (11).

37.30 (b) The survey must collect information about the individual experience of the direct-care
37.31 staff and any other information necessary to assess the overall economic viability and
37.32 well-being of the workforce.

38.1 (c) For purposes of this subdivision, "direct-care staff" means employees, including
38.2 self-employed individuals and individuals directly employed by a participant in a
38.3 consumer-directed service delivery option, providing direct service to participants under
38.4 this section. Direct-care staff does not include executive, managerial, or administrative staff.

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

38.7 (e) The commissioner shall analyze data submitted under this section annually to assess
38.8 the overall economic viability and well-being of the workforce and the impact of the state
38.9 of workforce on access to services.

38.10 Sec. 23. Minnesota Statutes 2022, section 256B.4912, is amended by adding a subdivision
38.11 to read:

38.12 Subd. 1c. **Annual labor market report.** The commissioner shall publish annual reports
38.13 on provider and state-level labor market data, including but not limited to the data outlined
38.14 in subdivisions 1a and 1b.

38.15 Sec. 24. Minnesota Statutes 2022, section 256B.4912, is amended by adding a subdivision
38.16 to read:

38.17 Subd. 16. **Rates established by the commissioner.** For homemaker services eligible
38.18 for reimbursement under the developmental disabilities waiver, the brain injury waiver, the
38.19 community alternative care waiver, and the community access for disability inclusion waiver,
38.20 the commissioner must establish rates equal to the rates established under sections 256S.21
38.21 to 256S.215 for the corresponding homemaker services.

38.22 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
38.23 whichever is later. The commissioner of human services shall notify the revisor of statutes
38.24 when federal approval is obtained.

38.25 Sec. 25. Minnesota Statutes 2022, section 256B.4914, subdivision 3, is amended to read:

38.26 Subd. 3. **Applicable services.** Applicable services are those authorized under the state's
38.27 home and community-based services waivers under sections 256B.092 and 256B.49,

40.1 Sec. 26. Minnesota Statutes 2022, section 256B.4914, subdivision 3, is amended to read:

40.2 Subd. 3. **Applicable services.** Applicable services are those authorized under the state's
40.3 home and community-based services waivers under sections 256B.092 and 256B.49,

38.28 including the following, as defined in the federally approved home and community-based
38.29 services plan:

38.30 (1) 24-hour customized living;

38.31 (2) adult day services;

39.1 (3) adult day services bath;

39.2 (4) community residential services;

39.3 (5) customized living;

39.4 (6) day support services;

39.5 (7) employment development services;

39.6 (8) employment exploration services;

39.7 (9) employment support services;

39.8 (10) family residential services;

39.9 (11) individualized home supports;

39.10 (12) individualized home supports with family training;

39.11 (13) individualized home supports with training;

39.12 (14) integrated community supports;

39.13 (15) night supervision;

39.14 (16) positive support services;

39.15 (17) prevocational services;

39.16 (18) residential support services;

39.17 (19) respite services;

39.18 ~~(20)~~ transportation services; and

39.19 ~~(21)~~ (20) other services as approved by the federal government in the state home and
39.20 community-based services waiver plan.

39.21 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
39.22 whichever is later. The commissioner of human services shall notify the revisor of statutes
39.23 when federal approval is obtained.

40.4 including the following, as defined in the federally approved home and community-based
40.5 services plan:

40.6 (1) 24-hour customized living;

40.7 (2) adult day services;

40.8 (3) adult day services bath;

40.9 (4) community residential services;

40.10 (5) customized living;

40.11 (6) day support services;

40.12 (7) employment development services;

40.13 (8) employment exploration services;

40.14 (9) employment support services;

40.15 (10) family residential services;

40.16 (11) individualized home supports;

40.17 (12) individualized home supports with family training;

40.18 (13) individualized home supports with training;

40.19 (14) integrated community supports;

40.20 (15) life sharing;

40.21 ~~(15)~~ (16) night supervision;

40.22 ~~(16)~~ (17) positive support services;

40.23 ~~(17)~~ (18) prevocational services;

40.24 ~~(18)~~ (19) residential support services;

40.25 ~~(19)~~ (20) respite services;

40.26 ~~(20)~~ (21) transportation services; and

40.27 ~~(21)~~ (22) other services as approved by the federal government in the state home and
40.28 community-based services waiver plan.

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

39.24 Sec. 26. Minnesota Statutes 2022, section 256B.4914, subdivision 4, is amended to read:

39.25 Subd. 4. **Data collection for rate determination.** (a) Rates for applicable home and

39.26 community-based waived services, including customized rates under subdivision 12, are

39.27 set by the rates management system.

40.1 (b) Data and information in the rates management system must be used to calculate an

40.2 individual's rate.

40.3 (c) Service providers, with information from the support plan and oversight by lead

40.4 agencies, shall provide values and information needed to calculate an individual's rate in

40.5 the rates management system. The determination of service levels must be part of a discussion

40.6 with members of the support team as defined in section 245D.02, subdivision 34. This

40.7 discussion must occur prior to the final establishment of each individual's rate. The values

40.8 and information include:

40.9 (1) shared staffing hours;

40.10 (2) individual staffing hours;

40.11 (3) direct registered nurse hours;

40.12 (4) direct licensed practical nurse hours;

40.13 (5) staffing ratios;

40.14 (6) information to document variable levels of service qualification for variable levels

40.15 of reimbursement in each framework;

40.16 (7) shared or individualized arrangements for unit-based services, including the staffing

40.17 ratio;

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

40.19 (9) service hours provided through monitoring technology.

40.20 (d) Updates to individual data must include:

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

40.22 (2) requests by individuals or lead agencies to update a rate whenever there is a change

40.23 in an individual's service needs, with accompanying documentation.

40.24 (e) Lead agencies shall review and approve all services reflecting each individual's needs,

40.25 and the values to calculate the final payment rate for services with variables under

40.26 subdivisions 6 to ~~9~~ 9 for each individual. Lead agencies must notify the individual and the

40.27 service provider of the final agreed-upon values and rate, and provide information that is

40.28 identical to what was entered into the rates management system. If a value used was

40.29 mistakenly or erroneously entered and used to calculate a rate, a provider may petition lead

40.30 agencies to correct it. Lead agencies must respond to these requests. When responding to
40.31 the request, the lead agency must consider:

41.1 (1) meeting the health and welfare needs of the individual or individuals receiving
41.2 services by service site, identified in their support plan under section 245D.02, subdivision
41.3 4b, and any addendum under section 245D.02, subdivision 4c;

41.4 (2) meeting the requirements for staffing under subdivision 2, paragraphs (h), (n), and
41.5 (o); and meeting or exceeding the licensing standards for staffing required under section
41.6 245D.09, subdivision 1; and

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

41.9 EFFECTIVE DATE. This section is effective January 1, 2024, or upon federal approval,
41.10 whichever is later. The commissioner of human services shall notify the revisor of statutes
41.11 when federal approval is obtained.

41.12 Sec. 27. Minnesota Statutes 2022, section 256B.4914, subdivision 5, is amended to read:

41.13 Subd. 5. **Base wage index; establishment and updates.** (a) The base wage index is
41.14 established to determine staffing costs associated with providing services to individuals
41.15 receiving home and community-based services. For purposes of calculating the base wage,
41.16 Minnesota-specific wages taken from job descriptions and standard occupational
41.17 classification (SOC) codes from the Bureau of Labor Statistics as defined in the Occupational
41.18 Handbook must be used.

41.19 (b) The commissioner shall update the base wage index in subdivision 5a, publish these
41.20 updated values, and load them into the rate management system as follows:

41.21 (1) on January 1, 2022, based on wage data by SOC from the Bureau of Labor Statistics
41.22 available as of December 31, 2019; and

41.23 ~~(2) on November 1, 2024, based on wage data by SOC from the Bureau of Labor Statistics~~
41.24 ~~available as of December 31, 2021; and~~

41.25 ~~(3) (2) on July 1, 2026~~ January 1, 2024, and every two years thereafter, based on wage
41.26 data by SOC from the Bureau of Labor Statistics available 30 24 months and one day prior
41.27 to the scheduled update.

41.28 EFFECTIVE DATE. This section is effective January 1, 2024, or upon federal approval,
41.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
41.30 when federal approval is obtained.

42.1 Sec. 28. Minnesota Statutes 2022, section 256B.4914, subdivision 5a, is amended to read:

42.2 Subd. 5a. **Base wage index; calculations.** The base wage index must be calculated as
42.3 follows:

41.4 Sec. 27. Minnesota Statutes 2022, section 256B.4914, subdivision 5, is amended to read:

41.5 Subd. 5. **Base wage index; establishment and updates.** (a) The base wage index is
41.6 established to determine staffing costs associated with providing services to individuals
41.7 receiving home and community-based services. For purposes of calculating the base wage,
41.8 Minnesota-specific wages taken from job descriptions and standard occupational
41.9 classification (SOC) codes from the Bureau of Labor Statistics as defined in the Occupational
41.10 Handbook must be used.

41.11 (b) The commissioner shall update the base wage index in subdivision 5a, publish these
41.12 updated values, and load them into the rate management system as follows:

41.13 (1) on January 1, 2022, based on wage data by SOC from the Bureau of Labor Statistics
41.14 available as of December 31, 2019;

41.15 ~~(2) on November~~ January 1, 2024, based on wage data by SOC from the Bureau of Labor
41.16 ~~Statistics available as of December 31, 2021; and~~ published in March 2022; and

41.17 ~~(3) on July~~ January 1, 2026, and every two years thereafter, based on wage data by SOC
41.18 from the Bureau of Labor Statistics available 30 months and one day published in March,
41.19 22 months prior to the scheduled update.

41.20 EFFECTIVE DATE. This section is effective January 1, 2024, or upon federal approval,
41.21 whichever is later. The commissioner of human services shall notify the revisor of statutes
41.22 when federal approval is obtained.

41.23 Sec. 28. Minnesota Statutes 2022, section 256B.4914, subdivision 5a, is amended to read:

41.24 Subd. 5a. **Base wage index; calculations.** The base wage index must be calculated as
41.25 follows:

42.4 (1) for supervisory staff, 100 percent of the median wage for community and social
42.5 services specialist (SOC code 21-1099), with the exception of the supervisor of positive
42.6 supports professional, positive supports analyst, and positive supports specialist, which is
42.7 100 percent of the median wage for clinical counseling and school psychologist (SOC code
42.8 19-3031);

42.9 (2) for registered nurse staff, 100 percent of the median wage for registered nurses (SOC
42.10 code 29-1141);

42.11 (3) for licensed practical nurse staff, 100 percent of the median wage for licensed practical
42.12 nurses (SOC code 29-2061);

42.13 (4) for residential asleep-overnight staff, the minimum wage in Minnesota for large
42.14 employers, with the exception of asleep-overnight staff for family residential services, which
42.15 is 36 percent of the minimum wage in Minnesota for large employers;

42.16 (5) for residential direct care staff, the sum of:

42.17 (i) 15 percent of the subtotal of 50 percent of the median wage for home health and
42.18 personal care aide (SOC code 31-1120); 30 percent of the median wage for nursing assistant
42.19 (SOC code 31-1131); and 20 percent of the median wage for social and human services
42.20 aide (SOC code 21-1093); and

42.21 (ii) 85 percent of the subtotal of 40 percent of the median wage for home health and
42.22 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
42.23 (SOC code ~~31-1014~~ 31-1131); 20 percent of the median wage for psychiatric technician
42.24 (SOC code 29-2053); and 20 percent of the median wage for social and human services
42.25 aide (SOC code 21-1093);

42.26 (6) for adult day services staff, 70 percent of the median wage for nursing assistant (SOC
42.27 code 31-1131); and 30 percent of the median wage for home health and personal care aide
42.28 (SOC code 31-1120);

42.29 (7) for day support services staff and prevocational services staff, 20 percent of the
42.30 median wage for nursing assistant (SOC code 31-1131); 20 percent of the median wage for
42.31 psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social
42.32 and human services aide (SOC code 21-1093);

43.1 (8) for positive supports analyst staff, 100 percent of the median wage for substance
43.2 abuse, behavioral disorder, and mental health counselor clinical, counseling, and school
43.3 psychologists (SOC code ~~21-1018~~ 19-3031);

43.4 (9) for positive supports professional staff, 100 percent of the median wage for clinical
43.5 counseling and school psychologist, all other (SOC code ~~19-3031~~ 19-3039);

43.6 (10) for positive supports specialist staff, 100 percent of the median wage for psychiatric
43.7 technicians occupational therapist (SOC code ~~29-2053~~ 29-1122);

41.26 (1) for supervisory staff, 100 percent of the median wage for community and social
41.27 services specialist (SOC code 21-1099), with the exception of the supervisor of positive
41.28 supports professional, positive supports analyst, and positive supports specialist, which is
41.29 100 percent of the median wage for clinical counseling and school psychologist (SOC code
41.30 19-3031);

42.1 (2) for registered nurse staff, 100 percent of the median wage for registered nurses (SOC
42.2 code 29-1141);

42.3 (3) for licensed practical nurse staff, 100 percent of the median wage for licensed practical
42.4 nurses (SOC code 29-2061);

42.5 (4) for residential asleep-overnight staff, the minimum wage in Minnesota for large
42.6 employers, with the exception of asleep-overnight staff for family residential services, which
42.7 is 36 percent of the minimum wage in Minnesota for large employers;

42.8 (5) for residential direct care staff, the sum of:

42.9 (i) 15 percent of the subtotal of 50 percent of the median wage for home health and
42.10 personal care aide (SOC code 31-1120); 30 percent of the median wage for nursing assistant
42.11 (SOC code 31-1131); and 20 percent of the median wage for social and human services
42.12 aide (SOC code 21-1093); and

42.13 (ii) 85 percent of the subtotal of 40 percent of the median wage for home health and
42.14 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
42.15 (SOC code 31-~~1014~~); 20 percent of the median wage for psychiatric technician (SOC code
42.16 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
42.17 21-1093);

42.18 (6) for adult day services staff, 70 percent of the median wage for nursing assistant (SOC
42.19 code 31-1131); and 30 percent of the median wage for home health and personal care aide
42.20 (SOC code 31-1120);

42.21 (7) for day support services staff and prevocational services staff, 20 percent of the
42.22 median wage for nursing assistant (SOC code 31-1131); 20 percent of the median wage for
42.23 psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social
42.24 and human services aide (SOC code 21-1093);

42.25 (8) for positive supports analyst staff, 100 percent of the median wage for substance
42.26 abuse, behavioral disorder, and mental health counselor (SOC code ~~21-1018~~);

42.27 (9) for positive supports professional staff, 100 percent of the median wage for clinical
42.28 counseling and school psychologist (SOC code ~~19-3031~~);

42.29 (10) for positive supports specialist staff, 100 percent of the median wage for psychiatric
42.30 technicians (SOC code 29-2053);

43.8 (11) for individualized home supports with family training staff, 20 percent of the median
43.9 wage for nursing aide (SOC code 31-1131); 30 percent of the median wage for community
43.10 social service specialist (SOC code 21-1099); 40 percent of the median wage for social and
43.11 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
43.12 technician (SOC code 29-2053);

43.13 (12) for individualized home supports with training services staff, 40 percent of the
43.14 median wage for community social service specialist (SOC code 21-1099); 50 percent of
43.15 the median wage for social and human services aide (SOC code 21-1093); and ten percent
43.16 of the median wage for psychiatric technician (SOC code 29-2053);

43.17 (13) for employment support services staff, 50 percent of the median wage for
43.18 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
43.19 community and social services specialist (SOC code 21-1099);

43.20 (14) for employment exploration services staff, 50 percent of the median wage for
43.21 ~~rehabilitation counselor (SOC code 21-1015)~~ education, guidance, school, and vocational
43.22 counselor (SOC code 21-1012); and 50 percent of the median wage for community and
43.23 social services specialist (SOC code 21-1099);

43.24 (15) for employment development services staff, 50 percent of the median wage for
43.25 education, guidance, school, and vocational counselors (SOC code 21-1012); and 50 percent
43.26 of the median wage for community and social services specialist (SOC code 21-1099);

43.27 (16) for individualized home support without training staff, 50 percent of the median
43.28 wage for home health and personal care aide (SOC code 31-1120); and 50 percent of the
43.29 median wage for nursing assistant (SOC code 31-1131); and

43.30 (17) for night supervision staff, 40 percent of the median wage for home health and
43.31 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
43.32 (SOC code 31-1131); 20 percent of the median wage for psychiatric technician (SOC code
44.1 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
44.2 21-1093); and.

