

ARTICLE 2

DISABILITY SERVICES

Section 1. Minnesota Statutes 2024, section 144.0724, subdivision 2, is amended to read:

Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings given.

(a) "Assessment reference date" or "ARD" means the specific end point for look-back periods in the MDS assessment process. This look-back period is also called the observation or assessment period.

(b) "Case mix index" means the weighting factors assigned to the case mix reimbursement classifications determined by an assessment.

(c) "Index maximization" means classifying a resident who could be assigned to more than one category, to the category with the highest case mix index.

(d) "Minimum Data Set" or "MDS" means a core set of screening, clinical assessment, and functional status elements, that include common definitions and coding categories specified by the Centers for Medicare and Medicaid Services and designated by the Department of Health.

(e) "Representative" means a person who is the resident's guardian or conservator, the person authorized to pay the nursing home expenses of the resident, a representative of the Office of Ombudsman for Long-Term Care whose assistance has been requested, or any other individual designated by the resident.

(f) "Activities of daily living" includes personal hygiene, dressing, bathing, transferring, bed mobility, locomotion, eating, and toileting.

(g) "Nursing facility level of care determination" means the assessment process that results in a determination of a resident's or prospective resident's need for nursing facility level of care as established in subdivision 11 for purposes of medical assistance payment of long-term care services for:

(1) nursing facility services under chapter 256R;

(2) elderly waiver services under chapter 256S; and

~~(3) CADI and BI waiver services under section 256B.49; and~~

(4) (3) state payment of alternative care services under section 256B.0913.

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

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(d) "Minimum Data Set" or "MDS" means a core set of screening, clinical assessment, and functional status elements, that include common definitions and coding categories specified by the Centers for Medicare and Medicaid Services and designated by the Department of Health.

(e) "Representative" means a person who is the resident's guardian or conservator, the person authorized to pay the nursing home expenses of the resident, a representative of the Office of Ombudsman for Long-Term Care whose assistance has been requested, or any other individual designated by the resident.

(f) "Activities of daily living" includes personal hygiene, dressing, bathing, transferring, bed mobility, locomotion, eating, and toileting.

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(1) nursing facility services under chapter 256R;

(2) elderly waiver services under chapter 256S; and

~~(3) CADI and BI waiver services under section 256B.49; and~~

~~(4)~~ (3) state payment of alternative care services under section 256B.0913.

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

17.6 Sec. 2. Minnesota Statutes 2024, section 144.0724, subdivision 11, is amended to read:

17.7 Subd. 11. **Nursing facility level of care.** (a) For purposes of medical assistance payment

17.8 of long-term care services **determined under** subdivision 2, paragraph (g), a recipient must

17.9 be determined, using assessments defined in subdivision 4, to meet one of the following

17.10 nursing facility level of care criteria:

17.11 (1) the person requires formal clinical monitoring at least once per day;

17.12 (2) the person needs the assistance of another person or constant supervision to begin

17.13 and complete at least four of the following activities of living: bathing, bed mobility, dressing,

17.14 eating, grooming, toileting, transferring, and walking;

17.15 (3) the person needs the assistance of another person or constant supervision to begin

17.16 and complete toileting, transferring, or positioning and the assistance cannot be scheduled;

17.17 (4) the person has significant difficulty with memory, using information, daily decision

17.18 making, or behavioral needs that require intervention;

17.19 (5) the person has had a qualifying nursing facility stay of at least 90 days;

17.20 (6) the person meets the nursing facility level of care criteria determined 90 days after

17.21 admission or on the first quarterly assessment after admission, whichever is later; or

17.22 (7) the person is determined to be at risk for nursing facility admission or readmission

17.23 through a face-to-face long-term care consultation assessment as specified in section

17.24 256B.0911, subdivision 17 to 21, 23, 24, 27, or 28, by a county, tribe, or managed care

17.25 organization under contract with the Department of Human Services. The person is

17.26 considered at risk under this clause if the person currently lives alone or will live alone or

17.27 be homeless without the person's current housing and also meets one of the following criteria:

17.28 (i) the person has experienced a fall resulting in a fracture;

17.29 (ii) the person has been determined to be at risk of maltreatment or neglect, including

17.30 self-neglect; or

18.1 (iii) the person has a sensory impairment that substantially impacts functional ability

18.2 and maintenance of a community residence.

18.3 (b) The assessment used to establish medical assistance payment for nursing facility

18.4 services must be the most recent assessment performed under subdivision 4, paragraphs (b)

18.5 and (c), that occurred no more than 90 calendar days before the effective date of medical

18.6 assistance eligibility for payment of long-term care services. In no case shall medical

18.7 assistance payment for long-term care services occur prior to the date of the determination

18.8 of nursing facility level of care.

18.9 (c) The assessment used to establish medical assistance payment for long-term care

18.10 services provided under chapter 256S and section 256B.49 and alternative care payment

18.11 for services provided under section 256B.0913 must be the most recent face-to-face

38.24 Sec. 2. Minnesota Statutes 2024, section 144.0724, subdivision 11, is amended to read:

38.25 Subd. 11. **Nursing facility level of care.** (a) For purposes of medical assistance payment

38.26 of long-term care services **specified in** subdivision 2, paragraph (g), a recipient must be

38.27 determined, using assessments defined in subdivision 4, to meet one of the following nursing

38.28 facility level of care criteria:

38.29 (1) the person requires formal clinical monitoring at least once per day;

39.1 (2) the person needs the assistance of another person or constant supervision to begin

39.2 and complete at least four of the following activities of living: bathing, bed mobility, dressing,

39.3 eating, grooming, toileting, transferring, and walking;

39.4 (3) the person needs the assistance of another person or constant supervision to begin

39.5 and complete toileting, transferring, or positioning and the assistance cannot be scheduled;

39.6 (4) the person has significant difficulty with memory, using information, daily decision

39.7 making, or behavioral needs that require intervention;

39.8 (5) the person has had a qualifying nursing facility stay of at least 90 days;

39.9 (6) the person meets the nursing facility level of care criteria determined 90 days after

39.10 admission or on the first quarterly assessment after admission, whichever is later; or

39.11 (7) the person is determined to be at risk for nursing facility admission or readmission

39.12 through a face-to-face long-term care consultation assessment as specified in section

39.13 256B.0911, subdivision 17 to 21, 23, 24, 27, or 28, by a county, tribe, or managed care

39.14 organization under contract with the Department of Human Services. The person is

39.15 considered at risk under this clause if the person currently lives alone or will live alone or

39.16 be homeless without the person's current housing and also meets one of the following criteria:

39.17 (i) the person has experienced a fall resulting in a fracture;

39.18 (ii) the person has been determined to be at risk of maltreatment or neglect, including

39.19 self-neglect; or

39.20 (iii) the person has a sensory impairment that substantially impacts functional ability

39.21 and maintenance of a community residence.

39.22 (b) The assessment used to establish medical assistance payment for nursing facility

39.23 services must be the most recent assessment performed under subdivision 4, paragraphs (b)

39.24 and (c), that occurred no more than 90 calendar days before the effective date of medical

39.25 assistance eligibility for payment of long-term care services. In no case shall medical

39.26 assistance payment for long-term care services occur prior to the date of the determination

39.27 of nursing facility level of care.

39.28 (c) The assessment used to establish medical assistance payment for long-term care

39.29 services provided under chapter 256S and section 256B.49 and alternative care payment

39.30 for services provided under section 256B.0913 must be the most recent face-to-face

18.12 assessment performed under section 256B.0911, subdivisions 17 to 21, 23, 24, 27, or 28,
18.13 that occurred no more than 60 calendar days before the effective date of medical assistance
18.14 eligibility for payment of long-term care services.

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

18.18 Sec. 3. Minnesota Statutes 2024, section 144.0724, is amended by adding a subdivision
18.19 to read:

18.20 Subd. 11a. **Determination of nursing facility level of care for the brain injury and**
18.21 **community access for disability inclusion waivers.** (a) Effective January 1, 2026, or upon
18.22 federal approval, whichever is later, a person must be determined to meet one of the following
18.23 nursing facility level of care criteria for the brain injury and community access for disability
18.24 inclusion waivers under section 256B.49:

18.25 (1) the person requires formal clinical monitoring at least once per day;

18.26 (2) the person needs the assistance of another person or constant supervision to begin
18.27 and complete at least four of the following activities of daily living: bathing, bed mobility,
18.28 dressing, eating, grooming, toileting, transferring, and walking;

18.29 (3) the person needs the assistance of another person or constant supervision to begin
18.30 and complete toileting, transferring, or positioning and the assistance cannot be scheduled;
18.31 or

18.32 (4) the person has significant difficulty with memory, using information, daily decision
18.33 making, or behavioral needs that require intervention.

19.1 (b) Nursing facility level of care determinations for purposes of initial and ongoing
19.2 access to the brain injury and community access for disability inclusion waiver programs
19.3 must be conducted by a MnCHOICES certified assessor under section 256B.0911.

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

39.31 assessment performed under section 256B.0911, subdivisions 17 to 21, 23, 24, 27, or 28,
39.32 that occurred no more than 60 calendar days before the effective date of medical assistance
39.33 eligibility for payment of long-term care services.

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

40.4 Sec. 3. Minnesota Statutes 2024, section 144.0724, is amended by adding a subdivision
40.5 to read:

40.6 Subd. 11a. **Determination of nursing facility level of care for the brain injury and**
40.7 **community access for disability inclusion waivers.** (a) Effective January 1, 2026, or upon
40.8 federal approval, whichever is later, a person must be determined to meet one of the following
40.9 nursing facility level of care criteria to be eligible for the brain injury and community access
40.10 for disability inclusion waivers under section 256B.49:

40.11 (1) the person requires the assistance of another person or constant supervision to begin
40.12 and complete at least four of the following activities of daily living: bathing, bed mobility,
40.13 dressing, eating, grooming, toileting, transferring, or walking;

40.14 (2) the person needs the assistance of another person or constant supervision to begin
40.15 and complete toileting, transferring, or positioning and the assistance cannot be scheduled;
40.16 or

40.17 (3) the person has significant difficulty with memory, using information, daily decision
40.18 making, or behavioral needs that require the person to be constantly supervised or require
40.19 interventions that cannot be scheduled.

40.20 (b) Nursing facility level of care determinations for purposes of initial and ongoing
40.21 access to the brain injury and community access for disability inclusion waiver programs
40.22 must be conducted by a certified assessor under section 256B.0911.

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

40.24 Sec. 4. Minnesota Statutes 2024, section 144A.351, subdivision 1, is amended to read:

40.25 Subdivision 1. **Report requirements.** (a) The commissioners of health and human
40.26 services, with the cooperation of counties and in consultation with stakeholders, including
40.27 persons who need or are using long-term care services and supports, lead agencies, regional
40.28 entities, senior, disability, and mental health organization representatives, service providers,
40.29 and community members shall compile data regarding the status of the full range of long-term
40.30 care services and supports for the elderly and children and adults with disabilities and mental
40.31 illnesses in Minnesota. The compiled data shall include:

40.32 (1) demographics and need for long-term care services and supports in Minnesota;

19.5 Sec. 4. Minnesota Statutes 2024, section 179A.54, is amended by adding a subdivision to
19.6 read:

19.7 Subd. 12. **Minnesota Caregiver Retirement Fund Trust.** (a) The state and an exclusive
19.8 representative certified pursuant to this section may establish a joint labor and management
19.9 trust, referred to as the Minnesota Caregiver Retirement Fund Trust, for the exclusive
19.10 purpose of creating, implementing, and administering a retirement program for individual
19.11 providers of direct support services who are represented by the exclusive representative.