44.3 ~~(18) for respite staff, 50 percent of the median wage for home health and personal care~~
44.4 ~~aide (SOC code 31-1131); and 50 percent of the median wage for nursing assistant (SOC~~
44.5 ~~code 31-1014).~~

44.6 EFFECTIVE DATE. This section is effective January 1, 2024, or upon federal approval,
44.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
44.8 when federal approval is obtained.

44.9 Sec. 29. Minnesota Statutes 2022, section 256B.4914, subdivision 5b, is amended to read:

44.10 Subd. 5b. **Standard component value adjustments.** The commissioner shall update
44.11 the client and programming support, transportation, and program facility cost component
44.12 values as required in subdivisions 6 to 9a 9 for changes in the Consumer Price Index. The

42.31 (11) for individualized home supports with family training staff, 20 percent of the median
42.32 wage for nursing aide (SOC code 31-1131); 30 percent of the median wage for community
43.1 social service specialist (SOC code 21-1099); 40 percent of the median wage for social and
43.2 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
43.3 technician (SOC code 29-2053);

43.4 (12) for individualized home supports with training services staff, 40 percent of the
43.5 median wage for community social service specialist (SOC code 21-1099); 50 percent of
43.6 the median wage for social and human services aide (SOC code 21-1093); and ten percent
43.7 of the median wage for psychiatric technician (SOC code 29-2053);

43.8 (13) for employment support services staff, 50 percent of the median wage for
43.9 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
43.10 community and social services specialist (SOC code 21-1099);

43.11 (14) for employment exploration services staff, 50 percent of the median wage for
43.12 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
43.13 community and social services specialist (SOC code 21-1099);

43.14 (15) for employment development services staff, 50 percent of the median wage for
43.15 education, guidance, school, and vocational counselors (SOC code 21-1012); and 50 percent
43.16 of the median wage for community and social services specialist (SOC code 21-1099);

43.17 (16) for individualized home support without training staff, 50 percent of the median
43.18 wage for home health and personal care aide (SOC code 31-1120); and 50 percent of the
43.19 median wage for nursing assistant (SOC code 31-1131);

43.20 (17) for night supervision staff, 40 percent of the median wage for home health and
43.21 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
43.22 (SOC code 31-1131); 20 percent of the median wage for psychiatric technician (SOC code
43.23 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
43.24 21-1093); and

43.25 (18) for respite staff, 50 percent of the median wage for home health and personal care
43.26 aide (SOC code 31-1131); and 50 percent of the median wage for nursing assistant (SOC
43.27 code 31-1014).

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

44.1 Sec. 29. Minnesota Statutes 2022, section 256B.4914, subdivision 5b, is amended to read:

44.2 Subd. 5b. **Standard component value adjustments.** The commissioner shall update
44.3 the client and programming support, transportation, and program facility cost component
44.4 values as required in subdivisions 6 to 9a and the rates identified in subdivision 19 for
44.5 changes in the Consumer Price Index. The commissioner shall adjust these values higher

44.13 commissioner shall adjust these values higher or lower, publish these updated values, and
44.14 load them into the rate management system as follows:

44.15 (1) on January 1, 2022, by the percentage change in the CPI-U from the date of the
44.16 previous update to the data available on December 31, 2019; and

44.17 ~~(2) on November 1, 2024, by the percentage change in the CPI-U from the date of the~~
44.18 ~~previous update to the data available as of December 31, 2021; and~~

44.19 ~~(3) (2) on July January 1, 2026 2024,~~ and every two years thereafter, by the percentage
44.20 change in the CPI-U from the date of the previous update to the data available ~~30 12~~ months
44.21 and one day prior to the scheduled update.

44.22 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
44.23 whichever is later. The commissioner of human services shall notify the revisor of statutes
44.24 when federal approval is obtained.

44.25 Sec. 30. Minnesota Statutes 2022, section 256B.4914, subdivision 5c, is amended to read:

44.26 Subd. 5c. **Removal of after-framework adjustments.** Any rate adjustments applied to
44.27 the service rates calculated under this section outside of the cost components and rate
44.28 methodology specified in this section shall be removed from rate calculations upon
44.29 implementation of the updates under subdivisions 5 and, 5b, and 5f.

45.1 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
45.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
45.3 when federal approval is obtained.

45.4 Sec. 31. Minnesota Statutes 2022, section 256B.4914, subdivision 5d, is amended to read:

45.5 Subd. 5d. **Unavailable data for updates and adjustments.** If Bureau of Labor Statistics
45.6 occupational codes or Consumer Price Index items specified in subdivision 5 ~~or~~, 5b, or 5f
45.7 are unavailable in the future, the commissioner shall recommend to the legislature codes or
45.8 items to update and replace.

45.9 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
45.10 whichever is later. The commissioner of human services shall notify the revisor of statutes
45.11 when federal approval is obtained.

45.12 Sec. 32. Minnesota Statutes 2022, section 256B.4914, subdivision 5e, is amended to read:

45.13 Subd. 5e. **Inflationary update spending requirement.** (a) At least 80 percent of the
45.14 marginal increase in revenue from the rate ~~adjustment applied to the service rates~~ adjustments
45.15 calculated under subdivisions 5 and 5b ~~beginning on January 1, 2022; 5f for services rendered~~
45.16 ~~between January 1, 2022, and March 31, 2024,~~ on or after the day of implementation of the
45.17 adjustment must be used to increase compensation-related costs for employees directly
45.18 employed by the program ~~on or after January 1, 2022.~~

44.6 or lower, publish these updated values, and load them into the rate management system as
44.7 follows:

44.8 (1) on January 1, 2022, by the percentage change in the CPI-U from the date of the
44.9 previous update to the data available on December 31, 2019;

44.10 ~~(2) on November January 1, 2024,~~ by the percentage change in the CPI-U from the date
44.11 of the previous update to the data available as of December 31, 2021; ~~2022;~~ and

44.12 ~~(3) on July January 1, 2026,~~ and every two years thereafter, by the percentage change
44.13 in the CPI-U from the date of the previous update to the data available ~~30~~ months and one
44.14 day prior to the scheduled update.

44.15 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
44.16 whichever is later, ~~except that the amendments to clauses (2) and (3), are effective January~~
44.17 ~~1, 2024,~~ or upon federal approval, whichever is later. The commissioner of human services
44.18 shall notify the revisor of statutes when federal approval is obtained.

45.19 (b) For the purposes of this subdivision, compensation-related costs include:

45.20 (1) wages and salaries;

45.21 (2) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment

45.22 taxes, workers' compensation, and mileage reimbursement;

45.23 (3) the employer's paid share of health and dental insurance, life insurance, disability

45.24 insurance, long-term care insurance, uniform allowance, pensions, and contributions to

45.25 employee retirement accounts; and

45.26 (4) benefits that address direct support professional workforce needs above and beyond

45.27 what employees were offered prior to ~~January 1, 2022~~ implementation of the applicable

45.28 rate adjustment, including retention and recruitment bonuses and tuition reimbursement.

45.29 (c) Compensation-related costs for persons employed in the central office of a corporation

45.30 or entity that has an ownership interest in the provider or exercises control over the provider,

46.1 or for persons paid by the provider under a management contract, do not count toward the

46.2 80 percent requirement under this subdivision.

46.3 (d) A provider agency or individual provider that receives a rate subject to the

46.4 requirements of this subdivision shall prepare, and upon request submit to the commissioner,

46.5 a distribution plan that specifies the amount of money the provider expects to receive that

46.6 is subject to the requirements of this subdivision, including how that money was or will be

46.7 distributed to increase compensation-related costs for employees. Within 60 days of final

46.8 implementation of a rate adjustment subject to the requirements of this subdivision, the

46.9 provider must post the distribution plan and leave it posted for a period of at least six months

46.10 in an area of the provider's operation to which all direct support professionals have access.

46.11 The posted distribution plan must include instructions regarding how to contact the

46.12 commissioner or commissioner's representative if an employee believes the employee has

46.13 not received the compensation-related increase described in the plan.

46.14 ~~(e) This subdivision expires June 30, 2024.~~

46.15 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,

46.16 whichever is later. The commissioner of human services shall notify the revisor of statutes

46.17 when federal approval is obtained.

46.18 Sec. 33. Minnesota Statutes 2022, section 256B.4914, is amended by adding a subdivision

46.19 to read:

46.20 Subd. 5f. **Competitive workforce factor adjustments.** (a) On January 1, 2024, and

46.21 every two years thereafter, the commissioner shall update all competitive workforce factors

46.22 to equal the differential between:

46.23 (1) the most recently available wage data by SOC code for the weighted average wage
46.24 for direct care staff for residential support services and direct care staff for day programs;
46.25 and
46.26 (2) the most recently available wage data by SOC code of the weighted average wage
46.27 of comparable occupations.
46.28 (b) For each update of the competitive workforce factor, the update must not decrease
46.29 the competitive workforce factor by more than 2.0. If the competitive workforce factor is
46.30 less than or equal to zero, then the competitive workforce factor is zero.
46.31 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
46.32 whichever is later. The commissioner of human services shall notify the revisor of statutes
46.33 when federal approval is obtained.

47.1 Sec. 34. Minnesota Statutes 2022, section 256B.4914, subdivision 8, is amended to read:
47.2 Subd. 8. **Unit-based services with programming; component values and calculation**
47.3 **of payment rates.** (a) For the purpose of this section, unit-based services with programming
47.4 include employment exploration services, employment development services, employment
47.5 support services, individualized home supports with family training, individualized home
47.6 supports with training, and positive support services provided to an individual outside of
47.7 any service plan for a day program or residential support service.
47.8 (b) Component values for unit-based services with programming are:
47.9 (1) competitive workforce factor: 4.7 percent;

44.19 Sec. 30. Minnesota Statutes 2022, section 256B.4914, subdivision 6, is amended to read:
44.20 Subd. 6. **Residential support services; generally.** (a) For purposes of this section,
44.21 residential support services includes 24-hour customized living services, community
44.22 residential services, customized living services, ~~family residential services,~~ and integrated
44.23 community supports.
44.24 (b) A unit of service for residential support services is a day. Any portion of any calendar
44.25 day, within allowable Medicaid rules, where an individual spends time in a residential setting
44.26 is billable as a day. The number of days authorized for all individuals enrolling in residential
44.27 support services must include every day that services start and end.
44.28 (c) When the available shared staffing hours in a residential setting are insufficient to
44.29 meet the needs of an individual who enrolled in residential support services after January
44.30 1, 2014, then individual staffing hours shall be used.
45.1 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
45.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
45.3 when federal approval is obtained.

- 47.10 (2) supervisory span of control ratio: 11 percent;
- 47.11 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 47.12 (4) employee-related cost ratio: 23.6 percent;
- 47.13 (5) program plan support ratio: 15.5 percent;
- 47.14 (6) client programming and support ratio: 4.7 percent, updated as specified in subdivision
- 47.15 5b;
- 47.16 (7) general administrative support ratio: 13.25 percent;
- 47.17 (8) program-related expense ratio: 6.1 percent; and
- 47.18 (9) absence and utilization factor ratio: 3.9 percent.
- 47.19 (c) A unit of service for unit-based services with programming is 15 minutes.
- 47.20 (d) Payments for unit-based services with programming must be calculated as follows,
- 47.21 unless the services are reimbursed separately as part of a residential support services or day
- 47.22 program payment rate:
- 47.23 (1) determine the number of units of service to meet a recipient's needs;
- 47.24 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
- 47.25 provided in subdivisions 5 and 5a;
- 47.26 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
- 47.27 product of one plus the competitive workforce factor;
- 47.28 (4) for a recipient requiring customization for deaf and hard-of-hearing language
- 47.29 accessibility under subdivision 12, add the customization rate provided in subdivision 12
- 47.30 to the result of clause (3);
- 48.1 (5) multiply the number of direct staffing hours by the appropriate staff wage;
- 48.2 (6) multiply the number of direct staffing hours by the product of the supervisory span
- 48.3 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);
- 48.4 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
- 48.5 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
- 48.6 rate;
- 48.7 (8) for program plan support, multiply the result of clause (7) by one plus the program
- 48.8 plan support ratio;
- 48.9 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
- 48.10 employee-related cost ratio;

48.11 (10) for client programming and supports, multiply the result of clause (9) by one plus
48.12 the client programming and support ratio;

48.13 (11) this is the subtotal rate;

48.14 (12) sum the standard general administrative support ratio, the program-related expense
48.15 ratio, and the absence and utilization factor ratio;

48.16 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
48.17 total payment amount;

48.18 (14) for services provided in a shared manner, divide the total payment in clause (13)
48.19 as follows:

48.20 (i) for employment exploration services, divide by the number of service recipients, not
48.21 to exceed five;

48.22 (ii) for employment support services, divide by the number of service recipients, not to
48.23 exceed six; and

48.24 (iii) for individualized home supports with training and individualized home supports
48.25 with family training, divide by the number of service recipients, not to exceed ~~two~~ three;
48.26 and

48.27 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
48.28 to adjust for regional differences in the cost of providing services.

48.29 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
48.30 whichever is later. The commissioner of human services shall notify the revisor of statutes
48.31 when federal approval is obtained.

49.1 Sec. 35. Minnesota Statutes 2022, section 256B.4914, subdivision 9, is amended to read:

49.2 Subd. 9. **Unit-based services without programming; component values and**
49.3 **calculation of payment rates.** (a) For the purposes of this section, unit-based services
49.4 without programming include individualized home supports without training and night
49.5 supervision provided to an individual outside of any service plan for a day program or
49.6 residential support service. Unit-based services without programming do not include respite.

49.7 (b) Component values for unit-based services without programming are:

49.8 (1) competitive workforce factor: 4.7 percent;

49.9 (2) supervisory span of control ratio: 11 percent;

49.10 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

49.11 (4) employee-related cost ratio: 23.6 percent;

49.12 (5) program plan support ratio: 7.0 percent;

49.13 (6) client programming and support ratio: 2.3 percent, updated as specified in subdivision
49.14 5b;

49.15 (7) general administrative support ratio: 13.25 percent;

49.16 (8) program-related expense ratio: 2.9 percent; and

49.17 (9) absence and utilization factor ratio: 3.9 percent.

49.18 (c) A unit of service for unit-based services without programming is 15 minutes.

49.19 (d) Payments for unit-based services without programming must be calculated as follows
49.20 unless the services are reimbursed separately as part of a residential support services or day
49.21 program payment rate:

49.22 (1) determine the number of units of service to meet a recipient's needs;

49.23 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
49.24 provided in subdivisions 5 to 5a;

49.25 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
49.26 product of one plus the competitive workforce factor;

49.27 (4) for a recipient requiring customization for deaf and hard-of-hearing language
49.28 accessibility under subdivision 12, add the customization rate provided in subdivision 12
49.29 to the result of clause (3);

49.30 (5) multiply the number of direct staffing hours by the appropriate staff wage;

50.1 (6) multiply the number of direct staffing hours by the product of the supervisory span
50.2 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

50.3 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
50.4 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
50.5 rate;

50.6 (8) for program plan support, multiply the result of clause (7) by one plus the program
50.7 plan support ratio;

50.8 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
50.9 employee-related cost ratio;

50.10 (10) for client programming and supports, multiply the result of clause (9) by one plus
50.11 the client programming and support ratio;

50.12 (11) this is the subtotal rate;

50.13 (12) sum the standard general administrative support ratio, the program-related expense
50.14 ratio, and the absence and utilization factor ratio;

50.15 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
50.16 total payment amount;

50.17 (14) for individualized home supports without training provided in a shared manner,
50.18 divide the total payment amount in clause (13) by the number of service recipients, not to
50.19 exceed ~~two~~ three; and

50.20 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
50.21 to adjust for regional differences in the cost of providing services.

50.22 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
50.23 whichever is later. The commissioner of human services shall notify the revisor of statutes
50.24 when federal approval is obtained.

50.25 Sec. 36. Minnesota Statutes 2022, section 256B.4914, subdivision 10, is amended to read:

50.26 Subd. 10. **Evaluation of information and data.** (a) The commissioner shall, within
50.27 available resources, conduct research and gather data and information from existing state
50.28 systems or other outside sources on the following items:

50.29 (1) differences in the underlying cost to provide services and care across the state;

51.1 (2) mileage, vehicle type, lift requirements, incidents of individual and shared rides, and
51.2 units of transportation for all day services, which must be collected from providers using
51.3 the rate management worksheet and entered into the rates management system; and

51.4 (3) the distinct underlying costs for services provided by a license holder under sections
51.5 245D.05, 245D.06, 245D.07, 245D.071, 245D.081, and 245D.09, and for services provided
51.6 by a license holder certified under section 245D.33.

51.7 (b) The commissioner, in consultation with stakeholders, shall review and evaluate the
51.8 following values already in subdivisions 6 to ~~9a~~ 9, or issues that impact all services, including,
51.9 but not limited to:

51.10 (1) values for transportation rates;

51.11 (2) values for services where monitoring technology replaces staff time;

51.12 (3) values for indirect services;

51.13 (4) values for nursing;

51.14 (5) values for the facility use rate in day services, and the weightings used in the day
51.15 service ratios and adjustments to those weightings;

51.16 (6) values for workers' compensation as part of employee-related expenses;

51.17 (7) values for unemployment insurance as part of employee-related expenses;

51.18 (8) direct care workforce labor market measures;

51.19 (9) any changes in state or federal law with a direct impact on the underlying cost of
51.20 providing home and community-based services;

51.21 (10) outcome measures, determined by the commissioner, for home and community-based
51.22 services rates determined under this section; and

51.23 (11) different competitive workforce factors by service, as determined under subdivision
51.24 10b.

51.25 (c) The commissioner shall report to the chairs and the ranking minority members of
51.26 the legislative committees and divisions with jurisdiction over health and human services
51.27 policy and finance with the information and data gathered under paragraphs (a) and (b) on
51.28 January 15, 2021, with a full report, and a full report once every four years thereafter.

51.29 (d) Beginning July 1, 2022, the commissioner shall renew analysis and implement
51.30 changes to the regional adjustment factors once every six years. Prior to implementation,
52.1 the commissioner shall consult with stakeholders on the methodology to calculate the
52.2 adjustment.

52.3 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
52.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
52.5 when federal approval is obtained.

52.6 Sec. 37. Minnesota Statutes 2022, section 256B.4914, subdivision 10a, is amended to
52.7 read:

52.8 Subd. 10a. **Reporting and analysis of cost data.** (a) The commissioner must ensure
52.9 that wage values and component values in subdivisions 5 to ~~9a~~ 9 reflect the cost to provide
52.10 the service. As determined by the commissioner, in consultation with stakeholders identified
52.11 in subdivision 17, a provider enrolled to provide services with rates determined under this
52.12 section must submit requested cost data to the commissioner to support research on the cost
52.13 of providing services that have rates determined by the disability waiver rates system.
52.14 Requested cost data may include, but is not limited to:

52.15 (1) worker wage costs;

52.16 (2) benefits paid;

52.17 (3) supervisor wage costs;

52.18 (4) executive wage costs;

52.19 (5) vacation, sick, and training time paid;

52.20 (6) taxes, workers' compensation, and unemployment insurance costs paid;

52.21 (7) administrative costs paid;

52.22 (8) program costs paid;

45.4 Sec. 31. Minnesota Statutes 2022, section 256B.4914, subdivision 10a, is amended to
45.5 read:

45.6 Subd. 10a. **Reporting and analysis of cost data.** (a) The commissioner must ensure
45.7 that wage values and component values in subdivisions 5 to ~~9a~~ 9 reflect the cost to provide
45.8 the service. As determined by the commissioner, in consultation with stakeholders identified
45.9 in subdivision 17, a provider enrolled to provide services with rates determined under this
45.10 section must submit requested cost data to the commissioner to support research on the cost
45.11 of providing services that have rates determined by the disability waiver rates system.
45.12 Requested cost data may include, but is not limited to:

45.13 (1) worker wage costs;

45.14 (2) benefits paid;

45.15 (3) supervisor wage costs;

45.16 (4) executive wage costs;

45.17 (5) vacation, sick, and training time paid;

45.18 (6) taxes, workers' compensation, and unemployment insurance costs paid;

45.19 (7) administrative costs paid;

45.20 (8) program costs paid;

52.23 (9) transportation costs paid;
52.24 (10) vacancy rates; and
52.25 (11) other data relating to costs required to provide services requested by the
52.26 commissioner.

52.27 (b) At least once in any five-year period, a provider must submit cost data for a fiscal
52.28 year that ended not more than 18 months prior to the submission date. The commissioner
52.29 shall provide each provider a 90-day notice prior to its submission due date. If a provider
52.30 fails to submit required reporting data, the commissioner shall provide notice to providers
52.31 that have not provided required data 30 days after the required submission date, and a second
53.1 notice for providers who have not provided required data 60 days after the required
53.2 submission date. The commissioner shall temporarily suspend payments to the provider if
53.3 cost data is not received 90 days after the required submission date. Withheld payments
53.4 shall be made once data is received by the commissioner.

53.5 (c) The commissioner shall conduct a random validation of data submitted under
53.6 paragraph (a) to ensure data accuracy.

53.7 (d) The commissioner shall analyze cost data submitted under paragraph (a) and, in
53.8 consultation with stakeholders identified in subdivision 17, may submit recommendations
53.9 on component values and inflationary factor adjustments to the chairs and ranking minority
53.10 members of the legislative committees with jurisdiction over human services once every
53.11 four years beginning January 1, 2021. The commissioner shall make recommendations in
53.12 conjunction with reports submitted to the legislature according to subdivision 10, paragraph
53.13 (c).

53.14 (e) The commissioner shall release cost data in an aggregate form, and cost data from
53.15 individual providers shall not be released except as provided for in current law.

53.16 (f) The commissioner, in consultation with stakeholders identified in subdivision 17,
53.17 shall develop and implement a process for providing training and technical assistance
53.18 necessary to support provider submission of cost documentation required under paragraph
53.19 (a).

53.20 EFFECTIVE DATE. This section is effective January 1, 2024, or upon federal approval,
53.21 whichever is later. The commissioner of human services shall notify the revisor of statutes
53.22 when federal approval is obtained.

45.21 (9) transportation costs paid;
45.22 (10) vacancy rates; and
45.23 (11) other data relating to costs required to provide services requested by the
45.24 commissioner.

45.25 (b) At least once in any five-year period, a provider must submit cost data for a fiscal
45.26 year that ended not more than 18 months prior to the submission date. The commissioner
45.27 shall provide each provider a 90-day notice prior to its submission due date. If a provider
45.28 fails to submit required reporting data, the commissioner shall provide notice to providers
45.29 that have not provided required data 30 days after the required submission date, and a second
45.30 notice for providers who have not provided required data 60 days after the required
45.31 submission date. The commissioner shall temporarily suspend payments to the provider if
46.1 cost data is not received 90 days after the required submission date. Withheld payments
46.2 shall be made once data is received by the commissioner.

46.3 (c) The commissioner shall conduct a random validation of data submitted under
46.4 paragraph (a) to ensure data accuracy. The commissioner shall analyze cost documentation
46.5 in paragraph (a) and provide recommendations for adjustments to cost components.

46.6 (d) The commissioner shall analyze cost data submitted under paragraph (a) and, in
46.7 consultation with stakeholders identified in subdivision 17, may submit recommendations
46.8 on component values and inflationary factor adjustments to the chairs and ranking minority
46.9 members of the legislative committees with jurisdiction over human services once every
46.10 four years beginning January 1, 2021. The commissioner shall make recommendations in
46.11 conjunction with reports submitted to the legislature according to subdivision 10, paragraph
46.12 (c). The commissioner shall release cost data in an aggregate form. Cost data from individual
46.13 providers must not be released except as provided for in current law.

46.14 (e) The commissioner shall release cost data in an aggregate form, and cost data from
46.15 individual providers shall not be released except as provided for in current law. The
46.16 commissioner shall use data collected in paragraph (a) to determine the compliance with
46.17 requirements identified under subdivision 10d. The commissioner shall identify providers
46.18 who have not met the thresholds identified under subdivision 10d on the Department of
46.19 Human Services website for the year for which the providers reported their costs.

46.20 ~~(f) The commissioner, in consultation with stakeholders identified in subdivision 17,~~
46.21 ~~shall develop and implement a process for providing training and technical assistance~~
46.22 ~~necessary to support provider submission of cost documentation required under paragraph~~
46.23 ~~(a).~~

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

53.23 Sec. 38. Minnesota Statutes 2022, section 256B.4914, subdivision 10c, is amended to
53.24 read:

53.25 Subd. 10c. **Reporting and analysis of competitive workforce factor.** (a) Beginning
53.26 February 1, 2021 2025, and every two years thereafter, the commissioner shall report to the
53.27 chairs and ranking minority members of the legislative committees and divisions with
53.28 jurisdiction over health and human services policy and finance an analysis of the competitive
53.29 workforce factor.

53.30 (b) The report must include ~~recommendations to update the competitive workforce factor~~
53.31 ~~using:~~

53.32 (1) the most recently available wage data by SOC code for the weighted average wage
53.33 for direct care staff for residential services and direct care staff for day services;

54.1 (2) the most recently available wage data by SOC code of the weighted average wage
54.2 of comparable occupations; and

54.3 (3) workforce data as required under subdivision 10b.

54.4 (c) ~~The commissioner shall not recommend an increase or decrease of the competitive~~
54.5 ~~workforce factor from the current value by more than two percentage points. If, after a~~
54.6 ~~biennial analysis for the next report, the competitive workforce factor is less than or equal~~
54.7 ~~to zero, the commissioner shall recommend a competitive workforce factor of zero. This~~
54.8 ~~subdivision expires upon submission of the calendar year 2030 report.~~

54.9 **EFFECTIVE DATE.** This section is effective July 1, 2023.

46.25 Sec. 32. Minnesota Statutes 2022, section 256B.4914, is amended by adding a subdivision
46.26 to read:

46.27 Subd. 10d. **Direct care staff; compensation.** (a) A provider paid with rates determined
46.28 under subdivision 6 must use a minimum of 66 percent of the revenue generated by rates
46.29 determined under that subdivision for direct care staff compensation.

46.30 (b) A provider paid with rates determined under subdivision 7 must use a minimum of
46.31 45 percent of the revenue generated by rates determined under that subdivision for direct
46.32 care compensation.

47.1 (c) A provider paid with rates determined under subdivision 8 or 9 must use a minimum
47.2 of 60 percent of the revenue generated by rates determined under those subdivisions for
47.3 direct care compensation.

47.4 (d) Compensation under this subdivision includes:

47.5 (1) wages;

54.10 Sec. 39. Minnesota Statutes 2022, section 256B.4914, subdivision 12, is amended to read:

54.11 Subd. 12. **Customization of rates for individuals.** (a) For persons determined to have

54.12 higher needs based on being deaf or hard-of-hearing, the direct-care costs must be increased

54.13 by an adjustment factor prior to calculating the rate under subdivisions 6 to 9~~a~~ 9. The

54.14 customization rate with respect to deaf or hard-of-hearing persons shall be \$2.50 per hour

54.15 for waiver recipients who meet the respective criteria as determined by the commissioner.

54.16 (b) For the purposes of this section, "deaf and hard-of-hearing" means:

54.17 (1) the person has a developmental disability and:

54.18 (i) an assessment score which indicates a hearing impairment that is severe or that the

54.19 person has no useful hearing;

54.20 (ii) an expressive communications score that indicates the person uses single signs or

54.21 gestures, uses an augmentative communication aid, or does not have functional

54.22 communication, or the person's expressive communications is unknown; and

54.23 (iii) a communication score which indicates the person comprehends signs, gestures,

54.24 and modeling prompts or does not comprehend verbal, visual, or gestural communication,

54.25 or that the person's receptive communication score is unknown; or

- 47.6 (2) taxes and workers' compensation;
- 47.7 (3) health insurance;
- 47.8 (4) dental insurance;
- 47.9 (5) vision insurance;
- 47.10 (6) life insurance;
- 47.11 (7) short-term disability insurance;
- 47.12 (8) long-term disability insurance;
- 47.13 (9) retirement spending;
- 47.14 (10) tuition reimbursement;
- 47.15 (11) wellness programs;
- 47.16 (12) paid vacation time;
- 47.17 (13) paid sick time; or
- 47.18 (14) other items of monetary value provided to direct care staff.
- 47.19 **EFFECTIVE DATE.** This section is effective January 1, 2025.