19.12 (b) The state must make financial contributions to the Minnesota Caregiver Retirement
19.13 Fund Trust pursuant to a collective bargaining agreement negotiated under this section. The
19.14 financial contributions by the state must be held in trust for the purpose of paying, from
19.15 principal, income, or both, the costs associated with creating, implementing, and

41.1 (2) summary of county and regional reports on long-term care gaps, surpluses, imbalances,
41.2 and corrective action plans;

41.3 (3) status of long-term care services and related mental health services, housing options,
41.4 and supports by county and region including:

41.5 (i) changes in availability of the range of long-term care services and housing options;

41.6 (ii) access problems, including access to the least restrictive and most integrated services
41.7 and settings, regarding long-term care services; and

41.8 (iii) comparative measures of long-term care services availability, including serving
41.9 people in their home areas near family, and changes over time; and

41.10 (4) recommendations regarding goals for the future of long-term care services and
41.11 supports, policy and fiscal changes, and resource development and transition needs; and

41.12 (5) the following information on the availability of integrated community supports,
41.13 updated within 30 days of the end of each of four three-month reporting periods, which
41.14 begin on January 1 of each year:

41.15 (i) the average number of integrated community supports beds occupied, per month, for
41.16 the preceding reporting period;

41.17 (ii) the average number of integrated community supports beds available, per month,
41.18 for the preceding reporting period;

41.19 (iii) the number of integrated community supports setting applications being reviewed
41.20 by the commissioner of human services as of the final day of the reporting period; and

41.21 (vi) the average time of review for integrated community supports setting applications
41.22 submitted during the preceding quarter.

41.23 (b) The commissioners of health and human services shall make the compiled data
41.24 available on at least one of the department's websites.

41.25 Sec. 5. Minnesota Statutes 2024, section 179A.54, is amended by adding a subdivision to
41.26 read:

41.27 Subd. 12. **Minnesota Caregiver Retirement Fund Trust.** (a) The state and an exclusive
41.28 representative certified pursuant to this section may establish a joint labor and management
41.29 trust, referred to as the Minnesota Caregiver Retirement Fund Trust, for the exclusive
41.30 purpose of creating, implementing, and administering a retirement program for individual
41.31 providers of direct support services who are represented by the exclusive representative.

42.1 (b) The state must make financial contributions to the Minnesota Caregiver Retirement
42.2 Fund Trust pursuant to a collective bargaining agreement negotiated under this section. The
42.3 financial contributions by the state must be held in trust for the purpose of paying, from
42.4 principal, income, or both, the costs associated with creating, implementing, and

19.16 administering a defined contribution or other individual account retirement program for
19.17 individual providers of direct support services working under a collective bargaining
19.18 agreement and providing services through a covered program under section 256B.0711. A
19.19 board of trustees composed of an equal number of trustees appointed by the governor and
19.20 trustees appointed by the exclusive representative under this section must administer, manage,
19.21 and otherwise jointly control the Minnesota Caregiver Retirement Fund Trust. The trust
19.22 must not be an agent of either the state or the exclusive representative.

19.23 (c) A third-party administrator, financial management institution, other appropriate
19.24 entity, or any combination thereof may provide trust administrative, management, legal,
19.25 and financial services to the board of trustees as designated by the board of trustees from
19.26 time to time. The services must be paid from the money held in trust and created by the
19.27 state's financial contributions to the Minnesota Caregiver Retirement Fund Trust.

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

19.30 (e) Financial contributions to or participation in the management or administration of
19.31 the Minnesota Caregiver Retirement Fund Trust must not be considered an unfair labor
19.32 practice under section 179A.13, or a violation of Minnesota law.

20.1 (f) Nothing in this section shall be construed to authorize the creation of a defined benefit
20.2 retirement plan or program.

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

42.5 administering a defined contribution or other individual account retirement program for
42.6 individual providers of direct support services working under a collective bargaining
42.7 agreement and providing services through a covered program under section 256B.0711. A
42.8 board of trustees composed of an equal number of trustees appointed by the governor and
42.9 trustees appointed by the exclusive representative under this section must administer, manage,
42.10 and otherwise jointly control the Minnesota Caregiver Retirement Fund Trust. The trust
42.11 must not be an agent of either the state or the exclusive representative.

42.12 (c) A third-party administrator, financial management institution, other appropriate
42.13 entity, or any combination thereof may provide trust administrative, management, legal,
42.14 and financial services to the board of trustees as designated by the board of trustees from
42.15 time to time. The services must be paid from the money held in trust and created by the
42.16 state's financial contributions to the Minnesota Caregiver Retirement Fund Trust.

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

42.19 (e) Financial contributions to or participation in the management or administration of
42.20 the Minnesota Caregiver Retirement Fund Trust must not be considered an unfair labor
42.21 practice under section 179A.13, or a violation of Minnesota law.

42.22 (f) Nothing in this section shall be construed to authorize the creation of a defined benefit
42.23 retirement plan or program.

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

42.25 Sec. 6. Minnesota Statutes 2024, section 245A.042, is amended by adding a subdivision
42.26 to read:

42.27 Subd. 5. **Compliance education required.** The commissioner must make licensing
42.28 compliance education available to all license holders operating programs licensed under
42.29 both this chapter and chapter 245D. The licensing compliance education must include clear
42.30 and accessible explanations of achieving and maintaining compliance with the relevant
42.31 licensing requirements under this chapter and chapter 245D.

43.1 Sec. 7. Minnesota Statutes 2024, section 245A.06, subdivision 1a, is amended to read:

43.2 Subd. 1a. **Correction orders and conditional licenses for programs licensed as home**
43.3 **and community-based services.** (a) For programs licensed under both this chapter and
43.4 chapter 245D, if the license holder operates more than one service site under a single license
43.5 governed by chapter 245D, the correction order or order of conditional license issued under
43.6 this section shall be specific to the service site or sites at which the violations of applicable
43.7 law or rules occurred. The order shall not apply to other service sites governed by chapter
43.8 245D and operated by the same license holder unless the commissioner has included in the
43.9 order the articulable basis for applying the order to another service site.

43.10 (b) If the commissioner has issued more than one license to the license holder under this
43.11 chapter, the ~~conditions imposed~~ order issued under this section shall be specific to the license

43.12 for the program at which the violations of applicable law or rules occurred and shall not
43.13 apply to other licenses held by the same license holder if those programs are being operated
43.14 in substantial compliance with applicable law and rules.

43.15 (c) Prior to issuing an order of conditional license under this section to a license holder
43.16 operating a program licensed under both this chapter and chapter 245D, the commissioner
43.17 must inform the license holder that the next audit or investigation may lead to an order of
43.18 conditional license if the provider fails to correct the violations specified in a prior correction
43.19 order or has any new violations. Nothing in this paragraph limits the commissioner's authority
43.20 to take immediate action under section 245A.07 to prevent or correct actions by the license
43.21 holder that imminently endanger the health, safety, or rights of the persons served by the
43.22 program.

43.23 (d) The commissioner may reduce the length of time of a conditional license for a license
43.24 holder operating a program licensed under both this chapter and chapter 245D if the license
43.25 holder demonstrates compliance or progress toward compliance before the conditional
43.26 license period expires.

43.27 (e) By January 1, 2026, and annually thereafter, the commissioner must provide a report
43.28 to the chairs and ranking minority members of the legislative committees with jurisdiction
43.29 over chapter 245D licensing on the number of correction orders and orders of conditional
43.30 license issued to license holders who operate programs licensed under both this chapter and
43.31 chapter 245D. The report must include aggregated data on the zip codes of locations, number
43.32 of employees, license effective dates for any license holders subject to correction orders
43.33 and orders of conditional license, and the commissioner's efforts to offer collaborative safety
43.34 process improvements to license holders under section 245A.042 and this subdivision.

44.1 Sec. 8. Minnesota Statutes 2024, section 245A.06, subdivision 2, is amended to read:

44.2 Subd. 2. **Reconsideration of correction orders.** (a) If the applicant or license holder
44.3 believes that the contents of the commissioner's correction order are in error, the applicant
44.4 or license holder may ask the Department of Human Services to reconsider the parts of the
44.5 correction order that are alleged to be in error. The request for reconsideration must be made
44.6 in writing and must be postmarked and sent to the commissioner within 20 calendar days
44.7 after receipt of the correction order by the applicant or license holder or submitted in the
44.8 provider licensing and reporting hub within 20 calendar days from the date the commissioner
44.9 issued the order through the hub, and:

44.10 (1) specify the parts of the correction order that are alleged to be in error;

44.11 (2) explain why they are in error; and

44.12 (3) include documentation to support the allegation of error.

44.13 Upon implementation of the provider licensing and reporting hub, the provider must use
44.14 the hub to request reconsideration. A request for reconsideration does not stay any provisions

20.4 Sec. 5. [245A.142] EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL
20.5 INTERVENTION PROVISIONAL LICENSURE.

20.6 Subdivision 1. **Regulatory powers.** The commissioner shall regulate early intensive
20.7 developmental and behavioral intervention (EIDBI) agencies pursuant to this section.

20.8 Subd. 2. **Provisional license.** (a) Beginning on January 1, 2026, the commissioner shall
20.9 begin issuing provisional licenses to enrolled EIDBI agencies while permanent licensing
20.10 standards are developed and shall not enroll new EIDBI agencies to provide EIDBI services.
20.11 EIDBI agencies enrolled by December 31, 2025, have until June 1, 2026, to submit an
20.12 application for provisional licensure on the forms and in the manner prescribed by the
20.13 commissioner.

20.14 (b) Beginning June 2, 2026, an EIDBI agency shall not operate if it has not submitted
20.15 an application for provisional licensure under this section. Failure to submit an application
20.16 for provisional licensure by June 2, 2026, will result in disenrollment from providing EIDBI
20.17 services.

44.15 or requirements of the correction order. The commissioner's disposition of a request for
44.16 reconsideration is final and not subject to appeal under chapter 14.

44.17 (b) This paragraph applies only to licensed family child care providers. A licensed family
44.18 child care provider who requests reconsideration of a correction order under paragraph (a)
44.19 may also request, on a form and in the manner prescribed by the commissioner, that the
44.20 commissioner expedite the review if:

44.21 (1) the provider is challenging a violation and provides a description of how complying
44.22 with the corrective action for that violation would require the substantial expenditure of
44.23 funds or a significant change to their program; and

44.24 (2) describes what actions the provider will take in lieu of the corrective action ordered
44.25 to ensure the health and safety of children in care pending the commissioner's review of the
44.26 correction order.

44.27 (b) Notwithstanding paragraph (a), when a request for reconsideration is denied, the
44.28 commissioner must offer the option of mediation for a license holder operating a program
44.29 licensed under both this chapter and chapter 245D, if a license holder further disputes the
44.30 commissioner's correction order. The costs of the mediation option under this paragraph
44.31 must be paid by the license holder.

45.1 Sec. 9. [245A.142] EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL
45.2 INTERVENTION PROVISIONAL LICENSURE.

45.3 Subdivision 1. **Definitions.** The definitions in section 256B.0949, subdivision 2, apply
45.4 to this section.

45.5 Subd. 2. **Regulatory powers.** The commissioner shall regulate early intensive
45.6 developmental and behavioral intervention (EIDBI) agencies pursuant to this section.

45.7 Subd. 3. **Provisional license.** (a) Beginning on January 1, 2026, the commissioner shall
45.8 begin issuing provisional licenses to agencies enrolled under chapter 256B to provide EIDBI
45.9 services.

45.10 (b) Agencies enrolled prior to July 1, 2025, have until March 31, 2026, to submit an
45.11 application for provisional licensure on the forms and in the manner prescribed by the
45.12 commissioner.

45.13 (c) Beginning April 1, 2026, an agency must not operate if it has not submitted an
45.14 application for provisional licensure under this section. The commissioner shall disenroll
45.15 an agency from providing EIDBI services under chapter 256B if the agency fails to submit
45.16 an application for provisional licensure by March 31, 2026, or a complete application by
45.17 July 1, 2026.

20.18 (c) A provisional license is effective until comprehensive EIDBI agency licensure
20.19 standards are in effect unless the provisional license is revoked.