54.26 (2) the person receives long-term care services and has an assessment score that indicates
54.27 the person hears only very loud sounds, the person has no useful hearing, or a determination
54.28 cannot be made; and the person receives long-term care services and has an assessment that
54.29 indicates the person communicates needs with sign language, symbol board, written
54.30 messages, gestures, or an interpreter; communicates with inappropriate content, makes
54.31 garbled sounds or displays echolalia, or does not communicate needs.

55.1 EFFECTIVE DATE. This section is effective January 1, 2024, or upon federal approval,
55.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
55.3 when federal approval is obtained.

55.4 Sec. 40. Minnesota Statutes 2022, section 256B.4914, subdivision 14, is amended to read:

55.5 Subd. 14. **Exceptions.** (a) In a format prescribed by the commissioner, lead agencies
55.6 must identify individuals with exceptional needs that cannot be met under the disability
55.7 waiver rate system. The commissioner shall use that information to evaluate and, if necessary,
55.8 approve an alternative payment rate for those individuals. Whether granted, denied, or
55.9 modified, the commissioner shall respond to all exception requests in writing. The
55.10 commissioner shall include in the written response the basis for the action and provide
55.11 notification of the right to appeal under paragraph (h).

55.12 (b) Lead agencies must act on an exception request within 30 days and notify the initiator
55.13 of the request of their recommendation in writing. A lead agency shall submit all exception
55.14 requests along with its recommendation to the commissioner.

55.15 (c) An application for a rate exception may be submitted for the following criteria:

55.16 (1) an individual has service needs that cannot be met through additional units of service;

55.17 (2) an individual's rate determined under subdivisions 6 to ~~9a~~ 9 is so insufficient that it
55.18 has resulted in an individual receiving a notice of discharge from the individual's provider;
55.19 or

55.20 (3) an individual's service needs, including behavioral changes, require a level of service
55.21 which necessitates a change in provider or which requires the current provider to propose
55.22 service changes beyond those currently authorized.

55.23 (d) Exception requests must include the following information:

55.24 (1) the service needs required by each individual that are not accounted for in subdivisions
55.25 6 to ~~9a~~ 9;

55.26 (2) the service rate requested and the difference from the rate determined in subdivisions
55.27 6 to ~~9a~~ 9;

55.28 (3) a basis for the underlying costs used for the rate exception and any accompanying
55.29 documentation; and

55.30 (4) any contingencies for approval.

47.20 Sec. 33. Minnesota Statutes 2022, section 256B.4914, subdivision 14, is amended to read:

47.21 Subd. 14. **Exceptions.** (a) In a format prescribed by the commissioner, lead agencies
47.22 must identify individuals with exceptional needs that cannot be met under the disability
47.23 waiver rate system. The commissioner shall use that information to evaluate and, if necessary,
47.24 approve an alternative payment rate for those individuals. Whether granted, denied, or
47.25 modified, the commissioner shall respond to all exception requests in writing. The
47.26 commissioner shall include in the written response the basis for the action and provide
47.27 notification of the right to appeal under paragraph (h).

48.1 (b) Lead agencies must act on an exception request within 30 days and notify the initiator
48.2 of the request of their recommendation in writing. A lead agency shall submit all exception
48.3 requests along with its recommendation to the commissioner.

48.4 (c) An application for a rate exception may be submitted for the following criteria:

48.5 (1) an individual has service needs that cannot be met through additional units of service;

48.6 (2) an individual's rate determined under subdivisions 6 to ~~9a~~ 9a is so insufficient that it
48.7 has resulted in an individual receiving a notice of discharge from the individual's provider;
48.8 or

48.9 (3) an individual's service needs, including behavioral changes, require a level of service
48.10 which necessitates a change in provider or which requires the current provider to propose
48.11 service changes beyond those currently authorized.

48.12 (d) Exception requests must include the following information:

48.13 (1) the service needs required by each individual that are not accounted for in subdivisions
48.14 6 to ~~9a~~ 9a;

48.15 (2) the service rate requested and the difference from the rate determined in subdivisions
48.16 6 to ~~9a~~ 9a;

48.17 (3) a basis for the underlying costs used for the rate exception and any accompanying
48.18 documentation; and

48.19 (4) any contingencies for approval.

56.1 (e) Approved rate exceptions shall be managed within lead agency allocations under
56.2 sections 256B.092 and 256B.49.

56.3 (f) Individual disability waiver recipients, an interested party, or the license holder that
56.4 would receive the rate exception increase may request that a lead agency submit an exception
56.5 request. A lead agency that denies such a request shall notify the individual waiver recipient,
56.6 interested party, or license holder of its decision and the reasons for denying the request in
56.7 writing no later than 30 days after the request has been made and shall submit its denial to
56.8 the commissioner in accordance with paragraph (b). The reasons for the denial must be
56.9 based on the failure to meet the criteria in paragraph (c).

56.10 (g) The commissioner shall determine whether to approve or deny an exception request
56.11 no more than 30 days after receiving the request. If the commissioner denies the request,
56.12 the commissioner shall notify the lead agency and the individual disability waiver recipient,
56.13 the interested party, and the license holder in writing of the reasons for the denial.

56.14 (h) The individual disability waiver recipient may appeal any denial of an exception
56.15 request by either the lead agency or the commissioner, pursuant to sections 256.045 and
56.16 256.0451. When the denial of an exception request results in the proposed demission of a
56.17 waiver recipient from a residential or day habilitation program, the commissioner shall issue
56.18 a temporary stay of demission, when requested by the disability waiver recipient, consistent
56.19 with the provisions of section 256.045, subdivisions 4a and 6, paragraph (c). The temporary
56.20 stay shall remain in effect until the lead agency can provide an informed choice of
56.21 appropriate, alternative services to the disability waiver.

56.22 (i) Providers may petition lead agencies to update values that were entered incorrectly
56.23 or erroneously into the rate management system, based on past service level discussions
56.24 and determination in subdivision 4, without applying for a rate exception.

56.25 (j) The starting date for the rate exception will be the later of the date of the recipient's
56.26 change in support or the date of the request to the lead agency for an exception.

56.27 (k) The commissioner shall track all exception requests received and their dispositions.
56.28 The commissioner shall issue quarterly public exceptions statistical reports, including the
56.29 number of exception requests received and the numbers granted, denied, withdrawn, and
56.30 pending. The report shall include the average amount of time required to process exceptions.

56.31 (l) Approved rate exceptions remain in effect in all cases until an individual's needs
56.32 change as defined in paragraph (c).

57.1 EFFECTIVE DATE. This section is effective January 1, 2024, or upon federal approval,
57.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
57.3 when federal approval is obtained.

48.20 (e) Approved rate exceptions shall be managed within lead agency allocations under
48.21 sections 256B.092 and 256B.49.

48.22 (f) Individual disability waiver recipients, an interested party, or the license holder that
48.23 would receive the rate exception increase may request that a lead agency submit an exception
48.24 request. A lead agency that denies such a request shall notify the individual waiver recipient,
48.25 interested party, or license holder of its decision and the reasons for denying the request in
48.26 writing no later than 30 days after the request has been made and shall submit its denial to
48.27 the commissioner in accordance with paragraph (b). The reasons for the denial must be
48.28 based on the failure to meet the criteria in paragraph (c).

48.29 (g) The commissioner shall determine whether to approve or deny an exception request
48.30 no more than 30 days after receiving the request. If the commissioner denies the request,
48.31 the commissioner shall notify the lead agency and the individual disability waiver recipient,
48.32 the interested party, and the license holder in writing of the reasons for the denial.

49.1 (h) The individual disability waiver recipient may appeal any denial of an exception
49.2 request by either the lead agency or the commissioner, pursuant to sections 256.045 and
49.3 256.0451. When the denial of an exception request results in the proposed demission of a
49.4 waiver recipient from a residential or day habilitation program, the commissioner shall issue
49.5 a temporary stay of demission, when requested by the disability waiver recipient, consistent
49.6 with the provisions of section 256.045, subdivisions 4a and 6, paragraph (c). The temporary
49.7 stay shall remain in effect until the lead agency can provide an informed choice of
49.8 appropriate, alternative services to the disability waiver.

49.9 (i) Providers may petition lead agencies to update values that were entered incorrectly
49.10 or erroneously into the rate management system, based on past service level discussions
49.11 and determination in subdivision 4, without applying for a rate exception.

49.12 (j) The starting date for the rate exception will be the later of the date of the recipient's
49.13 change in support or the date of the request to the lead agency for an exception.

49.14 (k) The commissioner shall track all exception requests received and their dispositions.
49.15 The commissioner shall issue quarterly public exceptions statistical reports, including the
49.16 number of exception requests received and the numbers granted, denied, withdrawn, and
49.17 pending. The report shall include the average amount of time required to process exceptions.

49.18 (l) Approved rate exceptions remain in effect in all cases until an individual's needs
49.19 change as defined in paragraph (c).

49.20 (m) Rates determined under subdivision 19 are ineligible for rate exceptions.

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

57.4 Sec. 41. Minnesota Statutes 2022, section 256B.492, is amended to read:

57.5 **256B.492 HOME AND COMMUNITY-BASED SETTINGS FOR PEOPLE WITH**

57.6 **DISABILITIES.**

57.7 (a) Individuals receiving services under a home and community-based waiver under

57.8 section 256B.092 or 256B.49 may receive services in the following settings:

57.9 (1) home and community-based settings that comply with:

57.10 (i) all requirements identified by the federal Centers for Medicare and Medicaid Services

57.11 in the Code of Federal Regulations, title 42, section 441.301(c); and

57.12 with (ii) the requirements of the federally approved transition plan and waiver plans for

57.13 each home and community-based services waiver except when applying a size limitation

57.14 to a setting, the commissioner must treat residents under 55 years of age who are receiving

57.15 services under the brain injury or the community access for disability inclusion waiver as

57.16 if the residents are 55 years of age or older if the residents lived and received services in

57.17 the setting on or before March 1, 2023; and

57.18 (2) settings required by the Housing Opportunities for Persons with AIDS Program.

57.19 (b) The settings in paragraph (a) must not have the qualities of an institution which

57.20 include, but are not limited to: regimented meal and sleep times, limitations on visitors, and

57.21 lack of privacy. Restrictions agreed to and documented in the person's individual service

57.22 plan shall not result in a residence having the qualities of an institution as long as the

57.23 restrictions for the person are not imposed upon others in the same residence and are the

57.24 least restrictive alternative, imposed for the shortest possible time to meet the person's needs.

49.24 Sec. 34. Minnesota Statutes 2022, section 256B.4914, is amended by adding a subdivision

49.25 to read:

49.26 Subd. 19. **Payments for family residential and life sharing services.** The commissioner

49.27 shall establish rates for family residential services and life sharing services based on a

49.28 person's assessed need, as described in the federally-approved waiver plans. Rates for life

49.29 sharing services must be ten percent higher than the corresponding family residential services

49.30 rate.

49.31 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,

49.32 whichever is later. The commissioner of human services shall notify the revisor of statutes

49.33 when federal approval is obtained.

57.25 Sec. 42. Minnesota Statutes 2022, section 256B.5012, is amended by adding a subdivision
57.26 to read:

57.27 Subd. 19. **ICF/DD rate increase effective July 1, 2023.** (a) Effective July 1, 2023, the
57.28 daily operating payment rate for a class A intermediate care facility for persons with
57.29 developmental disabilities is increased by \$50.

57.30 (b) Effective July 1, 2023, the daily operating payment rate for a class B intermediate
57.31 care facility for persons with developmental disabilities is increased by \$50.

58.1 **EFFECTIVE DATE.** This section is effective July 1, 2023, or upon federal approval,
58.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
58.3 when federal approval is obtained.

58.4 Sec. 43. Minnesota Statutes 2022, section 256B.5012, is amended by adding a subdivision
58.5 to read:

58.6 Subd. 20. **ICF/DD minimum daily operating payment rates.** (a) The minimum daily
58.7 operating payment rate for a class A intermediate care facility for persons with developmental
58.8 disabilities is \$300.

58.9 (b) The minimum daily operating payment rate for a class B intermediate care facility
58.10 for persons with developmental disabilities is \$400.

58.11 **EFFECTIVE DATE.** This section is effective July 1, 2023, or upon federal approval,
58.12 whichever is later. The commissioner of human services shall notify the revisor of statutes
58.13 when federal approval is obtained.

58.14 Sec. 44. Minnesota Statutes 2022, section 256B.5012, is amended by adding a subdivision
58.15 to read:

58.16 Subd. 21. **Spending requirements.** (a) At least 80 percent of the marginal increase in
58.17 revenue resulting from implementation of the rate increases under subdivisions 19 and 20
58.18 for services rendered on or after the day of implementation of the increases must be used
58.19 to increase compensation-related costs for employees directly employed by the facility.

58.20 (b) For the purposes of this subdivision, compensation-related costs include:

58.21 (1) wages and salaries;

58.22 (2) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment
58.23 taxes, workers' compensation, and mileage reimbursement;

58.24 (3) the employer's paid share of health and dental insurance, life insurance, disability
58.25 insurance, long-term care insurance, uniform allowance, pensions, and contributions to
58.26 employee retirement accounts; and

50.1 Sec. 35. Minnesota Statutes 2022, section 256B.5012, is amended by adding a subdivision
50.2 to read:

50.3 Subd. 19. **ICF/DD rate transition.** (a) Effective January 1, 2024, the minimum daily
50.4 operating rate for intermediate care facilities for persons with developmental disabilities is
50.5 \$260.00.

50.6 (b) Beginning January 1, 2026, and every two years thereafter, the rate in paragraph (a)
50.7 must be updated for the percentage change in the Consumer Price Index (CPI-U) from the
50.8 date of the previous CPI-U update to the data available 12 months and one day prior to the
50.9 scheduled update.

50.10 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
50.11 whichever is later. The commissioner of human services shall notify the revisor of statutes
50.12 when federal approval is obtained.

58.27 (4) benefits that address direct support professional workforce needs above and beyond
58.28 what employees were offered prior to implementation of the rate increases.

58.29 (c) Compensation-related costs for persons employed in the central office of a corporation
58.30 or entity that has an ownership interest in the provider or exercises control over the provider,
59.1 or for persons paid by the provider under a management contract, do not count toward the
59.2 80 percent requirement under this subdivision.

59.3 (d) A provider agency or individual provider that receives additional revenue subject to
59.4 the requirements of this subdivision shall prepare, and upon request submit to the
59.5 commissioner, a distribution plan that specifies the amount of money the provider expects
59.6 to receive that is subject to the requirements of this subdivision, including how that money
59.7 was or will be distributed to increase compensation-related costs for employees. Within 60
59.8 days of final implementation of the new rate methodology or any rate adjustment subject
59.9 to the requirements of this subdivision, the provider must post the distribution plan and
59.10 leave it posted for a period of at least six months in an area of the provider's operation to
59.11 which all direct support professionals have access. The posted distribution plan must include
59.12 instructions regarding how to contact the commissioner, or the commissioner's representative,
59.13 if an employee has not received the compensation-related increase described in the plan.