20.20 Subd. 3. **Provisional license regulatory functions.** The commissioner may:

20.21 (1) access the program without advance notice in accordance with section 245A.04,

20.22 subdivision 5;

20.23 (2) investigate reports of maltreatment;

20.24 (3) investigate complaints against EIDBI agencies limited to the provisions of this
20.25 section;

20.26 (4) take action on a license pursuant to sections 245A.06 and 245A.07;

20.27 (5) deny an application for provisional licensure pursuant to section 245A.05; and

20.28 (6) take other action reasonably required to accomplish the purposes of this section.

20.29 Subd. 4. **Provisional license requirements.** A provisional license holder must:

20.30 (1) identify all controlling individuals, as defined in section 245A.02, subdivision 5a,
20.31 for the agency;

21.1 (2) provide documented disclosures surrounding the use of billing agencies or other
21.2 consultants, available to the department upon request;

21.3 (3) establish provider policies and procedures related to staff training, staff qualifications,
21.4 quality assurance, and service activities;

21.5 (4) document contracts with independent contractors for qualified supervising
21.6 professionals, including the number of hours contracted and responsibilities, available to
21.7 the department upon request; and

21.8 (5) comply with section 256B.0949, subdivisions 2, 3a, 6, 7, 14, 15, 16, and 16a, and
21.9 exceptions to qualifications, standards, and requirements granted by the commissioner under
21.10 section 256B.0949, subdivision 17.

21.11 Subd. 5. **Reporting of maltreatment.** An EIDBI agency must comply with the
21.12 requirements of reporting maltreatment of vulnerable adults and minors under sections
21.13 245A.65, 245A.66, and 626.557 and chapter 260E.

45.18 (d) The commissioner must determine whether a provisional license applicant complies
45.19 with all applicable rules and laws and either issue a provisional license to the applicant or
45.20 deny the application by December 31, 2026.

45.21 (e) A provisional license is effective until comprehensive EIDBI agency licensure
45.22 standards are in effect unless the provisional license is revoked.

45.23 (f) Beginning January 1, 2027, an agency providing EIDBI services must not operate in
45.24 Minnesota unless provisionally licensed under this section.

45.25 Subd. 4. **Provisional license regulatory functions.** The commissioner may:

45.26 (1) enter the physical premises of an agency without advance notice in accordance with
45.27 section 245A.04, subdivision 5;

45.28 (2) investigate reports of maltreatment;

45.29 (3) investigate complaints against agencies;

45.30 (4) take action on a license pursuant to sections 245A.06 and 245A.07;

45.31 (5) deny an application for provisional licensure pursuant to section 245A.05; and

46.1 (6) take other action reasonably required to accomplish the purposes of this section.

46.2 Subd. 5. **Provisional license requirements.** A provisional license holder must:

46.3 (1) identify all controlling individuals, as defined in section 245A.02, subdivision 5a,
46.4 of the agency;

46.5 (2) provide documented disclosures surrounding the use of billing agencies or other
46.6 consultants, available to the department upon request;

46.7 (3) establish provider policies and procedures related to staff training, staff qualifications,
46.8 quality assurance, and service activities;

46.9 (4) document contracts with independent contractors for qualified supervising
46.10 professionals, including the number of hours contracted and responsibilities, available to
46.11 the department upon request; and

46.12 (5) comply with section 256B.0949, including exceptions to qualifications, standards,
46.13 and requirements granted by the commissioner under section 256B.0949, subdivision 17.

21.14 Subd. 6. **Background studies.** An EIDBI agency must initiate a background study
21.15 through the commissioner's NETStudy 2.0 system as provided under chapter 245C.

21.16 Subd. 7. **Reconsideration requests and appeals.** An applicant or provisional license
21.17 holder has reconsideration and appeal rights under sections 245A.05, 245A.06, and 245A.07.

21.18 Subd. 8. **Disenrollment.** The commissioner shall disenroll an agency from providing
21.19 EIDBI services under chapter 256B if:

21.20 (1) the agency's application has been suspended or denied under subdivision 2 or the
21.21 agency's provisional license has been revoked; and

21.22 (2) when the agency appealed the application suspension or denial or the provisional
21.23 license revocation, the commissioner has issued a final order on the appeal.

21.24 Subd. 9. **Transition to nonprovisional EIDBI license; future licensure standards.** (a)
21.25 The commissioner must develop a process and transition plan for comprehensive EIDBI
21.26 agency licensure by July 1, 2027.

21.27 (b) By January 1, 2028, the commissioner shall establish standards for nonprovisional
21.28 EIDBI agency licensure and submit proposed legislation to the chairs and ranking minority
21.29 members of the legislative committees with jurisdiction over human services licensing.

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

22.1 Sec. 6. Minnesota Statutes 2024, section 245C.16, subdivision 1, is amended to read:

22.2 Subdivision 1. **Determining immediate risk of harm.** (a) If the commissioner determines
22.3 that the individual studied has a disqualifying characteristic, the commissioner shall review
22.4 the information immediately available and make a determination as to the subject's immediate
22.5 risk of harm to persons served by the program where the individual studied will have direct
22.6 contact with, or access to, people receiving services.

22.7 (b) The commissioner shall consider all relevant information available, including the
22.8 following factors in determining the immediate risk of harm:

22.9 (1) the recency of the disqualifying characteristic;

22.10 (2) the recency of discharge from probation for the crimes;

22.11 (3) the number of disqualifying characteristics;

22.12 (4) the intrusiveness or violence of the disqualifying characteristic;

22.13 (5) the vulnerability of the victim involved in the disqualifying characteristic;

22.14 (6) the similarity of the victim to the persons served by the program where the individual
22.15 studied will have direct contact;

22.16 (7) whether the individual has a disqualification from a previous background study that
22.17 has not been set aside;

46.14 Subd. 6. **Reconsideration requests and appeals.** An applicant or provisional license
46.15 holder has reconsideration and appeal rights under sections 245A.05, 245A.06, and 245A.07.

46.16 Subd. 7. **Disenrollment.** The commissioner shall disenroll an agency from providing
46.17 EIDBI services under chapter 256B if:

46.18 (1) the agency's application has been suspended or denied under subdivision 2 or the
46.19 agency's provisional license has been revoked; and

46.20 (2) if the agency appealed the application suspension or denial or the provisional license
46.21 revocation, the commissioner has issued a final order on the appeal.

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

46.23 Sec. 10. Minnesota Statutes 2024, section 245C.16, subdivision 1, is amended to read:

46.24 Subdivision 1. **Determining immediate risk of harm.** (a) If the commissioner determines
46.25 that the individual studied has a disqualifying characteristic, the commissioner shall review
46.26 the information immediately available and make a determination as to the subject's immediate
46.27 risk of harm to persons served by the program where the individual studied will have direct
46.28 contact with, or access to, people receiving services.

46.29 (b) The commissioner shall consider all relevant information available, including the
46.30 following factors in determining the immediate risk of harm:

46.31 (1) the recency of the disqualifying characteristic;

47.1 (2) the recency of discharge from probation for the crimes;

47.2 (3) the number of disqualifying characteristics;

47.3 (4) the intrusiveness or violence of the disqualifying characteristic;

47.4 (5) the vulnerability of the victim involved in the disqualifying characteristic;

47.5 (6) the similarity of the victim to the persons served by the program where the individual
47.6 studied will have direct contact;

47.7 (7) whether the individual has a disqualification from a previous background study that
47.8 has not been set aside;

22.18 (8) if the individual has a disqualification which may not be set aside because it is a
22.19 permanent bar under section 245C.24, subdivision 1, or the individual is a child care
22.20 background study subject who has a felony-level conviction for a drug-related offense in
22.21 the last five years, the commissioner may order the immediate removal of the individual
22.22 from any position allowing direct contact with, or access to, persons receiving services from
22.23 the program and from working in a children's residential facility or foster residence setting;
22.24 and

22.25 (9) if the individual has a disqualification which may not be set aside because it is a
22.26 permanent bar under section 245C.24, subdivision 2, or the individual is a child care
22.27 background study subject who has a felony-level conviction for a drug-related offense during
22.28 the last five years, the commissioner may order the immediate removal of the individual
22.29 from any position allowing direct contact with or access to persons receiving services from
22.30 the center and from working in a licensed child care center or certified license-exempt child
22.31 care center.

23.1 (c) This section does not apply when the subject of a background study is regulated by
23.2 a health-related licensing board as defined in chapter 214, and the subject is determined to
23.3 be responsible for substantiated maltreatment under section 626.557 or chapter 260E.

23.4 (d) This section does not apply to a background study related to an initial application
23.5 for a child foster family setting license.

23.6 (e) Except for paragraph (f), this section does not apply to a background study that is
23.7 also subject to the requirements under section 256B.0659, subdivisions 11 and 13, for a
23.8 personal care assistant or a qualified professional as defined in section 256B.0659,
23.9 subdivision 1, or to a background study for an individual providing early intensive
23.10 developmental and behavioral intervention services under section 245A.142 or 256B.0949.

23.11 (f) If the commissioner has reason to believe, based on arrest information or an active
23.12 maltreatment investigation, that an individual poses an imminent risk of harm to persons
23.13 receiving services, the commissioner may order that the person be continuously supervised
23.14 or immediately removed pending the conclusion of the maltreatment investigation or criminal
23.15 proceedings.

23.16 **EFFECTIVE DATE.** This section is effective January 1, 2026.

23.17 Sec. 7. Minnesota Statutes 2024, section 245D.091, subdivision 2, is amended to read:

23.18 Subd. 2. **Positive support professional qualifications.** A positive support professional
23.19 providing positive support services as identified in section 245D.03, subdivision 1, paragraph
23.20 (c), clause (1), item (i), must have competencies in the following areas as required under
23.21 the brain injury, community access for disability inclusion, community alternative care, and
23.22 developmental disabilities waiver plans or successor plans:

23.23 (1) ethical considerations;

23.24 (2) functional assessment;

47.9 (8) if the individual has a disqualification which may not be set aside because it is a
47.10 permanent bar under section 245C.24, subdivision 1, or the individual is a child care
47.11 background study subject who has a felony-level conviction for a drug-related offense in
47.12 the last five years, the commissioner may order the immediate removal of the individual
47.13 from any position allowing direct contact with, or access to, persons receiving services from
47.14 the program and from working in a children's residential facility or foster residence setting;
47.15 and

47.16 (9) if the individual has a disqualification which may not be set aside because it is a
47.17 permanent bar under section 245C.24, subdivision 2, or the individual is a child care
47.18 background study subject who has a felony-level conviction for a drug-related offense during
47.19 the last five years, the commissioner may order the immediate removal of the individual
47.20 from any position allowing direct contact with or access to persons receiving services from
47.21 the center and from working in a licensed child care center or certified license-exempt child
47.22 care center.

47.23 (c) This section does not apply when the subject of a background study is regulated by
47.24 a health-related licensing board as defined in chapter 214, and the subject is determined to
47.25 be responsible for substantiated maltreatment under section 626.557 or chapter 260E.

47.26 (d) This section does not apply to a background study related to an initial application
47.27 for a child foster family setting license.

47.28 (e) Except for paragraph (f), this section does not apply to a background study that is
47.29 also subject to the requirements under section 256B.0659, subdivisions 11 and 13, for a
47.30 personal care assistant or a qualified professional as defined in section 256B.0659,
47.31 subdivision 1, or to a background study for an individual providing early intensive
47.32 developmental and behavioral intervention services under section 256B.0949.

48.1 (f) If the commissioner has reason to believe, based on arrest information or an active
48.2 maltreatment investigation, that an individual poses an imminent risk of harm to persons
48.3 receiving services, the commissioner may order that the person be continuously supervised
48.4 or immediately removed pending the conclusion of the maltreatment investigation or criminal
48.5 proceedings.

48.6 **EFFECTIVE DATE.** This section is effective January 1, 2026.