59.14 Sec. 45. Minnesota Statutes 2022, section 256B.85, subdivision 7, is amended to read:

59.15 Subd. 7. **Community first services and supports; covered services.** Services and
59.16 supports covered under CFSS include:

59.17 (1) assistance to accomplish activities of daily living (ADLs), instrumental activities of
59.18 daily living (IADLs), and health-related procedures and tasks through hands-on assistance
59.19 to accomplish the task or constant supervision and cueing to accomplish the task;

59.20 (2) assistance to acquire, maintain, or enhance the skills necessary for the participant to
59.21 accomplish activities of daily living, instrumental activities of daily living, or health-related
59.22 tasks;

59.23 (3) expenditures for items, services, supports, environmental modifications, or goods,
59.24 including assistive technology. These expenditures must:

59.25 (i) relate to a need identified in a participant's CFSS service delivery plan; and

59.26 (ii) increase independence or substitute for human assistance, to the extent that
59.27 expenditures would otherwise be made for human assistance for the participant's assessed
59.28 needs;

59.29 (4) observation and redirection for behavior or symptoms where there is a need for
59.30 assistance;

59.31 (5) back-up systems or mechanisms, such as the use of pagers or other electronic devices,
59.32 to ensure continuity of the participant's services and supports;

60.1 (6) services provided by a consultation services provider as defined under subdivision
60.2 17, that is under contract with the department and enrolled as a Minnesota health care
60.3 program provider;

60.4 (7) services provided by an FMS provider as defined under subdivision 13a, that is an
60.5 enrolled provider with the department;

60.6 (8) CFSS services provided by a support worker who is a parent, stepparent, or legal
60.7 guardian of a participant under age 18, or who is the participant's spouse. ~~These support~~
60.8 ~~workers shall not.~~ Covered services under this clause are subject to the limitations described
60.9 in subdivision 7b; and

60.10 ~~(i) provide any medical assistance home and community-based services in excess of 40~~
60.11 ~~hours per seven-day period regardless of the number of parents providing services,~~
60.12 ~~combination of parents and spouses providing services, or number of children who receive~~
60.13 ~~medical assistance services; and~~

60.14 ~~(ii) have a wage that exceeds the current rate for a CFSS support worker including the~~
60.15 ~~wage, benefits, and payroll taxes; and~~

60.16 (9) worker training and development services as described in subdivision 18a.

60.17 **EFFECTIVE DATE.** This section is effective July 1, 2023, or upon federal approval,
60.18 whichever is later. The commissioner of human services shall notify the revisor of statutes
60.19 when federal approval is obtained.

60.20 Sec. 46. Minnesota Statutes 2022, section 256B.85, is amended by adding a subdivision
60.21 to read:

60.22 Subd. 7b. **Services provided by parents and spouses.** (a) This subdivision applies to
60.23 services and supports described in subdivision 7, clause (8).

60.24 (b) If multiple parents are support workers providing CFSS services to their minor child
60.25 or children, each parent may provide up to 40 hours of medical assistance home and
60.26 community-based services in any seven-day period regardless of the number of children
60.27 served. The total number of hours of medical assistance home and community-based services
60.28 provided by all of the parents must not exceed 80 hours in a seven-day period regardless of
60.29 the number of children served.

60.30 (c) If only one parent is a support worker providing CFSS services to the parent's minor
60.31 child or children, the parent may provide up to 60 hours of medical assistance home and
60.32 community-based services in a seven-day period regardless of the number of children served.

61.1 (d) If a participant's spouse is a support worker providing CFSS services, the spouse
61.2 may provide up to 60 hours of medical assistance home and community-based services in
61.3 a seven-day period.

61.4 (e) Paragraphs (b) to (d) must not be construed to permit an increase in either the total
61.5 authorized service budget for an individual or the total number of authorized service units.

61.6 (f) A parent or participant's spouse must not receive a wage that exceeds the current rate
61.7 for a CFSS support worker, including wages, benefits, and payroll taxes.

61.8 **EFFECTIVE DATE.** This section is effective July 1, 2023, or upon federal approval,
61.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
61.10 when federal approval is obtained.

61.11 Sec. 47. Minnesota Statutes 2022, section 256B.851, subdivision 5, is amended to read:

61.12 Subd. 5. **Payment rates; component values.** (a) The commissioner must use the
61.13 following component values:

61.14 (1) employee vacation, sick, and training factor, 8.71 percent;

61.15 (2) employer taxes and workers' compensation factor, 11.56 percent;

61.16 (3) employee benefits factor, 12.04 percent;

50.13 Sec. 36. Minnesota Statutes 2022, section 256B.851, subdivision 3, is amended to read:

50.14 Subd. 3. **Payment rates; base wage index.** When initially establishing the base wage
50.15 component values, the commissioner must use the Minnesota-specific median wage for the
50.16 standard occupational classification (SOC) codes published by the Bureau of Labor Statistics
50.17 in the edition of the Occupational Handbook available January 1, published in March 2021.
50.18 The commissioner must calculate the base wage component values as follows for:

50.19 (1) personal care assistance services, CFSS, extended personal care assistance services,
50.20 and extended CFSS. The base wage component value equals the median wage for personal
50.21 care aide (SOC code 31-1120);

50.22 (2) enhanced rate personal care assistance services and enhanced rate CFSS. The base
50.23 wage component value equals the product of median wage for personal care aide (SOC
50.24 code 31-1120) and the value of the enhanced rate under section 256B.0659, subdivision
50.25 17a; and

50.26 (3) qualified professional services and CFSS worker training and development. The base
50.27 wage component value equals the sum of 70 percent of the median wage for registered nurse
50.28 (SOC code 29-1141), 15 percent of the median wage for health care social worker (SOC
50.29 code 21-1099), and 15 percent of the median wage for social and human service assistant
50.30 (SOC code 21-1093).

50.31 **EFFECTIVE DATE.** This section is effective January 1, 2024, or within 90 days of
50.32 federal approval, whichever is later. The commissioner of human services shall notify the
50.33 revisor of statutes when federal approval is obtained.

51.1 Sec. 37. Minnesota Statutes 2022, section 256B.851, subdivision 5, is amended to read:

51.2 Subd. 5. **Payment rates; component values.** (a) The commissioner must use the
51.3 following component values:

51.4 (1) employee vacation, sick, and training factor, 8.71 percent;

51.5 (2) employer taxes and workers' compensation factor, 11.56 percent;

51.6 (3) employee benefits factor, 12.04 percent;

61.17 (4) client programming and supports factor, 2.30 percent;

61.18 (5) program plan support factor, 7.00 percent;

61.19 (6) general business and administrative expenses factor, 13.25 percent;

61.20 (7) program administration expenses factor, 2.90 percent; and

61.21 (8) absence and utilization factor, 3.90 percent.

61.22 (b) For purposes of implementation, the commissioner shall use the following

61.23 implementation components:

61.24 (1) personal care assistance services and CFSS: ~~75.45 percent~~ 88.19 percent;

61.25 (2) enhanced rate personal care assistance services and enhanced rate CFSS: ~~75.45~~ 88.19

61.26 percent; and

61.27 (3) qualified professional services and CFSS worker training and development: ~~75.45~~

61.28 88.19 percent.

61.29 (c) Effective January 1, 2025, for purposes of implementation, the commissioner shall

61.30 use the following implementation components:

62.1 (1) personal care assistance services and CFSS: 92.10 percent;

62.2 (2) enhanced rate personal care assistance services and enhanced rate CFSS: 92.10

62.3 percent; and

62.4 (3) qualified professional services and CFSS worker training and development: 92.10

62.5 percent.

62.6 (d) Beginning January 1, 2025, the commissioner shall use the following worker retention

62.7 components:

62.8 (1) for workers who have provided fewer than 1,001 cumulative hours in personal care

62.9 assistance services or CFSS, the worker retention component is zero percent;

62.10 (2) for workers who have provided between 1,001 and 2,000 cumulative hours in personal

62.11 care assistance services or CFSS, the worker retention component is 2.17 percent;

62.12 (3) for workers who have provided between 2,001 and 6,000 cumulative hours in personal

62.13 care assistance services or CFSS, the worker retention component is 4.36 percent;

62.14 (4) for workers who have provided between 6,001 and 10,000 cumulative hours in

62.15 personal care assistance services or CFSS, the worker retention component is 7.35 percent;

62.16 and

62.17 (5) for workers who have provided more than 10,000 hours in personal care assistance

62.18 services or CFSS, the worker retention component is 10.81 percent.

51.7 (4) client programming and supports factor, 2.30 percent;

51.8 (5) program plan support factor, 7.00 percent;

51.9 (6) general business and administrative expenses factor, 13.25 percent;

51.10 (7) program administration expenses factor, 2.90 percent; and

51.11 (8) absence and utilization factor, 3.90 percent.

51.12 (b) For purposes of implementation, the commissioner shall use the following

51.13 implementation components:

51.14 (1) personal care assistance services and CFSS: ~~75.45~~ 88.66 percent;

51.15 (2) enhanced rate personal care assistance services and enhanced rate CFSS: ~~75.45~~ 88.66

51.16 percent; and

51.17 (3) qualified professional services and CFSS worker training and development: ~~75.45~~

51.18 88.66 percent.

51.19 (c) Effective January 1, 2025, for purposes of implementation, the commissioner shall

51.20 use the following implementation components:

51.21 (1) personal care assistance services and CFSS: 92.08 percent;

51.22 (2) enhanced rate personal care assistance services and enhanced rate CFSS: 92.08

51.23 percent; and

51.24 (3) qualified professional services and CFSS worker training and development: 92.08

51.25 percent.

51.26 (d) The commissioner shall use the following worker retention components:

51.27 (1) for workers who have provided fewer than 1,001 cumulative hours in personal care

51.28 assistance services or CFSS, the worker retention component is zero percent;

52.1 (2) for workers who have provided between 1,001 and 2,000 cumulative hours in personal

52.2 care assistance services or CFSS, the worker retention component is 2.17 percent;

52.3 (3) for workers who have provided between 2,001 and 6,000 cumulative hours in personal

52.4 care assistance services or CFSS, the worker retention component is 4.36 percent;

52.5 (4) for workers who have provided between 6,001 and 10,000 cumulative hours in

52.6 personal care assistance services or CFSS, the worker retention component is 7.35 percent;

52.7 and

52.8 (5) for workers who have provided more than 10,000 cumulative hours in personal care

52.9 assistance services or CFSS, the worker retention component is 10.81 percent.

62.19 (e) The commissioner shall define the appropriate worker retention component based
62.20 on the total number of units billed for services rendered by the individual provider since
62.21 July 1, 2017. The worker retention component must be determined by the commissioner
62.22 for each individual provider and is not subject to appeal.

62.23 **EFFECTIVE DATE.** The amendments to paragraph (b) are effective January 1, 2024,
62.24 or 90 days after federal approval, whichever is later. Paragraph (b) expires January 1, 2025,
62.25 or 90 days after federal approval of paragraph (c), whichever is later. Paragraphs (c), (d),
62.26 and (e) are effective January 1, 2025, or 90 days after federal approval, whichever is later.
62.27 The commissioner of human services shall notify the revisor of statutes when federal approval
62.28 is obtained.

62.29 Sec. 48. Minnesota Statutes 2022, section 256B.851, subdivision 6, is amended to read:

62.30 Subd. 6. **Payment rates; rate determination.** (a) The commissioner must determine
62.31 the rate for personal care assistance services, CFSS, extended personal care assistance
62.32 services, extended CFSS, enhanced rate personal care assistance services, enhanced rate
63.1 CFSS, qualified professional services, and CFSS worker training and development as
63.2 follows:

63.3 (1) multiply the appropriate total wage component value calculated in subdivision 4 by
63.4 one plus the employee vacation, sick, and training factor in subdivision 5;

63.5 (2) for program plan support, multiply the result of clause (1) by one plus the program
63.6 plan support factor in subdivision 5;

63.7 (3) for employee-related expenses, add the employer taxes and workers' compensation
63.8 factor in subdivision 5 and the employee benefits factor in subdivision 5. The sum is
63.9 employee-related expenses. Multiply the product of clause (2) by one plus the value for
63.10 employee-related expenses;

63.11 (4) for client programming and supports, multiply the product of clause (3) by one plus
63.12 the client programming and supports factor in subdivision 5;

63.13 (5) for administrative expenses, add the general business and administrative expenses
63.14 factor in subdivision 5, the program administration expenses factor in subdivision 5, and
63.15 the absence and utilization factor in subdivision 5;

63.16 (6) divide the result of clause (4) by one minus the result of clause (5). The quotient is
63.17 the hourly rate;

63.18 (7) multiply the hourly rate by the appropriate implementation component under
63.19 subdivision 5. This is the adjusted hourly rate; and

63.20 (8) divide the adjusted hourly rate by four. The quotient is the total adjusted payment
63.21 rate.

52.10 (e) The commissioner shall define the appropriate worker retention component based
52.11 on the total number of units billed for services rendered by the individual provider since
52.12 July 1, 2017. The worker retention component must be determined by the commissioner
52.13 for each individual provider and is not subject to appeal.

52.14 **EFFECTIVE DATE.** The amendments to paragraph (b) are effective January 1, 2024,
52.15 or within 90 days of federal approval, whichever is later. Paragraph (b) expires January 1,
52.16 2025, or within 90 days of federal approval of paragraph (c), whichever is later. Paragraphs
52.17 (c) to (e) are effective January 1, 2025, or within 90 days of federal approval, whichever is
52.18 later. The commissioner of human services shall notify the revisor of statutes when federal
52.19 approval is obtained.

52.20 Sec. 38. Minnesota Statutes 2022, section 256B.851, subdivision 6, is amended to read:

52.21 Subd. 6. **Payment rates; rate determination.** (a) The commissioner must determine
52.22 the rate for personal care assistance services, CFSS, extended personal care assistance
52.23 services, extended CFSS, enhanced rate personal care assistance services, enhanced rate
52.24 CFSS, qualified professional services, and CFSS worker training and development as
52.25 follows:

52.26 (1) multiply the appropriate total wage component value calculated in subdivision 4 by
52.27 one plus the employee vacation, sick, and training factor in subdivision 5;

52.28 (2) for program plan support, multiply the result of clause (1) by one plus the program
52.29 plan support factor in subdivision 5;

52.30 (3) for employee-related expenses, add the employer taxes and workers' compensation
52.31 factor in subdivision 5 and the employee benefits factor in subdivision 5. The sum is
53.1 employee-related expenses. Multiply the product of clause (2) by one plus the value for
53.2 employee-related expenses;

53.3 (4) for client programming and supports, multiply the product of clause (3) by one plus
53.4 the client programming and supports factor in subdivision 5;

53.5 (5) for administrative expenses, add the general business and administrative expenses
53.6 factor in subdivision 5, the program administration expenses factor in subdivision 5, and
53.7 the absence and utilization factor in subdivision 5;

53.8 (6) divide the result of clause (4) by one minus the result of clause (5). The quotient is
53.9 the hourly rate;

53.10 (7) multiply the hourly rate by the appropriate implementation component under
53.11 subdivision 5. This is the adjusted hourly rate; and

53.12 (8) divide the adjusted hourly rate by four. The quotient is the total adjusted payment
53.13 rate.

63.22 (b) In processing claims, the commissioner shall incorporate a staff retention component
63.23 as specified under subdivision 5 by multiplying the total adjusted payment rate by one plus
63.24 the appropriate staff retention component under subdivision 5. This is the total payment
63.25 rate.

63.26 (b) (c) The commissioner must publish the total adjusted final payment rates.

63.27 **EFFECTIVE DATE.** This section is effective January 1, 2025, or ninety days after
63.28 federal approval, whichever is later. The commissioner of human services shall notify the
63.29 revisor of statutes when federal approval is obtained.

64.1 Sec. 49. Minnesota Statutes 2022, section 256S.2101, subdivision 1, is amended to read:

64.2 Subdivision 1. **Phase-in for disability waiver customized living rates.** All rates and
64.3 rate components for community access for disability inclusion customized living and brain
64.4 injury customized living under section 256B.4914 shall must be the sum of ten 21.6 percent
64.5 of the rates calculated under sections 256S.211 to 256S.215 and 90 78.4 percent of the rates
64.6 calculated using the rate methodology in effect as of June 30, 2017.

64.7 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
64.8 whichever is later. The commissioner of human services shall notify the revisor of statutes
64.9 when federal approval is obtained.

53.14 (b) In processing claims, the commissioner shall incorporate the worker retention
53.15 component specified in subdivision 5, by multiplying one plus the total adjusted payment
53.16 rate by the appropriate worker retention component under subdivision 5, paragraph (d).

53.17 (b) (c) The commissioner must publish the total adjusted final payment rates.

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

53.21 Sec. 39. Minnesota Statutes 2022, section 256D.425, subdivision 1, is amended to read:

53.22 Subdivision 1. **Persons entitled to receive aid.** A person who is aged, blind, or 18 years
53.23 of age or older and disabled and who is receiving supplemental security benefits under Title
53.24 XVI on the basis of age, blindness, or disability (or would be eligible for such benefits
53.25 except for excess income) is eligible for a payment under the Minnesota supplemental aid
53.26 program, if the person's net income is less than the standards in section 256D.44. A person
53.27 who is receiving benefits under the Minnesota supplemental aid program in the month prior
53.28 to becoming eligible under section 1619(b) of the Social Security Act is eligible for a
53.29 payment under the Minnesota supplemental aid program while they remain in section 1619(b)
53.30 status. Persons who are not receiving Supplemental Security Income benefits under Title
53.31 XVI of the Social Security Act or disability insurance benefits under Title II of the Social
53.32 Security Act due to exhausting time limited benefits are not eligible to receive benefits
54.1 under the MSA program. Persons who are not receiving Social Security or other maintenance
54.2 benefits for failure to meet or comply with the Social Security or other maintenance program
54.3 requirements are not eligible to receive benefits under the MSA program. Persons who are
54.4 found ineligible for Supplemental Security Income because of excess income, but whose
54.5 income is within the limits of the Minnesota supplemental aid program, must have blindness
54.6 or disability determined by the state medical review team.

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

54.8 Sec. 40. Minnesota Statutes 2022, section 268.19, subdivision 1, is amended to read:

54.9 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from
54.10 any person under the administration of the Minnesota Unemployment Insurance Law are
54.11 private data on individuals or nonpublic data not on individuals as defined in section 13.02,
54.12 subdivisions 9 and 12, and may not be disclosed except according to a district court order
54.13 or section 13.05. A subpoena is not considered a district court order. These data may be
54.14 disseminated to and used by the following agencies without the consent of the subject of
54.15 the data:

54.16 (1) state and federal agencies specifically authorized access to the data by state or federal
54.17 law;

54.18 (2) any agency of any other state or any federal agency charged with the administration
54.19 of an unemployment insurance program;

54.20 (3) any agency responsible for the maintenance of a system of public employment offices
54.21 for the purpose of assisting individuals in obtaining employment;

54.22 (4) the public authority responsible for child support in Minnesota or any other state in
54.23 accordance with section 256.978;

54.24 (5) human rights agencies within Minnesota that have enforcement powers;

54.25 (6) the Department of Revenue to the extent necessary for its duties under Minnesota
54.26 laws;

54.27 (7) public and private agencies responsible for administering publicly financed assistance
54.28 programs for the purpose of monitoring the eligibility of the program's recipients;

54.29 (8) the Department of Labor and Industry and the Commerce Fraud Bureau in the
54.30 Department of Commerce for uses consistent with the administration of their duties under
54.31 Minnesota law;

55.1 (9) the Department of Human Services and the Office of Inspector General and its agents
55.2 within the Department of Human Services, including county fraud investigators, for
55.3 investigations related to recipient or provider fraud and employees of providers when the
55.4 provider is suspected of committing public assistance fraud;

55.5 (10) the Department of Human Services for the purpose of evaluating medical assistance
55.6 services and supporting program improvement;

55.7 ~~(10)~~ (11) local and state welfare agencies for monitoring the eligibility of the data subject
55.8 for assistance programs, or for any employment or training program administered by those
55.9 agencies, whether alone, in combination with another welfare agency, or in conjunction
55.10 with the department or to monitor and evaluate the statewide Minnesota family investment
55.11 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,
55.12 and the Supplemental Nutrition Assistance Program Employment and Training program by

64.10 Sec. 50. Laws 2021, First Special Session chapter 7, article 17, section 20, is amended to
64.11 read:
64.12 Sec. 20. **HCBS WORKFORCE DEVELOPMENT GRANT.**

64.13 Subdivision 1. **Appropriation.** (a) This act includes \$0 in fiscal year 2022 and \$5,588,000
64.14 in fiscal year 2023 to address challenges related to attracting and maintaining direct care
64.15 workers who provide home and community-based services for people with disabilities and

55.13 providing data on recipients and former recipients of Supplemental Nutrition Assistance
55.14 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child
55.15 care assistance under chapter 119B, or medical programs under chapter 256B or 256L or
55.16 formerly codified under chapter 256D;

55.17 ~~(11)~~ (12) local and state welfare agencies for the purpose of identifying employment,
55.18 wages, and other information to assist in the collection of an overpayment debt in an
55.19 assistance program;

55.20 ~~(12)~~ (13) local, state, and federal law enforcement agencies for the purpose of ascertaining
55.21 the last known address and employment location of an individual who is the subject of a
55.22 criminal investigation;

55.23 ~~(13)~~ (14) the United States Immigration and Customs Enforcement has access to data
55.24 on specific individuals and specific employers provided the specific individual or specific
55.25 employer is the subject of an investigation by that agency;

55.26 ~~(14)~~ (15) the Department of Health for the purposes of epidemiologic investigations;

55.27 ~~(15)~~ (16) the Department of Corrections for the purposes of case planning and internal
55.28 research for preprobation, probation, and postprobation employment tracking of offenders
55.29 sentenced to probation and preconfinement and postconfinement employment tracking of
55.30 committed offenders;

55.31 ~~(16)~~ (17) the state auditor to the extent necessary to conduct audits of job opportunity
55.32 building zones as required under section 469.3201; and

56.1 ~~(17)~~ (18) the Office of Higher Education for purposes of supporting program
56.2 improvement, system evaluation, and research initiatives including the Statewide
56.3 Longitudinal Education Data System.

56.4 (b) Data on individuals and employers that are collected, maintained, or used by the
56.5 department in an investigation under section 268.182 are confidential as to data on individuals
56.6 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3
56.7 and 13, and must not be disclosed except under statute or district court order or to a party
56.8 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

56.9 (c) Data gathered by the department in the administration of the Minnesota unemployment
56.10 insurance program must not be made the subject or the basis for any suit in any civil
56.11 proceedings, administrative or judicial, unless the action is initiated by the department.

64.16 older adults. The general fund base included in this act for this purpose is \$5,588,000 in
64.17 fiscal year 2024 and \$0 in fiscal year 2025.

64.18 (b) At least 90 percent of funding for this provision must be directed to workers who
64.19 earn ~~200~~ 300 percent or less of the most current federal poverty level issued by the United
64.20 States Department of Health and Human Services.

64.21 (c) The commissioner must consult with stakeholders to finalize a report detailing the
64.22 final plan for use of the funds. The commissioner must publish the report by March 1, 2022,
64.23 and notify the chairs and ranking minority members of the legislative committees with
64.24 jurisdiction over health and human services policy and finance.

64.25 Subd. 2. **Public assistance eligibility.** Notwithstanding any law to the contrary, workforce
64.26 development grant money received under this section is not income, assets, or personal
64.27 property for purposes of determining eligibility or recertifying eligibility for:

64.28 (1) child care assistance programs under Minnesota Statutes, chapter 119B;

64.29 (2) general assistance, Minnesota supplemental aid, and food support under Minnesota
64.30 Statutes, chapter 256D;

64.31 (3) housing support under Minnesota Statutes, chapter 256I;

65.1 (4) the Minnesota family investment program and diversionary work program under
65.2 Minnesota Statutes, chapter 256J; and

65.3 (5) economic assistance programs under Minnesota Statutes, chapter 256P.

65.4 Subd. 3. **Medical assistance eligibility.** Notwithstanding any law to the contrary,
65.5 workforce development grant money received under this section is not income or assets for
65.6 the purposes of determining eligibility for medical assistance under Minnesota Statutes,
65.7 section 256B.056, subdivision 1a, paragraph (a), 3, or 3c; or 256B.057, subdivision 3, 3a,
65.8 3b, 4, or 9.

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

UES2934-2, ARTICLE 1, SECTION 41, HAS BEEN MOVED OUT TO MATCH
S2934-3, ARTICLE 9, SECTION 8

UES2934-2, ARTICLE 1, SECTION 42, WAS MOVED UP TO MATCH S2934-3,
ARTICLE 1, SECTION 9

59.11 Sec. 43. **NEW AMERICAN LEGAL AND SOCIAL SERVICES WORKFORCE**
59.12 **GRANT PROGRAM.**

59.13 Subdivision 1. **Definition.** "Eligible workers" means persons who require legal services
59.14 to seek or maintain status and secure or maintain legal authorization for employment.

59.15 Subd. 2. **Grant program established.** The commissioner of human services shall
59.16 establish a new American legal and social services workforce grant program for organizations
59.17 that assist eligible workers:

59.18 (1) in seeking or maintaining legal or citizenship status to become or remain legally
59.19 authorized for employment in any field or industry, including but not limited to the long-term
59.20 care workforce; or

59.21 (2) to provide supports during the legal process or while seeking qualified legal assistance.

59.22 Subd. 3. **Distribution of grants.** The commissioner shall ensure that grant money is
59.23 awarded to organizations and entities that demonstrate that they have the qualifications,
59.24 experience, expertise, cultural competency, and geographic reach to offer legal or social
59.25 services under this section to eligible workers. In distributing grant awards, the commissioner
59.26 shall prioritize organizations or entities serving populations for whom existing legal services
59.27 and social services for the purposes listed in subdivision 2 are unavailable or insufficient.

59.28 Subd. 4. **Eligible grantees.** Organizations or entities eligible to receive grant money
59.29 under this section include local governmental units, federally recognized Tribal Nations,
59.30 and nonprofit organizations as defined under section 501(c)(3) of the Internal Revenue Code
59.31 that provide legal or social services to eligible populations. Priority should be given to
60.1 organizations and entities that serve populations in areas of the state where worker shortages
60.2 are most acute.

60.3 Subd. 5. **Grantee duties.** Organizations or entities receiving grant money under this
60.4 section must provide services that include the following activities:

60.5 (1) intake, assessment, referral, orientation, legal advice, or representation to eligible
60.6 workers to seek or maintain legal or citizenship status and secure or maintain legal
60.7 authorization for employment in the United States; or

60.8 (2) social services designed to help eligible populations meet their immediate basic needs
60.9 during the process of seeking or maintaining legal status and legal authorization for
60.10 employment, including but not limited to accessing housing, food, employment or
60.11 employment training, education, course fees, community orientation, transportation, child
60.12 care, and medical care. Social services may also include navigation services to address
60.13 ongoing needs once immediate basic needs have been met and repaying student loan debt
60.14 directly incurred as a result of pursuing a qualifying course of study or training.

60.15 Subd. 6. **Reporting.** (a) Grant recipients under this section must collect and report to
60.16 the commissioner information on program participation and program outcomes. The
60.17 commissioner shall determine the form and timing of reports.

60.18 (b) Grant recipients providing immigration legal services under this section must collect
60.19 and report to the commissioner data that are consistent with the requirements established

60.20 for the advisory committee established by the supreme court under Minnesota Statutes,
60.21 section 480.242, subdivision 1.

UES2934-2, ARTICLE 1, SECTION 44, WAS MOVED UP TO MATCH S2934-3, ARTICLE 1, SECTION 8

UES2934-2, ARTICLE 1, SECTION 45, WAS MOVED UP TO MATCH S2934-3, ARTICLE 1, SECTION 7

63.1 Sec. 46. **APPROVAL OF CORPORATE FOSTER CARE MORATORIUM**
63.2 **EXCEPTIONS.**

63.3 (a) The commissioner of human services may approve or deny corporate foster care
63.4 moratorium exceptions requested under Minnesota Statutes, section 245A.03, subdivision
63.5 7, paragraph (a), clause (5), prior to approval of a service provider's home and
63.6 community-based services license under Minnesota Statutes, chapter 245D. Approval of
63.7 the moratorium exception must not be construed as final approval of a service provider's
63.8 home and community-based services or community residential setting license.

63.9 (b) Approval under paragraph (a) must be available only for service providers that have
63.10 requested a home and community-based services license under Minnesota Statutes, chapter
63.11 245D.

63.12 (c) Approval under paragraph (a) must be rescinded if the service provider's application
63.13 for a home and community-based services or community residential setting license is denied.

63.14 (d) This section expires December 31, 2023.

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

UES2934-2, ARTICLE 1, SECTION 47, WAS MOVED DOWN TO MATCH S2934-3, ARTICLE 1, SECTION 53

63.26 Sec. 48. **EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL**
63.27 **INTERVENTION LICENSURE STUDY.**

63.28 (a) The commissioner of human services must review the medical assistance early
63.29 intensive developmental and behavioral intervention (EIDBI) service and evaluate the need
63.30 for licensure or other regulatory modifications. At a minimum, the evaluation must include:

64.1 (1) an examination of current Department of Human Services-licensed programs that
64.2 are similar to EIDBI;

64.3 (2) an environmental scan of licensure requirements for Medicaid autism programs in
64.4 other states; and

64.5 (3) consideration of health and safety needs for populations with autism and related
64.6 conditions.