48.7 Sec. 11. Minnesota Statutes 2024, section 245D.091, subdivision 2, is amended to read:

48.8 Subd. 2. **Positive support professional qualifications.** A positive support professional
48.9 providing positive support services as identified in section 245D.03, subdivision 1, paragraph
48.10 (c), clause (1), item (i), must have competencies in the following areas as required under
48.11 the brain injury, community access for disability inclusion, community alternative care, and
48.12 developmental disabilities waiver plans or successor plans:

48.13 (1) ethical considerations;

48.14 (2) functional assessment;

23.25 (3) functional analysis;
23.26 (4) measurement of behavior and interpretation of data;
23.27 (5) selecting intervention outcomes and strategies;
23.28 (6) behavior reduction and elimination strategies that promote least restrictive approved
23.29 alternatives;
23.30 (7) data collection;
23.31 (8) staff and caregiver training;
24.1 (9) support plan monitoring;
24.2 (10) co-occurring mental disorders or neurocognitive disorder;
24.3 (11) demonstrated expertise with populations being served; and
24.4 (12) must be a:
24.5 (i) psychologist licensed under sections 148.88 to 148.98, who has stated to the Board
24.6 of Psychology competencies in the above identified areas;
24.7 (ii) clinical social worker licensed as an independent clinical social worker under chapter
24.8 148D, or a person with a master's degree in social work from an accredited college or
24.9 university, with at least 4,000 hours of post-master's supervised experience in the delivery
24.10 of clinical services in the areas identified in clauses (1) to (11);
24.11 (iii) physician licensed under chapter 147 and certified by the American Board of
24.12 Psychiatry and Neurology or eligible for board certification in psychiatry with competencies
24.13 in the areas identified in clauses (1) to (11);
24.14 (iv) licensed professional clinical counselor licensed under sections 148B.29 to 148B.39
24.15 with at least 4,000 hours of post-master's supervised experience in the delivery of clinical
24.16 services who has demonstrated competencies in the areas identified in clauses (1) to (11);
24.17 (v) person with a master's degree from an accredited college or university in one of the
24.18 behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised
24.19 experience in the delivery of clinical services with demonstrated competencies in the areas
24.20 identified in clauses (1) to (11);
24.21 (vi) person with a master's degree or PhD in one of the behavioral sciences or related
24.22 fields with demonstrated expertise in positive support services, as determined by the person's
24.23 needs as outlined in the person's assessment summary; ~~or~~
24.24 (vii) registered nurse who is licensed under sections 148.171 to 148.285, and who is
24.25 certified as a clinical specialist or as a nurse practitioner in adult or family psychiatric and
24.26 mental health nursing by a national nurse certification organization, or who has a master's
24.27 degree in nursing or one of the behavioral sciences or related fields from an accredited

48.15 (3) functional analysis;
48.16 (4) measurement of behavior and interpretation of data;
48.17 (5) selecting intervention outcomes and strategies;
48.18 (6) behavior reduction and elimination strategies that promote least restrictive approved
48.19 alternatives;
48.20 (7) data collection;
48.21 (8) staff and caregiver training;
48.22 (9) support plan monitoring;
48.23 (10) co-occurring mental disorders or neurocognitive disorder;
48.24 (11) demonstrated expertise with populations being served; and
48.25 (12) must be a:
48.26 (i) psychologist licensed under sections 148.88 to 148.98, who has stated to the Board
48.27 of Psychology competencies in the above identified areas;
48.28 (ii) clinical social worker licensed as an independent clinical social worker under chapter
48.29 148D, or a person with a master's degree in social work from an accredited college or
49.1 university, with at least 4,000 hours of post-master's supervised experience in the delivery
49.2 of clinical services in the areas identified in clauses (1) to (11);
49.3 (iii) physician licensed under chapter 147 and certified by the American Board of
49.4 Psychiatry and Neurology or eligible for board certification in psychiatry with competencies
49.5 in the areas identified in clauses (1) to (11);
49.6 (iv) licensed professional clinical counselor licensed under sections 148B.29 to 148B.39
49.7 with at least 4,000 hours of post-master's supervised experience in the delivery of clinical
49.8 services who has demonstrated competencies in the areas identified in clauses (1) to (11);
49.9 (v) person with a master's degree from an accredited college or university in one of the
49.10 behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised
49.11 experience in the delivery of clinical services with demonstrated competencies in the areas
49.12 identified in clauses (1) to (11);
49.13 (vi) person with a master's degree or PhD in one of the behavioral sciences or related
49.14 fields with demonstrated expertise in positive support services, as determined by the person's
49.15 needs as outlined in the person's assessment summary; ~~or~~
49.16 (vii) registered nurse who is licensed under sections 148.171 to 148.285, and who is
49.17 certified as a clinical specialist or as a nurse practitioner in adult or family psychiatric and
49.18 mental health nursing by a national nurse certification organization, or who has a master's
49.19 degree in nursing or one of the behavioral sciences or related fields from an accredited

24.28 college or university or its equivalent, with at least 4,000 hours of post-master's supervised
24.29 experience in the delivery of clinical services; or

24.30 (viii) person who has completed a competency-based training program as determined
24.31 by the commissioner.

25.1 Sec. 8. Minnesota Statutes 2024, section 245D.091, subdivision 3, is amended to read:

25.2 Subd. 3. **Positive support analyst qualifications.** (a) A positive support analyst providing
25.3 positive support services as identified in section 245D.03, subdivision 1, paragraph (c),
25.4 clause (1), item (i), must ~~have competencies in one of the following areas~~ satisfy one of the
25.5 following requirements as required under the brain injury, community access for disability
25.6 inclusion, community alternative care, and developmental disabilities waiver plans or
25.7 successor plans:

25.8 (1) have obtained a baccalaureate degree, master's degree, or PhD in either a social
25.9 services discipline or nursing;

25.10 (2) meet the qualifications of a mental health practitioner as defined in section 245.462,
25.11 subdivision 17; ~~or~~

25.12 (3) be a board-certified behavior analyst or board-certified assistant behavior analyst by
25.13 the Behavior Analyst Certification Board, Incorporated; or

25.14 (4) have completed a competency-based training program as determined by the
25.15 commissioner.

25.16 (b) In addition, a positive support analyst must:

25.17 (1) have two years of supervised experience conducting functional behavior assessments
25.18 and designing, implementing, and evaluating effectiveness of positive practices behavior
25.19 support strategies for people who exhibit challenging behaviors as well as co-occurring
25.20 mental disorders and neurocognitive disorder;

25.21 (2) have received training prior to hire or within 90 calendar days of hire that includes:

25.22 (i) ten hours of instruction in functional assessment and functional analysis;

25.23 (ii) 20 hours of instruction in the understanding of the function of behavior;

25.24 (iii) ten hours of instruction on design of positive practices behavior support strategies;

25.25 (iv) 20 hours of instruction preparing written intervention strategies, designing data
25.26 collection protocols, training other staff to implement positive practice strategies,
25.27 summarizing and reporting program evaluation data, analyzing program evaluation data to
25.28 identify design flaws in behavioral interventions or failures in implementation fidelity, and
25.29 recommending enhancements based on evaluation data; and

49.20 college or university or its equivalent, with at least 4,000 hours of post-master's supervised
49.21 experience in the delivery of clinical services; or

49.22 (viii) person who has completed a competency-based training program as determined
49.23 by the commissioner.

49.24 Sec. 12. Minnesota Statutes 2024, section 245D.091, subdivision 3, is amended to read:

49.25 Subd. 3. **Positive support analyst qualifications.** (a) A positive support analyst providing
49.26 positive support services as identified in section 245D.03, subdivision 1, paragraph (c),
49.27 clause (1), item (i), must ~~have competencies in one of the following areas~~ satisfy one of the
49.28 following requirements as required under the brain injury, community access for disability
49.29 inclusion, community alternative care, and developmental disabilities waiver plans or
49.30 successor plans:

49.31 (1) have obtained a baccalaureate degree, master's degree, or PhD in either a social
49.32 services discipline or nursing;

50.1 (2) meet the qualifications of a mental health practitioner as defined in section 245.462,
50.2 subdivision 17; ~~or~~

50.3 (3) be a board-certified behavior analyst or board-certified assistant behavior analyst by
50.4 the Behavior Analyst Certification Board, Incorporated; or

50.5 (4) have completed a competency-based training program as determined by the
50.6 commissioner.

50.7 (b) In addition, a positive support analyst must:

50.8 (1) either have two years of supervised experience conducting functional behavior
50.9 assessments and designing, implementing, and evaluating effectiveness of positive practices
50.10 behavior support strategies for people who exhibit challenging behaviors as well as
50.11 co-occurring mental disorders and neurocognitive disorder, or for those who have obtained
50.12 a baccalaureate degree in one of the behavioral sciences or related fields, demonstrated
50.13 expertise in positive support services;

50.14 (2) have received training prior to hire or within 90 calendar days of hire that includes:

50.15 (i) ten hours of instruction in functional assessment and functional analysis;

50.16 (ii) 20 hours of instruction in the understanding of the function of behavior;

50.17 (iii) ten hours of instruction on design of positive practices behavior support strategies;

50.18 (iv) 20 hours of instruction preparing written intervention strategies, designing data
50.19 collection protocols, training other staff to implement positive practice strategies,
50.20 summarizing and reporting program evaluation data, analyzing program evaluation data to
50.21 identify design flaws in behavioral interventions or failures in implementation fidelity, and
50.22 recommending enhancements based on evaluation data; and

25.30 (v) eight hours of instruction on principles of person-centered thinking;
26.1 (3) be determined by a positive support professional to have the training and prerequisite
26.2 skills required to provide positive practice strategies as well as behavior reduction approved
26.3 and permitted intervention to the person who receives positive support; and
26.4 (4) be under the direct supervision of a positive support professional.
26.5 (c) Meeting the qualifications for a positive support professional under subdivision 2
26.6 shall substitute for meeting the qualifications listed in paragraph (b).

50.23 (v) eight hours of instruction on principles of person-centered thinking;
50.24 (3) be determined by a positive support professional to have the training and prerequisite
50.25 skills required to provide positive practice strategies as well as behavior reduction approved
50.26 and permitted intervention to the person who receives positive support; and
50.27 (4) be under the direct supervision of a positive support professional.
50.28 (c) Meeting the qualifications for a positive support professional under subdivision 2
50.29 shall substitute for meeting the qualifications listed in paragraph (b).

51.1 Sec. 13. Minnesota Statutes 2024, section 245D.12, is amended to read:

51.2 **245D.12 INTEGRATED COMMUNITY SUPPORTS; SETTING CAPACITY**
51.3 **REPORT.**

51.4 Subdivision 1. **Setting capacity report.** (a) The license holder providing integrated
51.5 community support, as defined in section 245D.03, subdivision 1, paragraph (c), clause (8),
51.6 must submit a setting capacity report to the commissioner to ensure the identified location
51.7 of service delivery meets the criteria of the home and community-based service requirements
51.8 as specified in section 256B.492.

51.9 (b) The license holder shall provide the setting capacity report on the forms and in the
51.10 manner prescribed by the commissioner. The report must include:

51.11 (1) the address of the multifamily housing building where the license holder delivers
51.12 integrated community supports and owns, leases, or has a direct or indirect financial
51.13 relationship with the property owner;

51.14 (2) the total number of living units in the multifamily housing building described in
51.15 clause (1) where integrated community supports are delivered;

51.16 (3) the total number of living units in the multifamily housing building described in
51.17 clause (1), including the living units identified in clause (2);

51.18 (4) the total number of people who could reside in the living units in the multifamily
51.19 housing building described in clause (2) and receive integrated community supports; and

51.20 (5) the percentage of living units that are controlled by the license holder in the
51.21 multifamily housing building by dividing clause (2) by clause (3).

51.22 (c) Only one license holder may deliver integrated community supports at the address
51.23 of the multifamily housing building.

51.24 Subd. 2. **Setting approval moratorium.** (a) The commissioner must not approve an
51.25 integrated community supports setting for which a setting capacity report was submitted
51.26 between July 1, 2025, and June 30, 2027.