65.10 Sec. 51. **MEMORANDUMS OF UNDERSTANDING.**

65.11 The memorandums of understanding with Service Employees International Union
65.12 Healthcare Minnesota and Iowa, submitted by the commissioner of management and budget
65.13 on February 27, 2023, are ratified.

65.14 Sec. 52. **SELF-DIRECTED WORKER CONTRACT RATIFICATION.**

65.15 The labor agreement between the state of Minnesota and the Service Employees
65.16 International Union Healthcare Minnesota and Iowa, submitted to the Legislative
65.17 Coordinating **Commissioner** on February 27, 2023, is ratified.

65.18 Sec. 53. **BUDGET INCREASE FOR CONSUMER-DIRECTED COMMUNITY**
65.19 **SUPPORTS.**

65.20 (a) Effective January 1, 2024, or upon federal approval, whichever is later,
65.21 consumer-directed community support budgets identified in the waiver plans under Minnesota
65.22 Statutes, sections 256B.092 and 256B.49, and chapter 256S, and the alternative care program
65.23 under Minnesota Statutes, section 256B.0913, must be increased by 8.49 percent.

65.24 (b) Effective January 1, 2025, or upon federal approval, whichever is later,
65.25 consumer-directed community support budgets identified in the waiver plans under Minnesota
65.26 Statutes, sections 256B.092 and 256B.49, and chapter 256S, and the alternative care program
65.27 under Minnesota Statutes, section 256B.0913, must be increased by 4.53 percent.

65.28 Sec. 54. **DIRECT CARE SERVICE CORPS PILOT PROJECT.**

65.29 Subdivision 1. **Establishment.** The Metropolitan Center for Independent Living must
65.30 develop a pilot project establishing the Minnesota Direct Care Service Corps. The pilot
66.1 project must utilize financial incentives to attract postsecondary students to work as personal
66.2 care assistants or direct support professionals. The Metropolitan Center for Independent
66.3 Living must establish the financial incentives and minimum work requirements to be eligible

64.7 (b) The commissioner must consult with interested stakeholders, including self-advocates
64.8 who use EIDBI services, EIDBI providers, parents of youth who use EIDBI services, and
64.9 advocacy organizations. The commissioner must convene stakeholder meetings to obtain
64.10 feedback on licensure or regulatory recommendations.

UES2934-2, ARTICLE 1, SECTION 49, WAS MOVED DOWN TO MATCH
S2934-3, ARTICLE 1, SECTION 58

UES2934-2, ARTICLE 1, SECTION 50, WAS MOVED DOWN TO MATCH
S2934-3, ARTICLE 1, SECTION 52

64.24 Sec. 51. **MEMORANDUMS OF UNDERSTANDING.**

64.25 The memorandums of understanding with **the** Service Employees International Union
64.26 Healthcare Minnesota and Iowa, submitted by the commissioner of management and budget
64.27 on February 27, 2023, are ratified.

THE FOLLOWING SECTION WAS MOVED DOWN FROM UES2934-2,
ARTICLE 1, SECTION 50

64.20 Sec. 50. **SELF-DIRECTED WORKER CONTRACT RATIFICATION.**

64.21 The labor agreement between the state of Minnesota and the Service Employees
64.22 International Union Healthcare Minnesota and Iowa, submitted to the Legislative
64.23 Coordinating **Commission** on February 27, 2023, is ratified.

THE FOLLOWING SECTION WAS MOVED DOWN FROM UES2934-2,
ARTICLE 1, SECTION 47

63.16 Sec. 47. **BUDGET INCREASE FOR CONSUMER-DIRECTED COMMUNITY**
63.17 **SUPPORTS.**

63.18 (a) Effective January 1, 2024, or upon federal approval, whichever is later,
63.19 consumer-directed community support budgets identified in the waiver plans under Minnesota
63.20 Statutes, sections 256B.092 and 256B.49, and chapter 256S, and the alternative care program
63.21 under Minnesota Statutes, section 256B.0913, must be increased by 8.49 percent.

63.22 (b) Effective January 1, 2025, or upon federal approval, whichever is later,
63.23 consumer-directed community support budgets identified in the waiver plans under Minnesota
63.24 Statutes, sections 256B.092 and 256B.49, and chapter 256S, and the alternative care program
63.25 under Minnesota Statutes, section 256B.0913, must be increased by 4.53 percent.

66.4 for incentive payments. The financial incentive must increase with each semester that the
66.5 student participates in the Minnesota Direct Care Service Corps.

66.6 Subd. 2. **Pilot sites.** (a) Pilot sites must include one postsecondary institution in the
66.7 seven-county metropolitan area and at least one postsecondary institution outside of the
66.8 seven-county metropolitan area. If more than one postsecondary institution outside the
66.9 metropolitan area is selected, one must be located in northern Minnesota and the other must
66.10 be located in southern Minnesota.

66.11 (b) After satisfactorily completing the work requirements for a semester, the pilot site
66.12 or its fiscal agent must pay students the financial incentive developed for the pilot project.

66.13 Subd. 3. **Evaluation and report.** (a) The Metropolitan Center for Independent Living
66.14 must contract with a third party to evaluate the pilot project's impact on health care costs,
66.15 retention of personal care assistants, and patients' and providers' satisfaction of care. The
66.16 evaluation must include the number of participants, the hours of care provided by participants,
66.17 and the retention of participants from semester to semester.

66.18 (b) By January 15, 2025, the Metropolitan Center for Independent Living must report
66.19 the findings under paragraph (a) to the chairs and ranking minority members of the legislative
66.20 committees with jurisdiction over human services policy and finance.

66.21 Sec. 55. **EMERGENCY GRANT PROGRAM FOR AUTISM SPECTRUM**
66.22 **DISORDER TREATMENT AGENCIES.**

66.23 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
66.24 the meanings given.

66.25 (b) "Autism spectrum disorder" has the meaning given to "autism spectrum disorder or
66.26 a related condition" in Minnesota Statutes, section 256B.0949, subdivision 2, paragraph
66.27 (d).

66.28 (c) "Autism spectrum disorder treatment services" means treatment delivered under
66.29 Minnesota Statutes, section 256B.0949.

66.30 (d) "Qualified early intensive developmental and behavioral intervention agency" or
66.31 "qualified EIDBI agency" has the meaning given in Minnesota Statutes, section 256B.0949,
66.32 subdivision 2, paragraph (c).

67.1 Subd. 2. **Emergency grant program for autism spectrum disorder treatment**
67.2 **agencies.** The commissioner of human services shall award emergency grant money to
67.3 eligible qualified EIDBI agencies to support the stability of the autism spectrum disorder
67.4 treatment provider sector.

67.5 Subd. 3. **Eligible agencies.** Qualified EIDBI agencies that have been delivering autism
67.6 spectrum disorder treatment services for a minimum of six months are eligible to receive
67.7 emergency grants under this section.

67.8 Subd. 4. Allocation of grants. The commissioner of human services must distribute the
67.9 amount appropriated in each year for the purposes under this section to qualified EIDBI
67.10 agencies eligible to receive emergency grants under this section in proportion to each
67.11 qualified EIDBI agency's share of unique individuals who received autism spectrum disorder
67.12 treatment services in the base year, not to exceed \$750,000 per year. The base year for
67.13 distributions in fiscal year 2024 is fiscal year 2022. The base year for distributions in fiscal
67.14 year 2025 is fiscal year 2023. The commissioner must make the distributions in each fiscal
67.15 year as soon as practicable, but no later than September 1 of each year.

67.16 Sec. 56. RATE INCREASE FOR CERTAIN HOME CARE SERVICES.

67.17 (a) Effective January 1, 2024, or upon federal approval, whichever is later, the
67.18 commissioner of human services must increase payment rates for home health aide visits
67.19 by 14 percent from the rates in effect on December 31, 2023. The commissioner must apply
67.20 the annual rate increases under Minnesota Statutes, section 256B.0653, subdivision 8, to
67.21 the rates resulting from the application of the rate increases under this paragraph.

67.22 (b) Effective January 1, 2024, or upon federal approval, whichever is later, the
67.23 commissioner must increase payment rates for respiratory therapy under Minnesota Rules,
67.24 part 9505.0295, subpart 2, item E, and for home health services and home care nursing
67.25 services, except home health aide visits, under Minnesota Statutes, section 256B.0651,
67.26 subdivision 2, clauses (1) to (3), by 55 percent from the rates in effect on December 31,
67.27 2023. The commissioner must apply the annual rate increases under Minnesota Statutes,
67.28 sections 256B.0653, subdivision 8, and 256B.0654, subdivision 5, to the rates resulting
67.29 from the application of the rate increase under this paragraph.

67.30 Sec. 57. SPECIALIZED EQUIPMENT AND SUPPLIES LIMIT INCREASE.

67.31 Upon federal approval, the commissioner must increase the annual limit for specialized
67.32 equipment and supplies under Minnesota's federally approved home and community-based
67.33 service waiver plans, alternative care, and essential community supports to \$10,000.

68.1 EFFECTIVE DATE. This section is effective January 1, 2024, or upon federal approval,
68.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
68.3 when federal approval is obtained.

THE FOLLOWING SECTION WAS MOVED UP FROM UES2934-2, ARTICLE 1, SECTION 58

66.12 Sec. 58. RATE INCREASE FOR HOME CARE SERVICES.

66.13 The commissioner of human services shall increase payment rates for home health
66.14 services and home care nursing services under Minnesota Statutes, section 256B.0651,
66.15 subdivision 2, clauses (1) and (3); respiratory therapy under Minnesota Rules, part 9505.0295,
66.16 subpart 2, item E; and home health agency services under Minnesota Statutes, section
66.17 256B.0653, by 15.8 percent from the rates in effect on December 31, 2023.

66.18 EFFECTIVE DATE. This section is effective January 1, 2024, or upon federal approval,
66.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
66.20 when federal approval is obtained.

64.28 Sec. 52. SPECIALIZED EQUIPMENT AND SUPPLIES LIMIT INCREASE.

64.29 Upon federal approval, the commissioner of human services must increase the annual
64.30 limit for specialized equipment and supplies under Minnesota's federally approved home
65.1 and community-based service waiver plans, alternative care, and essential community
65.2 supports to \$10,000.

65.3 EFFECTIVE DATE. This section is effective January 1, 2024, or upon federal approval,
65.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
65.5 when federal approval is obtained.

THE FOLLOWING SECTION WAS MOVED DOWN FROM UES2934-2, ARTICLE 1, SECTION 49

68.4 Sec. 58. **STUDY TO EXPAND ACCESS TO SERVICES FOR PEOPLE WITH**
68.5 **CO-OCCURRING BEHAVIORAL HEALTH CONDITIONS AND DISABILITIES.**

68.6 The commissioner, in consultation with stakeholders, must evaluate options to expand
68.7 services authorized under Minnesota's federally approved home and community-based
68.8 waivers, including positive support, crisis respite, respite, and specialist services. The
68.9 evaluation may include surveying community providers as to the barriers to meeting people's
68.10 needs and options to authorize services under Minnesota's medical assistance state plan and
68.11 strategies to decrease the number of people who remain in hospitals, jails, and other acute
68.12 or crisis settings when they no longer meet medical or other necessity criteria.

68.13 Sec. 59. **TEMPORARY GRANT FOR SMALL CUSTOMIZED LIVING**
68.14 **PROVIDERS.**

68.15 (a) The commissioner must establish a temporary grant for:

68.16 (1) customized living providers that serve six or fewer people in a single-family home
68.17 and that are transitioning to a community residential services licensure or integrated
68.18 community supports licensure; and

68.19 (2) community residential service providers and integrated community supports providers
68.20 who transitioned from providing customized living or 24-hour customized living on or after
68.21 June 30, 2021.

68.22 (b) Allowable uses of grant money include physical plant updates required for community
68.23 residential services or integrated community supports licensure, technical assistance to adapt
68.24 business models and meet policy and regulatory guidance, and other uses approved by the
68.25 commissioner. Allowable uses of grant money also include reimbursement for eligible costs
68.26 incurred by a community residential service provider or integrated community supports
68.27 provider directly related to the provider's transition from providing customized living or
68.28 24-hour customized living. License holders of eligible settings must apply for grant money
68.29 using an application process determined by the commissioner. Grant money approved by
68.30 the commissioner is a onetime award of up to \$20,000 per eligible setting. To be considered
68.31 for grant money, eligible license holders must submit a grant application by June 30, 2024.
68.32 The commissioner may approve grant applications on a rolling basis.

69.1 Sec. 60. **DIRECTION TO COMMISSIONER; SUPPORTED-DECISION-MAKING**
69.2 **REIMBURSEMENT STUDY.**

69.3 By December 15, 2024, the commissioner shall issue a report to the governor and the
69.4 chairs and ranking minority members of the legislative committees with jurisdiction over
69.5 human services detailing how medical assistance service providers could be reimbursed for
69.6 providing supported-decision-making services. The report must detail recommendations
69.7 for all medical assistance programs, including all home and community-based programs.

64.11 Sec. 49. **STUDY TO EXPAND ACCESS TO SERVICES FOR PEOPLE WITH**
64.12 **CO-OCCURRING BEHAVIORAL HEALTH CONDITIONS AND DISABILITIES.**

64.13 The commissioner of human services, in consultation with stakeholders, must evaluate
64.14 options to expand services authorized under Minnesota's federally approved home and
64.15 community-based waivers, including positive support, crisis respite, respite, and specialist
64.16 services. The evaluation may include options to authorize services under Minnesota's medical
64.17 assistance state plan and strategies to decrease the number of people who remain in hospitals,
64.18 jails, and other acute or crisis settings when they no longer meet medical or other necessity
64.19 criteria.

THE FOLLOWING SECTION WAS MOVED IN FROM UES2934-2, ARTICLE
2, SECTION 19

86.25 Sec. 19. **TEMPORARY GRANT FOR SMALL CUSTOMIZED LIVING**
86.26 **PROVIDERS.**

86.27 The commissioner of human services must establish a temporary grant for customized
86.28 living providers that serve six or fewer people in a single-family home and that are
86.29 transitioning to community residential setting licensure or integrated community supports
86.30 licensure. Allowable uses of grant money include physical plant updates required for
86.31 community residential setting or integrated community supports licensure, technical
86.32 assistance to adapt business models and meet policy and regulatory guidance, and other
87.1 uses approved by the commissioner. License holders of eligible settings must apply for
87.2 grant money using an application process determined by the commissioner. Grant money
87.3 approved by the commissioner is a onetime award of up to \$20,000 per eligible setting. To
87.4 be considered for grant money, eligible license holders must submit a grant application by
87.5 June 30, 2024. The commissioner may approve grant applications on a rolling basis.

69.8 to provide for reimbursement for supported-decision-making services. The report must
69.9 develop detailed provider requirements for reimbursement, including the criteria necessary
69.10 to provide high-quality services. In developing provider requirements, the commissioner
69.11 shall consult with all relevant stakeholders, including organizations currently providing
69.12 supported-decision-making services. The report must also include strategies to promote
69.13 equitable access to supported-decision-making services to individuals who are Black,
69.14 Indigenous, or People of Color; people from culturally specific communities; people from
69.15 rural communities; and other people who may experience barriers to accessing medical
69.16 assistance home and community-based services.

69.17 Sec. 61. **DIRECTION TO COMMISSIONER; APPLICATION OF INTERMEDIATE**
69.18 **CARE FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**
69.19 **RATE INCREASES.**

69.20 The commissioner of human services shall apply the rate increases under Minnesota
69.21 Statutes, section 256B.5012, subdivisions 19 and 20, as follows:

69.22 (1) apply Minnesota Statutes, section 256B.5012, subdivision 19; and

69.23 (2) apply any required rate increase as required under Minnesota Statutes, section
69.24 256B.5012, subdivision 20, to the results of clause (1).

69.25 Sec. 62. **DIRECTION TO COMMISSIONER; SHARED SERVICES.**

69.26 (a) By December 1, 2023, the commissioner of human services shall seek any necessary
69.27 changes to home and community-based services waiver plans regarding sharing services in
69.28 order to:

69.29 (1) permit shared services for additional services, including chore, homemaker, and
69.30 night supervision;

70.1 (2) permit existing shared services at higher ratios, including individualized home
70.2 supports without training, individualized home supports with training, and individualized
70.3 home supports with family training at a ratio of one staff person to three recipients;

70.4 (3) ensure that individuals who are seeking to share services permitted under the waiver
70.5 plans in an own-home setting are not required to live in a licensed setting in order to share
70.6 services so long as all other requirements are met; and

70.7 (4) issue guidance for shared services, including:

70.8 (i) informed choice for all individuals sharing the services;

70.9 (ii) guidance for when multiple shared services by different providers occur in one home
70.10 and how lead agencies and individuals shall determine that shared service is appropriate to
70.11 meet the needs, health, and safety of each individual for whom the lead agency provides
70.12 case management or care coordination; and

- 70.13 (iii) guidance clarifying that an individual's decision to share services does not reduce
70.14 any determination of the individual's overall or assessed needs for services.
- 70.15 (b) The commissioner shall develop or provide guidance outlining:
- 70.16 (1) instructions for shared services support planning;
- 70.17 (2) person-centered approaches and informed choice in shared services support planning;
- 70.18 and
- 70.19 (3) required contents of shared services agreements.
- 70.20 (c) The commissioner shall seek and utilize stakeholder input for any proposed changes
70.21 to waiver plans and any shared services guidance.
- 70.22 Sec. 63. **DIRECTION TO COMMISSIONER; DISABILITY WAIVER SHARED**
70.23 **SERVICES RATES.**
- 70.24 The commissioner of human services shall establish a rate system for shared homemaker
70.25 services and shared chore services provided under Minnesota Statutes, sections 256B.092
70.26 and 256B.49. For two persons sharing services, the rate paid to a provider must not exceed
70.27 1-1/2 times the rate paid for serving a single individual, and for three persons sharing
70.28 services, the rate paid to a provider must not exceed two times the rate paid for serving a
70.29 single individual. These rates apply only when all of the criteria for the shared service have
70.30 been met.
- 71.1 Sec. 64. **DIRECTION TO COMMISSIONER; LIFE-SHARING SERVICES.**
- 71.2 Subdivision 1. **Recommendations required.** The commissioner of human services shall
71.3 develop recommendations for establishing life sharing as a covered medical assistance
71.4 waiver service.
- 71.5 Subd. 2. **Definition.** For the purposes of this section, "life sharing" means a
71.6 relationship-based living arrangement between an adult with a disability and an individual
71.7 or family in which they share their lives and experiences while the adult with a disability
71.8 receives support from the individual or family using person-centered practices.
- 71.9 Subd. 3. **Stakeholder engagement and consultation.** (a) The commissioner must
71.10 proactively solicit participation in the development of the life-sharing medical assistance
71.11 service through a robust stakeholder engagement process that results in the inclusion of a
71.12 racially, culturally, and geographically diverse group of interested stakeholders from each
71.13 of the following groups:
- 71.14 (1) providers currently providing or interested in providing life-sharing services;
- 71.15 (2) people with disabilities accessing or interested in accessing life-sharing services;
- 71.16 (3) disability advocacy organizations; and

- 71.17 (4) lead agencies.
- 71.18 (b) The commissioner must proactively seek input into and assistance with the
- 71.19 development of recommendations for establishing the life-sharing service from interested
- 71.20 stakeholders.
- 71.21 (c) The first meeting must occur before July 31, 2023. The commissioner must meet
- 71.22 with stakeholders at least monthly through December 31, 2023. All meetings must be
- 71.23 accessible.
- 71.24 Subd. 4. **Required topics to be discussed during development of the**
- 71.25 **recommendations.** The commissioner and the interested stakeholders must discuss the
- 71.26 following topics:
- 71.27 (1) the distinction between life sharing, adult family foster care, family residential
- 71.28 services, and community residential services;
- 71.29 (2) successful life-sharing models used in other states;
- 71.30 (3) services and supports that could be included in a life-sharing service;
- 71.31 (4) potential barriers to providing or accessing life-sharing services;
- 72.1 (5) solutions to remove identified barriers to providing or accessing life-sharing services;
- 72.2 (6) requirements of a life-sharing agency;
- 72.3 (7) medical assistance payment methodologies for life-sharing providers and life-sharing
- 72.4 agencies;
- 72.5 (8) expanding awareness of the life-sharing model; and
- 72.6 (9) draft language for legislation necessary to further define and implement life-sharing
- 72.7 services.
- 72.8 Subd. 5. **Report to the legislature.** By December 31, 2024, the commissioner must
- 72.9 provide to the chairs and ranking minority members of the legislative committees and
- 72.10 divisions with jurisdiction over direct care services any draft legislation necessary to
- 72.11 implement the rates and requirements for life-sharing services.
- 72.12 Sec. 65. **DIRECTION TO COMMISSIONER; FOSTER CARE MORATORIUM**
- 72.13 **EXCEPTION APPLICATIONS.**
- 72.14 (a) The commissioner must expedite the processing and review of all new and pending
- 72.15 applications for an initial foster care or community residential setting license under Minnesota
- 72.16 Statutes, section 245A.03, subdivision 7, paragraph (a), clauses (5) and (6).
- 72.17 (b) The commissioner must include on the application materials for an initial foster care
- 72.18 or community residential setting license under Minnesota Statutes, section 245A.03,
- 72.19 subdivision 7, paragraph (a), clauses (5) and (6), an opportunity for applicants to signify

72.20 that they are seeking an initial foster care or community residential setting license in order
72.21 to transition an existing operational customized living setting to a foster care or community
72.22 residential setting. "Operational" has the meaning given in section 256B.49, subdivision
72.23 28, paragraph (c).

72.24 (c) For any pending applications for a license under Minnesota Statutes, section 245A.03,
72.25 subdivision 7, paragraph (a), clause (5), the commissioner must determine if the applicant
72.26 is eligible for an exception under Minnesota Statutes, section 245A.03, subdivision 7,
72.27 paragraph (a), clause (6), and if so, act upon the application under clause (6) rather than
72.28 clause (5).

72.29 (d) The commissioner must increase to four the licensed capacity of any setting for
72.30 which the commissioner issued a license under Minnesota Statutes, section 245A.03,
72.31 subdivision 7, paragraph (a), clause (5), before the final enactment of this act.

72.32 (e) This section expires December 31, 2023.

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

73.2 Sec. 66. **AWARENESS-BUILDING CAMPAIGN FOR THE RECRUITMENT OF**
73.3 **DIRECT CARE PROFESSIONALS.**

73.4 Subdivision 1. **Grant program established.** The commissioner of employment and
73.5 economic development shall develop and implement paid advertising as part of a
73.6 comprehensive awareness-building campaign aimed at recruiting direct care professionals
73.7 to provide long-term care services.

73.8 Subd. 2. **Definition.** For purposes of this section, "direct care professionals" means
73.9 long-term care services employees who provide direct support or care to people using aging,
73.10 disability, or behavioral health services.

73.11 Subd. 3. **Request for proposals; allowable uses of grant money.** (a) The commissioner
73.12 shall publish a request for proposals to select an outside vendor or vendors to conduct the
73.13 awareness-building campaign for the recruitment of direct care professionals.

73.14 (b) Grant money received under this section may be used:

73.15 (1) for the development of recruitment materials for the direct care workforce to be
73.16 featured on:

73.17 (i) television;

73.18 (ii) streaming services;

73.19 (iii) radio;

73.20 (iv) social media;

73.21 (v) billboards; and

73.22 (vi) other print materials;

73.23 (2) for the development of materials and strategies to highlight and promote the positive

73.24 aspects of the direct care workforce;

73.25 (3) for the purchase of media time or space to feature recruitment materials for the direct

73.26 care workforce; and

73.27 (4) for administrative costs necessary to implement this grant program.

73.28 (c) The Department of Employment and Economic Development may collaborate with

73.29 relevant state agencies for the purposes of the development and implementation of this

74.1 campaign and is authorized to transfer administrative money to such agencies to cover any

74.2 associated administrative costs.

65.6 Sec. 53. **INTERAGENCY EMPLOYMENT SUPPORTS ALIGNMENT STUDY.**

65.7 The commissioners of human services, employment and economic development, and

65.8 education must conduct an interagency alignment study on employment supports for people

65.9 with disabilities. The study must evaluate:

65.10 (1) service rates;

65.11 (2) provider enrollment and monitoring standards; and

65.12 (3) eligibility processes and people's lived experience transitioning between employment

65.13 programs.

65.14 Sec. 54. **MONITORING EMPLOYMENT OUTCOMES.**

65.15 By January 15, 2025, the Departments of Human Services, Employment and Economic

65.16 Development, and Education must provide the chairs and ranking minority members of the

65.17 legislative committees with jurisdiction over health, human services, and labor with a plan

65.18 for tracking employment outcomes for people with disabilities served by programs

65.19 administered by the agencies. This plan must include any needed changes to state law to

65.20 track supports received and outcomes across programs.

65.21 Sec. 55. **PHASE-OUT OF THE USE OF SUBMINIMUM WAGE FOR MEDICAL**

65.22 **ASSISTANCE DISABILITY SERVICES.**

65.23 The commissioner of human services must seek all necessary amendments to Minnesota's

65.24 federally approved disability waiver plans to require that people receiving prevocational or

65.25 employment support services are compensated at or above the state minimum wage or at

65.26 or above the prevailing local minimum wage no later than August 1, 2028.

65.27 Sec. 56. **RATE INCREASE FOR CERTAIN DISABILITY WAIVER SERVICES.**

65.28 The commissioner of human services shall increase payment rates for chore services,

65.29 homemaker services, and home-delivered meals provided under Minnesota Statutes, sections

65.30 256B.092 and 256B.49, by 15.8 percent from the rates in effect on December 31, 2023.

66.1 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,

66.2 whichever is later. The commissioner of human services shall notify the revisor of statutes

66.3 when federal approval is obtained.

66.4 Sec. 57. **RATE INCREASE FOR EARLY INTENSIVE DEVELOPMENTAL AND**

66.5 **BEHAVIORAL INTERVENTION BENEFIT SERVICES.**

66.6 The commissioner of human services shall increase payment rates for early intensive

66.7 developmental and behavioral intervention services under Minnesota Statutes, section

66.8 256B.0949, by 15.8 percent from the rates in effect on December 31, 2023.

66.9 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,

66.10 whichever is later. The commissioner of human services shall notify the revisor of statutes

66.11 when federal approval is obtained.

UES2934-2, ARTICLE 1, SECTION 58, WAS MOVED UP TO MATCH S2934-3,
ARTICLE 1, SECTION 56

66.21 Sec. 59. **RATE INCREASE FOR INTERMEDIATE CARE FACILITIES FOR**

66.22 **PERSONS WITH DEVELOPMENTAL DISABILITIES DAY TRAINING AND**

66.23 **HABILITATION SERVICES.**

66.24 The commissioner of human services shall increase payment rates for day training and

66.25 habilitation services under Minnesota Statutes, section 252.46, by 15.8 percent from the

66.26 rates in effect on December 31, 2023.

66.27 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,

66.28 whichever is later. The commissioner of human services shall notify the revisor of statutes

66.29 when federal approval is obtained.

67.1 Sec. 60. **STUDY ON PRESUMPTIVE ELIGIBILITY FOR LONG-TERM SERVICES**

67.2 **AND SUPPORTS.**

67.3 (a) The commissioner of human services must study presumptive functional eligibility

67.4 for people with disabilities and older adults in the following programs:

67.5 (1) medical assistance, alternative care, and essential community supports; and

67.6 (2) home and community-based services.

67.7 (b) The commissioner must evaluate the following in the study of presumptive eligibility

67.8 within the programs listed in paragraph (a):

67.9 (1) current eligibility processes;

74.3 Sec. 67. **REPEALER.**

74.4 Minnesota Statutes 2022, section 256B.4914, subdivision **9a**, is repealed.

74.5 **EFFECTIVE DATE.** This section is effective January 1, **2024**, or upon federal approval,

74.6 whichever is later. The commissioner of human services shall notify the revisor of statutes

74.7 when federal approval is obtained.

67.10 (2) barriers to timely eligibility determinations; and

67.11 (3) strategies to enhance access to home and community-based services in the least

67.12 restrictive setting.

67.13 (c) By January 1, 2025, the commissioner must report recommendations and draft

67.14 legislation to the chairs and ranking minority members of the legislative committees with

67.15 jurisdiction over health and human services finance and policy.

67.16 Sec. 61. **SYSTEMIC REVIEW OF ACUTE CARE HOSPITALIZATIONS STUDY.**

67.17 (a) The commissioner of human services must conduct a systemic review of acute care

67.18 hospitalizations for older adults on medical assistance and people on medical assistance

67.19 with disabilities and behavioral health conditions. The review must include:

67.20 (1) an analysis of reimbursement rates to support people with complex support needs;

67.21 (2) a survey of other states' policies, models, and service options to reduce and respond

67.22 to acute care hospitalizations;

67.23 (3) systemic critical incident reviews of people who are hospitalized in acute care

67.24 hospitals for longer than 90 days in order to determine systemic, regulatory, staff training,

67.25 or other reoccurring barriers keeping individuals from returning to the community or lower

67.26 levels of care; and

67.27 (4) a comparison of different methods to increase and enhance statewide provider capacity

67.28 to support people with complex needs.

67.29 (b) The commissioner must submit a report to the chairs and ranking minority members

67.30 of the legislative committees and divisions with jurisdiction over health and human services

68.1 policy and finance by January 15, 2025. The report must include proposed legislation

68.2 necessary to enact the report's recommendations.

68.3 Sec. 62. **REPEALER.**

68.4 Minnesota Statutes 2022, section 256B.4914, subdivision **6b**, is repealed.

68.5 **EFFECTIVE DATE.** This section is effective January 1, **2026**, or upon federal approval,

68.6 whichever is later. The commissioner of human services shall notify the revisor of statutes

68.7 when federal approval is obtained.