26.7 Sec. 9. [245D.13] OUT-OF-HOME RESPITE CARE SERVICES FOR CHILDREN.
26.8 Subdivision 1. Licensed setting required. A license holder with a home and
26.9 community-based services license providing out-of-home respite care services for children
26.10 may do so only in a licensed setting, unless exempt under subdivision 2. For purposes of
26.11 this section, "respite care services" has the meaning given in section 245A.02, subdivision
26.12 15.
26.13 Subd. 2. Exemption from licensed setting requirement. (a) The exemption under this
26.14 subdivision does not apply to the provision of respite care services to a child in foster care
26.15 under chapter 260C or 260D.
26.16 (b) A license holder with a home and community-based services license may provide
26.17 out-of-home respite care services for children in an unlicensed residential setting if:
26.18 (1) all background studies are completed according to the requirements in chapter 245C;
26.19 (2) a child's case manager conducts and documents an assessment of the residential
26.20 setting and the setting's environment before services are provided and at least once each
26.21 calendar year thereafter if services continue to be provided at that residence. The assessment must

51.27 (b) The commissioner may approve exceptions to the approval moratorium under this
51.28 subdivision if the commissioner determines:
51.29 (1) a new integrated community supports setting is needed to provide integrated
51.30 community supports for a person requiring hospital-level care;
52.1 (2) a new integrated community supports setting is needed for a licensed assisted living
52.2 facility that is closing or converting from an assisted living facility license to a licensed
52.3 integrated community supports provider;
52.4 (3) a new integrated community supports setting with specialized qualities, including
52.5 wheelchair accessible units, specialized equipment, or other unique qualities is needed to
52.6 meet the needs of a client identified by the local county board; or
52.7 (4) a new integrated community supports setting has funding from the Minnesota Housing
52.8 Finance Agency or the United States Department of Housing and Urban Development.
52.9 (c) When approving an exception under this subdivision, the commissioner shall consider:
52.10 the availability of approved integrated community supports settings in the geographic area
52.11 where the licensee seeks to operate, including the number of living units approved and the
52.12 total number of people who could reside in the approved living units while receiving
52.13 integrated community services; the results of a person's choices during the person's annual
52.14 assessment and service plan review; and the recommendation of the local county board.
52.15 The approval or denial of an exception by the commissioner is final and is not subject to
52.16 appeal.
52.17 Sec. 14. [245D.13] OUT-OF-HOME RESPITE CARE SERVICES FOR CHILDREN.
52.18 Subdivision 1. Licensed setting required. A license holder with a home and
52.19 community-based services license providing out-of-home respite care services for children
52.20 may do so only in a licensed setting, unless exempt under subdivision 2. For the purposes
52.21 of this section, "respite care services" has the meaning given in section 245A.02, subdivision
52.22 15.
52.23 Subd. 2. Exemption from licensed setting requirement. (a) The exemption under this
52.24 subdivision does not apply to the provision of respite care services to a child in foster care
52.25 under chapter 260C or 260D.
52.26 (b) A license holder with a home and community-based services license may provide
52.27 out-of-home respite care services for children in an unlicensed residential setting if:
52.28 (1) all background studies are completed according to the requirements in chapter 245C;
52.29 (2) a child's case manager conducts and documents an assessment of the residential
52.30 setting and its environment before services are provided and at least once each calendar
52.31 year thereafter if services continue to be provided at that residence. The assessment must

26.22 must ensure that the setting is suitable for the child receiving respite care services. The
26.23 assessment must be conducted and documented in the manner prescribed by the
26.24 commissioner;

26.25 (3) the child's legal representative visits the residence and signs and dates a statement
26.26 authorizing services in the residence before services are provided and at least once each
26.27 calendar year thereafter if services continue to be provided at that residence;

26.28 (4) the services are provided in a residential setting that is not licensed to provide any
26.29 other licensed services;

26.30 (5) the services are provided to no more than four children at any one time. Each child
26.31 must have an individual bedroom, except two siblings may share a bedroom;

27.1 (6) the services are not provided to children and adults over the age of 21 in the same
27.2 residence at the same time;

27.3 (7) the services are not provided to a single family for more than 46 calendar days in a
27.4 calendar year and no more than ten consecutive days;

27.5 (8) the license holder's license was not made conditional, suspended, or revoked during
27.6 the previous 24 months; and

27.7 (9) each individual in the residence at the time services are provided, other than
27.8 individuals receiving services, is an employee, as defined under section 245C.02, of the
27.9 license holder and has had a background study completed under chapter 245C. No other
27.10 household members or other individuals may be present in the residence while services are
27.11 provided.

27.12 (c) A child may not receive out-of-home respite care services in more than two unlicensed
27.13 residential settings in a calendar year.

27.14 (d) The license holder must ensure the requirements in this section are met.

27.15 Subd. 3. **Documentation requirements.** The license holder must maintain documentation
27.16 of the following;

27.17 (1) background studies completed under chapter 245C;

27.18 (2) service recipient records indicating the calendar dates and times when services were
27.19 provided;

27.20 (3) the case manager's initial residential setting assessment and each residential assessment
27.21 completed thereafter; and

27.22 (4) the legal representative's approval of the residential setting before services are
27.23 provided and each year thereafter.

52.32 ensure that the setting is suitable for the child receiving respite care services. The assessment
52.33 must be conducted and documented in the manner prescribed by the commissioner;

53.1 (3) the child's legal representative visits the residence and signs and dates a statement
53.2 authorizing services in the residence before services are provided and at least once each
53.3 calendar year thereafter if services continue to be provided at that residence;

53.4 (4) the services are provided in a residential setting that is not licensed to provide any
53.5 other licensed services;

53.6 (5) the services are provided to no more than four children at any one time. Each child
53.7 must have an individual bedroom, except two siblings may share a bedroom;

53.8 (6) the services are not provided to children and adults over the age of 21 in the same
53.9 residence at the same time;

53.10 (7) the services are not provided to a single family for more than 46 calendar days in a
53.11 calendar year and no more than ten consecutive days;

53.12 (8) the license holder's license was not made conditional, suspended, or revoked during
53.13 the previous 24 months; and

53.14 (9) each individual in the residence at the time services are provided, other than
53.15 individuals receiving services, is an employee, as defined under section 245C.02, of the
53.16 license holder and has had a background study completed under chapter 245C. No other
53.17 household members or other individuals may be present in the residence while services are
53.18 provided.

53.19 (c) A child may not receive out-of-home respite care services in more than two unlicensed
53.20 residential settings in a calendar year.

53.21 (d) The license holder must ensure the requirements in this section are met.

53.22 Subd. 3. **Documentation requirements.** The license holder must maintain documentation
53.23 of the following;

53.24 (1) background studies completed under chapter 245C;

53.25 (2) service recipient records indicating the calendar dates and times when services were
53.26 provided;

53.27 (3) the case manager's initial residential setting assessment and each residential assessment
53.28 completed thereafter; and

53.29 (4) the legal representative's approval of the residential setting before services are
53.30 provided and each year thereafter.

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

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

54.4 Sec. 15. Minnesota Statutes 2024, section 252.32, subdivision 3, is amended to read:

54.5 Subd. 3. **Amount of support grant; use.** (a) Support grant amounts shall be determined
54.6 by the county social service agency. Services and items purchased with a support grant
54.7 must:

54.8 (1) be over and above the normal costs of caring for the dependent if the dependent did
54.9 not have a disability, including adaptive or one-on-one swimming lessons for drowning
54.10 prevention for a dependent younger than 12 years of age whose disability puts the dependent
54.11 at a higher risk of drowning according to the Centers for Disease Control Vital Statistics
54.12 System;

54.13 (2) be directly attributable to the dependent's disabling condition; and

54.14 (3) enable the family to delay or prevent the out-of-home placement of the dependent.

54.15 (b) The design and delivery of services and items purchased under this section must be
54.16 provided in the least restrictive environment possible, consistent with the needs identified
54.17 in the individual service plan.

54.18 (c) Items and services purchased with support grants must be those for which there are
54.19 no other public or private funds available to the family. Fees assessed to parents for health
54.20 or human services that are funded by federal, state, or county dollars are not reimbursable
54.21 through this program.

54.22 (d) In approving or denying applications, the county shall consider the following factors:

54.23 (1) the extent and areas of the functional limitations of a child with a disability;

54.24 (2) the degree of need in the home environment for additional support; and

54.25 (3) the potential effectiveness of the grant to maintain and support the person in the
54.26 family environment.

54.27 (e) The maximum monthly grant amount shall be \$250 per eligible dependent, or \$3,000
54.28 per eligible dependent per state fiscal year, within the limits of available funds and as
54.29 adjusted by any legislatively authorized cost of living adjustment. The county social service
54.30 agency may consider the dependent's Supplemental Security Income in determining the
54.31 amount of the support grant.

55.1 (f) Any adjustments to their monthly grant amount must be based on the needs of the
55.2 family and funding availability.

55.3 Sec. 16. Minnesota Statutes 2024, section 256.01, is amended by adding a subdivision to
55.4 read:

55.5 Subd. 30a. **State certified MnCHOICES assessor team.** (a) To facilitate the timely
55.6 processing of long-term care consultation assessments under section 256B.0911, the
55.7 commissioner must establish and maintain a team of assessors certified according to section
55.8 256B.0911, subdivision 13. Members of the state assessment team are authorized to conduct
55.9 assessments under section 256B.0911 throughout the state. The commissioner may deploy
55.10 members of the state assessment team to lead agencies with significant backlogs of pending
55.11 or incomplete long-term care consultation assessments to temporarily supplement the
55.12 capacity of the lead agency.

55.13 (b) The commissioner may deploy a state assessment team member to a hospital, nursing
55.14 facility, intermediate care facility, or state-operated facility to expedite an assessment of a
55.15 person who:

55.16 (1) is awaiting release or discharge because the person does not meet the applicable
55.17 admission criteria or level of care criteria for the setting, but the setting cannot identify a
55.18 setting to which the patient could be safely released or discharged without an assessment;
55.19 or

55.20 (2) requests transition assistance under section 256B.0911, subdivision 27 or 28.

55.21 If the commissioner deploys a state assessment team member under this paragraph, the
55.22 commissioner may require any organization receiving grant funds from the MNsure board
55.23 of directors that support the organization's medical assistance and MinnesotaCare enrollment
55.24 work to deploy an in-person assistor or navigator to assist the person being assessed in
55.25 expediting the person's application for medical assistance or MinnesotaCare.

55.26 (c) Nothing in the subdivision shall be construed to relieve a lead agency of its obligations
55.27 under section 256B.0911, subdivision 14, paragraph (b), to have sufficient numbers of
55.28 certified assessors employed by the lead agency or under contract with the lead agency to
55.29 provide long-term consultation assessment and support planning within the timelines and
55.30 parameters required under section 256B.0911.

56.1 Sec. 17. Minnesota Statutes 2024, section 256.476, subdivision 4, is amended to read:

56.2 Subd. 4. **Support grants; criteria and limitations.** (a) A county board may choose to
56.3 participate in the consumer support grant program. If a county has not chosen to participate
56.4 by July 1, 2002, the commissioner shall contract with another county or other entity to
56.5 provide access to residents of the nonparticipating county who choose the consumer support
56.6 grant option. The commissioner shall notify the county board in a county that has declined
56.7 to participate of the commissioner's intent to enter into a contract with another county or
56.8 other entity at least 30 days in advance of entering into the contract. The local agency shall
56.9 establish written procedures and criteria to determine the amount and use of support grants.
56.10 These procedures must include, at least, the availability of respite care, assistance with daily
56.11 living, and adaptive aids. The local agency may establish monthly or annual maximum

56.12 amounts for grants and procedures where exceptional resources may be required to meet
56.13 the health and safety needs of the person on a time-limited basis, however, the total amount
56.14 awarded to each individual may not exceed the limits established in subdivision 11.

56.15 (b) Support grants to a person, a person's legal representative, or other authorized
56.16 representative will be provided through a monthly subsidy payment and be in the form of
56.17 cash, voucher, or direct county payment to vendor. Support grant amounts must be determined
56.18 by the local agency. Each service and item purchased with a support grant must meet all of
56.19 the following criteria:

56.20 (1) it must be over and above the normal cost of caring for the person if the person did
56.21 not have functional limitations, including adaptive or one-on-one swimming lessons for
56.22 drowning prevention for a person younger than 12 years of age whose disability puts the
56.23 person at a higher risk of drowning according to the Centers for Disease Control Vital
56.24 Statistics System;

56.25 (2) it must be directly attributable to the person's functional limitations;

56.26 (3) it must enable the person, a person's legal representative, or other authorized
56.27 representative to delay or prevent out-of-home placement of the person; and

56.28 (4) it must be consistent with the needs identified in the service agreement, when
56.29 applicable.

56.30 (c) Items and services purchased with support grants must be those for which there are
56.31 no other public or private funds available to the person, a person's legal representative, or
56.32 other authorized representative. Fees assessed to the person or the person's family for health
56.33 and human services are not reimbursable through the grant.

57.1 (d) In approving or denying applications, the local agency shall consider the following
57.2 factors:

57.3 (1) the extent and areas of the person's functional limitations;

57.4 (2) the degree of need in the home environment for additional support; and

57.5 (3) the potential effectiveness of the grant to maintain and support the person in the
57.6 family environment or the person's own home.

57.7 (e) At the time of application to the program or screening for other services, the person,
57.8 a person's legal representative, or other authorized representative shall be provided sufficient
57.9 information to ensure an informed choice of alternatives by the person, the person's legal
57.10 representative, or other authorized representative, if any. The application shall be made to
57.11 the local agency and shall specify the needs of the person or the person's legal representative
57.12 or other authorized representative, the form and amount of grant requested, the items and
57.13 services to be reimbursed, and evidence of eligibility for medical assistance.

27.27 Sec. 10. [256.4768] DISABILITY SERVICES TECHNOLOGY AND ADVOCACY
27.28 EXPANSION GRANT.

27.29 Subdivision 1. **Establishment.** (a) A disability services technology and advocacy
27.30 expansion grant is established to:

28.1 (1) support the expansion of assistive technology and remote support services for people
28.2 with disabilities; and

28.3 (2) strengthen advocacy efforts for individuals with disabilities and the providers who
28.4 serve individuals with disabilities.

28.5 (b) The commissioner of human services must award the grant to an eligible grantee.

28.6 Subd. 2. **Eligible grantee.** An eligible grantee must:

28.7 (1) be a nonprofit organization with a statewide reach;

28.8 (2) have demonstrated knowledge of various forms of assistive technology and remote
28.9 support for people with disabilities; and

57.14 (f) Upon approval of an application by the local agency and agreement on a support plan
57.15 for the person or the person's legal representative or other authorized representative, the
57.16 local agency shall make grants to the person or the person's legal representative or other
57.17 authorized representative. The grant shall be in an amount for the direct costs of the services
57.18 or supports outlined in the service agreement.

57.19 (g) Reimbursable costs shall not include costs for resources already available, such as
57.20 special education classes, day training and habilitation, case management, other services to
57.21 which the person is entitled, medical costs covered by insurance or other health programs,
57.22 or other resources usually available at no cost to the person or the person's legal representative
57.23 or other authorized representative.

57.24 (h) The state of Minnesota, the county boards participating in the consumer support
57.25 grant program, or the agencies acting on behalf of the county boards in the implementation
57.26 and administration of the consumer support grant program shall not be liable for damages,
57.27 injuries, or liabilities sustained through the purchase of support by the individual, the
57.28 individual's family, or the authorized representative under this section with funds received
57.29 through the consumer support grant program. Liabilities include but are not limited to:
57.30 workers' compensation liability, the Federal Insurance Contributions Act (FICA), or the
57.31 Federal Unemployment Tax Act (FUTA). For purposes of this section, participating county
57.32 boards and agencies acting on behalf of county boards are exempt from the provisions of
57.33 section 268.035.

131.1 Sec. 75. DISABILITY SERVICES TECHNOLOGY AND ADVOCACY EXPANSION
131.2 GRANT.

131.3 Subdivision 1. **Establishment.** (a) A disability services technology and advocacy
131.4 expansion grant is established to:

131.5 (1) support the expansion of assistive technology and remote support services for people
131.6 with disabilities; and

131.7 (2) strengthen advocacy efforts for individuals with disabilities and the providers who
131.8 serve individuals with disabilities.

131.9 (b) The commissioner of human services must award the grant to an eligible grantee. In
131.10 awarding the grant, the commissioner must consult with the commissioner of administration's
131.11 System of Technology to Achieve Results (STAR) Program under Minnesota Statutes,
131.12 section 16B.055.

131.13 Subd. 2. **Eligible grantee.** An eligible grantee must:

131.14 (1) be a nonprofit organization with a statewide reach;

131.15 (2) have demonstrated knowledge of various forms of assistive technology and remote
131.16 support for people with disabilities; and

28.10 (3) have proven capacity to provide education and training to multiple constituencies.

28.11 Subd. 3. Allowable uses of grant money. Grant money must be used to:

28.12 (1) develop and deliver comprehensive training programs for lead agencies, disability

28.13 service providers, schools, employment support agencies, and individuals with disabilities

28.14 and their families to ensure effective use of assistive technology and remote support tools.

28.15 Training must address specific challenges faced by individuals with disabilities, such as

28.16 accessibility, independence, and health monitoring;

28.17 (2) provide resources and support to advocacy organizations that work with individuals

28.18 with disabilities and service providers. Resources and support must be used to promote the

28.19 use of assistive technology to increase self-determination and community participation;

28.20 (3) maintain, distribute, and create accessible resources related to assistive technology

28.21 and remote support. Materials must be tailored to address the unique needs of individuals

28.22 with disabilities and the people and organizations who support individuals with disabilities;

28.23 (4) conduct research to explore new and emerging assistive technology solutions that

28.24 address the evolving needs of individuals with disabilities. The research must emphasize

28.25 the role of technology in promoting independence, improving quality of life, and ensuring

28.26 safety; and

28.27 (5) conduct outreach initiatives to engage disability communities, service providers, and

28.28 advocacy groups across Minnesota to promote awareness of assistive technology and remote

28.29 support services. Outreach initiatives must focus on reaching underserved and rural

28.30 populations.

28.31 Subd. 4. Grant period. The grant period under this section is from July 1, 2025, to June

28.32 30, 2030.

29.1 Subd. 5. Evaluation and reporting requirements. (a) The grant recipient must submit

29.2 an annual report by June 30 each year to the legislative committees with jurisdiction over

29.3 disability services. The annual report must include:

29.4 (1) the number of individuals with disabilities and service providers who received training

29.5 during the reporting year;

29.6 (2) data on the impact of assistive technology and remote support in improving quality

29.7 of life, safety, and independence for individuals with disabilities; and

131.17 (3) have proven capacity to provide education and training to multiple constituencies.

131.18 Subd. 3. Allowable uses of grant money. Grant money must be used to:

131.19 (1) develop and deliver comprehensive training programs for lead agencies, disability

131.20 service providers, schools, employment support agencies, and individuals with disabilities

131.21 and their families to ensure effective use of assistive technology and remote support tools.

131.22 Training programs must be developed in consultation with the STAR Program to ensure

131.23 alignment with national assistive technology standards and best practices. Training must

131.24 address specific challenges faced by individuals with disabilities, such as accessibility,

131.25 independence, and health monitoring;

131.26 (2) provide resources and support to advocacy organizations that work with individuals

131.27 with disabilities and service providers. Resources and support must be used to promote the

131.28 use of assistive technology to increase self-determination and community participation;

131.29 (3) maintain, distribute, and create accessible resources related to assistive technology

131.30 and remote support. Resources must be developed in collaboration with the STAR Program

131.31 to reflect current assistive technology tools and guidance that are tailored to Minnesota's

132.1 disability community. Materials must be tailored to address the unique needs of individuals

132.2 with disabilities and the people and organizations who support individuals with disabilities;

132.3 (4) conduct research to explore new and emerging assistive technology solutions that

132.4 address the evolving needs of individuals with disabilities. The research must emphasize

132.5 the role of technology in promoting independence, improving quality of life, and ensuring

132.6 safety; and

132.7 (5) conduct outreach initiatives to engage disability communities, service providers, and

132.8 advocacy groups across Minnesota to promote awareness of assistive technology and remote

132.9 support services. Outreach initiatives must focus on reaching underserved and rural

132.10 populations.

132.26 Subd. 5. Grant period. The grant period under this section is from July 1, 2025, to June

132.27 30, 2030.

132.11 Subd. 4. Evaluation and reporting requirements. (a) The grant recipient must submit

132.12 an annual report by June 30 each year to the chairs and ranking minority members of the

132.13 legislative committees with jurisdiction over disability services. The annual report must

132.14 include:

132.15 (1) the number of individuals with disabilities and service providers who received training

132.16 during the reporting year;

132.17 (2) data on the impact of assistive technology and remote support in improving quality

132.18 of life, safety, and independence for individuals with disabilities; and

29.8 (3) recommendations for further advancing technology-driven disability advocacy efforts
29.9 based on feedback and research findings.

29.10 (b) No later than three months after the grant period has ended, a final evaluation must
29.11 be submitted to the legislative committees with jurisdiction over disability services to assess
29.12 the overall impact on expanding access to assistive technology and remote support, with a
29.13 focus on lessons learned and future opportunities for Minnesota's disability communities
29.14 and service providers.

132.19 (3) recommendations for further advancing technology-driven disability advocacy efforts
132.20 based on feedback and research findings.

132.21 (b) No later than three months after the grant period has ended, a final evaluation must
132.22 be submitted to the chairs and ranking minority members of the legislative committees with
132.23 jurisdiction over disability services to assess the overall impact on expanding access to
132.24 assistive technology and remote support, with a focus on lessons learned and future
132.25 opportunities for Minnesota's disability communities and service providers.

58.1 Sec. 18. Minnesota Statutes 2024, section 256B.04, subdivision 21, is amended to read:

58.2 Subd. 21. **Provider enrollment.** (a) The commissioner shall enroll providers and conduct
58.3 screening activities as required by Code of Federal Regulations, title 42, section 455, subpart
58.4 E. A provider must enroll each provider-controlled location where direct services are
58.5 provided. The commissioner may deny a provider's incomplete application if a provider
58.6 fails to respond to the commissioner's request for additional information within 60 days of
58.7 the request. The commissioner must conduct a background study under chapter 245C,
58.8 including a review of databases in section 245C.08, subdivision 1, paragraph (a), clauses
58.9 (1) to (5), for a provider described in this paragraph. The background study requirement
58.10 may be satisfied if the commissioner conducted a fingerprint-based background study on
58.11 the provider that includes a review of databases in section 245C.08, subdivision 1, paragraph
58.12 (a), clauses (1) to (5).

58.13 (b) The commissioner shall revalidate ~~each~~:

58.14 (1) each provider under this subdivision at least once every five years; ~~and~~

58.15 (2) each personal care assistance agency, CFSS provider-agency, and CFSS financial
58.16 management services provider under this subdivision at least once every three years;

58.17 (3) each EIDBI agency under this subdivision at least once every three years; and

58.18 (4) at the commissioner's discretion, any medical-assistance-only provider type the
58.19 commissioner deems "high risk" under this subdivision.

58.20 (c) The commissioner shall conduct revalidation as follows:

58.21 (1) provide 30-day notice of the revalidation due date including instructions for
58.22 revalidation and a list of materials the provider must submit;

58.23 (2) if a provider fails to submit all required materials by the due date, notify the provider
58.24 of the deficiency within 30 days after the due date and allow the provider an additional 30
58.25 days from the notification date to comply; and

58.26 (3) if a provider fails to remedy a deficiency within the 30-day time period, give 60-day
58.27 notice of termination and immediately suspend the provider's ability to bill. The provider
58.28 does not have the right to appeal suspension of ability to bill.

58.29 (d) If a provider fails to comply with any individual provider requirement or condition
58.30 of participation, the commissioner may suspend the provider's ability to bill until the provider
58.31 comes into compliance. The commissioner's decision to suspend the provider is not subject
58.32 to an administrative appeal.

59.1 (e) Correspondence and notifications, including notifications of termination and other
59.2 actions, may be delivered electronically to a provider's MN-ITS mailbox. This paragraph
59.3 does not apply to correspondences and notifications related to background studies.

59.4 (f) If the commissioner or the Centers for Medicare and Medicaid Services determines
59.5 that a provider is designated "high-risk," the commissioner may withhold payment from
59.6 providers within that category upon initial enrollment for a 90-day period. The withholding
59.7 for each provider must begin on the date of the first submission of a claim.

59.8 (g) An enrolled provider that is also licensed by the commissioner under chapter 245A,
59.9 is licensed as a home care provider by the Department of Health under chapter 144A, or is
59.10 licensed as an assisted living facility under chapter 144G and has a home and
59.11 community-based services designation on the home care license under section 144A.484,
59.12 must designate an individual as the entity's compliance officer. The compliance officer
59.13 must:

59.14 (1) develop policies and procedures to assure adherence to medical assistance laws and
59.15 regulations and to prevent inappropriate claims submissions;

59.16 (2) train the employees of the provider entity, and any agents or subcontractors of the
59.17 provider entity including billers, on the policies and procedures under clause (1);

59.18 (3) respond to allegations of improper conduct related to the provision or billing of
59.19 medical assistance services, and implement action to remediate any resulting problems;

59.20 (4) use evaluation techniques to monitor compliance with medical assistance laws and
59.21 regulations;

59.22 (5) promptly report to the commissioner any identified violations of medical assistance
59.23 laws or regulations; and

59.24 (6) within 60 days of discovery by the provider of a medical assistance reimbursement
59.25 overpayment, report the overpayment to the commissioner and make arrangements with
59.26 the commissioner for the commissioner's recovery of the overpayment.

59.27 The commissioner may require, as a condition of enrollment in medical assistance, that a
59.28 provider within a particular industry sector or category establish a compliance program that
59.29 contains the core elements established by the Centers for Medicare and Medicaid Services.

59.30 (h) The commissioner may revoke the enrollment of an ordering or rendering provider
59.31 for a period of not more than one year, if the provider fails to maintain and, upon request
59.32 from the commissioner, provide access to documentation relating to written orders or requests
59.33 for payment for durable medical equipment, certifications for home health services, or

60.1 referrals for other items or services written or ordered by such provider, when the
60.2 commissioner has identified a pattern of a lack of documentation. A pattern means a failure
60.3 to maintain documentation or provide access to documentation on more than one occasion.
60.4 Nothing in this paragraph limits the authority of the commissioner to sanction a provider
60.5 under the provisions of section 256B.064.

60.6 (i) The commissioner shall terminate or deny the enrollment of any individual or entity
60.7 if the individual or entity has been terminated from participation in Medicare or under the
60.8 Medicaid program or Children's Health Insurance Program of any other state. The
60.9 commissioner may exempt a rehabilitation agency from termination or denial that would
60.10 otherwise be required under this paragraph, if the agency:

60.11 (1) is unable to retain Medicare certification and enrollment solely due to a lack of billing
60.12 to the Medicare program;

60.13 (2) meets all other applicable Medicare certification requirements based on an on-site
60.14 review completed by the commissioner of health; and

60.15 (3) serves primarily a pediatric population.

60.16 (j) As a condition of enrollment in medical assistance, the commissioner shall require
60.17 that a provider designated "moderate" or "high-risk" by the Centers for Medicare and
60.18 Medicaid Services or the commissioner permit the Centers for Medicare and Medicaid
60.19 Services, its agents, or its designated contractors and the state agency, its agents, or its
60.20 designated contractors to conduct unannounced on-site inspections of any provider location.
60.21 The commissioner shall publish in the Minnesota Health Care Program Provider Manual a
60.22 list of provider types designated "limited," "moderate," or "high-risk," based on the criteria
60.23 and standards used to designate Medicare providers in Code of Federal Regulations, title
60.24 42, section 424.518. The list and criteria are not subject to the requirements of chapter 14.
60.25 The commissioner's designations are not subject to administrative appeal.

60.26 (k) As a condition of enrollment in medical assistance, the commissioner shall require
60.27 that a high-risk provider, or a person with a direct or indirect ownership interest in the
60.28 provider of five percent or higher, consent to criminal background checks, including
60.29 fingerprinting, when required to do so under state law or by a determination by the
60.30 commissioner or the Centers for Medicare and Medicaid Services that a provider is designated
60.31 high-risk for fraud, waste, or abuse.

60.32 (l)(1) Upon initial enrollment, reenrollment, and notification of revalidation, all durable
60.33 medical equipment, prosthetics, orthotics, and supplies (DMEPOS) medical suppliers
60.34 meeting the durable medical equipment provider and supplier definition in clause (3),
61.1 operating in Minnesota and receiving Medicaid funds must purchase a surety bond that is
61.2 annually renewed and designates the Minnesota Department of Human Services as the
61.3 obligee, and must be submitted in a form approved by the commissioner. For purposes of
61.4 this clause, the following medical suppliers are not required to obtain a surety bond: a

29.15 Sec. 11. Minnesota Statutes 2024, section 256B.0659, subdivision 17a, is amended to
29.16 read:

29.17 Subd. 17a. **Enhanced rate.** (a) An enhanced rate of 107.5 percent of the rate paid for
29.18 personal care assistance services shall be paid for services provided to persons who qualify
29.19 for ten or more hours of personal care assistance services per day when provided by a
29.20 personal care assistant who meets the requirements of subdivision 11, paragraph (d). This
29.21 paragraph expires upon the effective date of paragraph (b).

29.22 (b) Effective January 1, 2026, or upon federal approval, whichever is later, an enhanced
29.23 rate of 112.5 percent of the rate paid for personal care assistance services shall be paid for
29.24 services provided to persons who qualify for ten or more hours of personal care assistance
29.25 services per day when provided by a personal care assistant who meets the requirements of
29.26 subdivision 11, paragraph (d).

29.27 ~~(b)~~ (c) A personal care assistance provider must use all additional revenue attributable
29.28 to the rate enhancements under this subdivision for the wages and wage-related costs of the

61.5 federally qualified health center, a home health agency, the Indian Health Service, a
61.6 pharmacy, and a rural health clinic.

61.7 (2) At the time of initial enrollment or reenrollment, durable medical equipment providers
61.8 and suppliers defined in clause (3) must purchase a surety bond of \$50,000. If a revalidating
61.9 provider's Medicaid revenue in the previous calendar year is up to and including \$300,000,
61.10 the provider agency must purchase a surety bond of \$50,000. If a revalidating provider's
61.11 Medicaid revenue in the previous calendar year is over \$300,000, the provider agency must
61.12 purchase a surety bond of \$100,000. The surety bond must allow for recovery of costs and
61.13 fees in pursuing a claim on the bond.

61.14 (3) "Durable medical equipment provider or supplier" means a medical supplier that can
61.15 purchase medical equipment or supplies for sale or rental to the general public and is able
61.16 to perform or arrange for necessary repairs to and maintenance of equipment offered for
61.17 sale or rental.

61.18 (m) The Department of Human Services may require a provider to purchase a surety
61.19 bond as a condition of initial enrollment, reenrollment, reinstatement, or continued enrollment
61.20 if: (1) the provider fails to demonstrate financial viability, (2) the department determines
61.21 there is significant evidence of or potential for fraud and abuse by the provider, or (3) the
61.22 provider or category of providers is designated high-risk pursuant to paragraph (f) and as
61.23 per Code of Federal Regulations, title 42, section 455.450. The surety bond must be in an
61.24 amount of \$100,000 or ten percent of the provider's payments from Medicaid during the
61.25 immediately preceding 12 months, whichever is greater. The surety bond must name the
61.26 Department of Human Services as an obligee and must allow for recovery of costs and fees
61.27 in pursuing a claim on the bond. This paragraph does not apply if the provider currently
61.28 maintains a surety bond under the requirements in section 256B.0659 or 256B.85.

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

61.30 Sec. 19. Minnesota Statutes 2024, section 256B.0659, subdivision 17a, is amended to
61.31 read:

61.32 Subd. 17a. **Enhanced rate.** (a) An enhanced rate of 107.5 percent of the rate paid for
61.33 personal care assistance services shall be paid for services provided to persons who qualify
61.34 for ten or more hours of personal care assistance services per day when provided by a
62.1 personal care assistant who meets the requirements of subdivision 11, paragraph (d). This
62.2 paragraph expires upon the effective date of paragraph (b).

62.3 (b) Effective January 1, 2026, or upon federal approval, whichever is later, an enhanced
62.4 rate of 112.5 percent of the rate paid for personal care assistance services shall be paid for
62.5 services provided to persons who qualify for ten or more hours of personal care assistance
62.6 services per day when provided by a personal care assistant who meets the requirements of
62.7 subdivision 11, paragraph (d).

62.8 ~~(b)~~ (c) A personal care assistance provider must use all additional revenue attributable
62.9 to the rate enhancements under this subdivision for the wages and wage-related costs of the

29.29 personal care assistants, including any corresponding increase in the employer's share of
29.30 FICA taxes, Medicare taxes, state and federal unemployment taxes, and workers'
29.31 compensation premiums. The agency must not use the additional revenue attributable to
29.32 any enhanced rate under this subdivision to pay for mileage reimbursement, health and
30.1 dental insurance, life insurance, disability insurance, long-term care insurance, uniform
30.2 allowance, contributions to employee retirement accounts, or any other employee benefits.

30.3 ~~(e)~~ (d) Any change in the eligibility criteria for the enhanced rate for personal care
30.4 assistance services as described in this subdivision and referenced in subdivision 11,
30.5 paragraph (d), does not constitute a change in a term or condition for individual providers
30.6 as defined in section 256B.0711, and is not subject to the state's obligation to meet and
30.7 negotiate under chapter 179A.

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

30.9 Sec. 12. Minnesota Statutes 2024, section 256B.0911, subdivision 1, is amended to read:

30.10 Subdivision 1. **Purpose and goal.** (a) The purpose of long-term care consultation services
30.11 is to assist persons with long-term or chronic care needs in making care decisions and
30.12 selecting support and service options that meet their needs and reflect their preferences.
30.13 The availability of, and access to, information and other types of assistance, including
30.14 long-term care consultation assessment and support planning, is also intended to prevent
30.15 or delay institutional placements and to provide access to transition assistance after
30.16 placement. Further, the goal of long-term care consultation services is to contain costs
30.17 associated with unnecessary institutional admissions. Long-term care consultation services
30.18 must be available to any person regardless of public program eligibility.

30.19 (b) The commissioner of human services shall seek to maximize use of available federal
30.20 and state funds and establish the broadest program possible within the funding available.

30.21 (c) Long-term care consultation services must be coordinated with long-term care options
30.22 counseling, long-term care options counseling ~~for assisted living~~ at critical care transitions,
30.23 the Disability Hub, and preadmission screening.

30.24 (d) A lead agency providing long-term care consultation services shall encourage the
30.25 use of volunteers from families, religious organizations, social clubs, and similar civic and
30.26 service organizations to provide community-based services.

30.27 Sec. 13. Minnesota Statutes 2024, section 256B.0911, subdivision 10, is amended to read:

30.28 Subd. 10. **Definitions.** (a) For purposes of this section, the following definitions apply.

30.29 (b) "Available service and setting options" or "available options," with respect to the
30.30 home and community-based waivers under chapter 256S and sections 256B.092 and 256B.49,
30.31 means all services and settings defined under the waiver plan for which a waiver applicant
30.32 or waiver participant is eligible.

62.10 personal care assistants, including any corresponding increase in the employer's share of
62.11 FICA taxes, Medicare taxes, state and federal unemployment taxes, and workers'
62.12 compensation premiums. The agency must not use the additional revenue attributable to
62.13 any enhanced rate under this subdivision to pay for mileage reimbursement, health and
62.14 dental insurance, life insurance, disability insurance, long-term care insurance, uniform
62.15 allowance, contributions to employee retirement accounts, or any other employee benefits.

62.16 ~~(e)~~ (d) Any change in the eligibility criteria for the enhanced rate for personal care
62.17 assistance services as described in this subdivision and referenced in subdivision 11,
62.18 paragraph (d), does not constitute a change in a term or condition for individual providers
62.19 as defined in section 256B.0711, and is not subject to the state's obligation to meet and
62.20 negotiate under chapter 179A.

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

62.22 Sec. 20. Minnesota Statutes 2024, section 256B.0911, subdivision 1, is amended to read:

62.23 Subdivision 1. **Purpose and goal.** (a) The purpose of long-term care consultation services
62.24 is to assist persons with long-term or chronic care needs in making care decisions and
62.25 selecting support and service options that meet their needs and reflect their preferences.
62.26 The availability of, and access to, information and other types of assistance, including
62.27 long-term care consultation assessment and support planning, is also intended to prevent
62.28 or delay institutional placements and to provide access to transition assistance after
62.29 placement. Further, the goal of long-term care consultation services is to contain costs
62.30 associated with unnecessary institutional admissions. Long-term care consultation services
62.31 must be available to any person regardless of public program eligibility.

62.32 (b) The commissioner of human services shall seek to maximize use of available federal
62.33 and state funds and establish the broadest program possible within the funding available.

63.1 (c) Long-term care consultation services must be coordinated with long-term care options
63.2 counseling, long-term care options counseling ~~for assisted living~~ at critical care transitions,
63.3 the Disability Hub, and preadmission screening.

63.4 (d) A lead agency providing long-term care consultation services shall encourage the
63.5 use of volunteers from families, religious organizations, social clubs, and similar civic and
63.6 service organizations to provide community-based services.

63.7 Sec. 21. Minnesota Statutes 2024, section 256B.0911, subdivision 10, is amended to read:

63.8 Subd. 10. **Definitions.** (a) For purposes of this section, the following definitions apply.

63.9 (b) "Available service and setting options" or "available options," with respect to the
63.10 home and community-based waivers under chapter 256S and sections 256B.092 and 256B.49,
63.11 means all services and settings defined under the waiver plan for which a waiver applicant
63.12 or waiver participant is eligible.

31.1 (c) "Competitive employment" means work in the competitive labor market that is
31.2 performed on a full-time or part-time basis in an integrated setting, and for which an
31.3 individual is compensated at or above the minimum wage, but not less than the customary
31.4 wage and level of benefits paid by the employer for the same or similar work performed by
31.5 individuals without disabilities.

31.6 (d) "Cost-effective" means community services and living arrangements that cost the
31.7 same as or less than institutional care. For an individual found to meet eligibility criteria
31.8 for home and community-based service programs under chapter 256S or section 256B.49,
31.9 "cost-effectiveness" has the meaning found in the federally approved waiver plan for each
31.10 program.

31.11 (e) "Independent living" means living in a setting that is not controlled by a provider.

31.12 (f) "Informed choice" has the meaning given in section 256B.4905, subdivision 1a.

31.13 (g) "Lead agency" means a county administering or a Tribe or health plan under contract
31.14 with the commissioner to administer long-term care consultation services.

31.15 (h) "Long-term care consultation services" means the activities described in subdivision
31.16 11.

31.17 (i) "Long-term care options counseling" means the services provided by sections 256.01,
31.18 subdivision 24, and 256.975, subdivision 7, and also includes telephone assistance and
31.19 follow-up after a long-term care consultation assessment has been completed.

31.20 (j) "Long-term care options counseling ~~for assisted living at critical care transitions~~"
31.21 means the services provided under section 256.975, ~~subdivisions subdivision 7e to 7g.~~

31.22 (k) "Minnesota health care programs" means the medical assistance program under this
31.23 chapter and the alternative care program under section 256B.0913.

31.24 (l) "Person-centered planning" is a process that includes the active participation of a
31.25 person in the planning of the person's services, including in making meaningful and informed
31.26 choices about the person's own goals, talents, and objectives, as well as making meaningful
31.27 and informed choices about the services the person receives, the settings in which the person
31.28 receives the services, and the setting in which the person lives.

31.29 (m) "Preadmission screening" means the services provided under section 256.975,
31.30 subdivisions 7a to 7c.

32.1 Sec. 14. Minnesota Statutes 2024, section 256B.0911, subdivision 13, is amended to read:

32.2 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The
32.3 commissioner shall develop and implement a curriculum and an assessor certification
32.4 process.

32.5 (b) MnCHOICES certified assessors must have received training and certification specific
32.6 to assessment and consultation for long-term care services in the state and either:

63.13 (c) "Competitive employment" means work in the competitive labor market that is
63.14 performed on a full-time or part-time basis in an integrated setting, and for which an
63.15 individual is compensated at or above the minimum wage, but not less than the customary
63.16 wage and level of benefits paid by the employer for the same or similar work performed by
63.17 individuals without disabilities.

63.18 (d) "Cost-effective" means community services and living arrangements that cost the
63.19 same as or less than institutional care. For an individual found to meet eligibility criteria
63.20 for home and community-based service programs under chapter 256S or section 256B.49,
63.21 "cost-effectiveness" has the meaning found in the federally approved waiver plan for each
63.22 program.

63.23 (e) "Independent living" means living in a setting that is not controlled by a provider.

63.24 (f) "Informed choice" has the meaning given in section 256B.4905, subdivision 1a.

63.25 (g) "Lead agency" means a county administering or a Tribe or health plan under contract
63.26 with the commissioner to administer long-term care consultation services.

63.27 (h) "Long-term care consultation services" means the activities described in subdivision
63.28 11.

63.29 (i) "Long-term care options counseling" means the services provided by sections 256.01,
63.30 subdivision 24, and 256.975, subdivision 7, and also includes telephone assistance and
63.31 follow-up after a long-term care consultation assessment has been completed.

64.1 (j) "Long-term care options counseling ~~for assisted living at critical care transitions~~"
64.2 means the services provided under section 256.975, ~~subdivisions subdivision 7e to 7g.~~

64.3 (k) "Minnesota health care programs" means the medical assistance program under this
64.4 chapter and the alternative care program under section 256B.0913.

64.5 (l) "Person-centered planning" is a process that includes the active participation of a
64.6 person in the planning of the person's services, including in making meaningful and informed
64.7 choices about the person's own goals, talents, and objectives, as well as making meaningful
64.8 and informed choices about the services the person receives, the settings in which the person
64.9 receives the services, and the setting in which the person lives.

64.10 (m) "Preadmission screening" means the services provided under section 256.975,
64.11 subdivisions 7a to 7c.

64.12 Sec. 22. Minnesota Statutes 2024, section 256B.0911, subdivision 13, is amended to read:

64.13 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The
64.14 commissioner shall develop and implement a curriculum and an assessor certification
64.15 process.

64.16 (b) MnCHOICES certified assessors must have received training and certification specific
64.17 to assessment and consultation for long-term care services in the state and either:

32.7 (1) ~~either have a bachelor's at least an associate's degree in social work human services,~~
32.8 ~~or other closely related field;~~

32.9 (2) have at least an associate's degree in nursing with a public health nursing certificate,
32.10 or other closely related field; or

32.11 (3) be a registered nurse; ~~and,~~

32.12 ~~(2) have received training and certification specific to assessment and consultation for~~
32.13 ~~long term care services in the state.~~

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

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

32.18 Sec. 15. Minnesota Statutes 2024, section 256B.0911, subdivision 14, is amended to read:

32.19 Subd. 14. **Use of MnCHOICES certified assessors required.** (a) Each lead agency
32.20 shall use MnCHOICES certified assessors who have completed MnCHOICES training and
32.21 the certification process determined by the commissioner in subdivision 13.

32.22 (b) Each lead agency must ensure that the lead agency has sufficient numbers of certified
32.23 assessors to provide long-term consultation assessment and support planning within the
32.24 timelines and parameters of the service.

32.25 (c) A lead agency may choose, according to departmental policies, to contract with a
32.26 qualified, certified assessor to conduct assessments and reassessments on behalf of the lead
32.27 agency.

32.28 (d) Tribes and health plans under contract with the commissioner must provide long-term
32.29 care consultation services as specified in the contract.

32.30 (e) A lead agency must provide the commissioner with an administrative contact for
32.31 communication purposes.

33.1 (f) A lead agency may contract under this subdivision with any hospital licensed under
33.2 sections 144.50 to 144.56 to conduct assessments of patients in the hospital on behalf of
33.3 the lead agency when the lead agency has failed to meet its obligations under subdivision
33.4 17. The contracted assessment must be conducted by a hospital employee who is a qualified,
33.5 certified assessor. The hospital employees who perform assessments under the contract
33.6 between the hospital and the lead agency may perform assessments in addition to other
33.7 duties assigned to the employee by the hospital, except the hospital employees who perform
33.8 the assessments under contract with the lead agency must not perform any waiver-related
33.9 tasks other than assessments. Hospitals are not eligible for reimbursement under subdivision
33.10 33. The lead agency that enters into a contract with a hospital under this paragraph is

64.18 (1) ~~either have a bachelor's at least an associate's degree in social work human services,~~
64.19 ~~or other closely related field;~~

64.20 (2) have at least an associate's degree in nursing with a public health nursing certificate,
64.21 or other closely related field; or

64.22 (3) be a registered nurse; ~~and,~~

64.23 ~~(2) have received training and certification specific to assessment and consultation for~~
64.24 ~~long term care services in the state.~~

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

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

65.1 Sec. 23. Minnesota Statutes 2024, section 256B.0911, subdivision 14, is amended to read:

65.2 Subd. 14. **Use of MnCHOICES certified assessors required.** (a) Each lead agency
65.3 shall use MnCHOICES certified assessors who have completed MnCHOICES training and
65.4 the certification process determined by the commissioner in subdivision 13.

65.5 (b) Each lead agency must ensure that the lead agency has sufficient numbers of certified
65.6 assessors to provide long-term consultation assessment and support planning within the
65.7 timelines and parameters of the service.

65.8 (c) A lead agency may choose, according to departmental policies, to contract with a
65.9 qualified, certified assessor to conduct assessments and reassessments on behalf of the lead
65.10 agency.

65.11 (d) Tribes and health plans under contract with the commissioner must provide long-term
65.12 care consultation services as specified in the contract.

65.13 (e) A lead agency must provide the commissioner with an administrative contact for
65.14 communication purposes.

65.15 (f) A lead agency may contract under this subdivision with any hospital licensed under
65.16 sections 144.50 to 144.56 to conduct assessments of patients in the hospital on behalf of
65.17 the lead agency when the lead agency has failed to meet its obligations under subdivision
65.18 17. The contracted assessment must be conducted by a hospital employee who is a qualified,
65.19 certified assessor. The hospital employees who perform assessments under the contract
65.20 between the hospital and the lead agency may perform assessments in addition to other
65.21 duties assigned to the employee by the hospital, except the hospital employees who perform
65.22 the assessments under contract with the lead agency must not perform any waiver-related
65.23 tasks other than assessments. Hospitals are not eligible for reimbursement under subdivision
65.24 33. The lead agency that enters into a contract with a hospital under this paragraph is

33.11 responsible for oversight, compliance, and quality assurance for all assessments performed
33.12 under the contract.

33.13 Sec. 16. Minnesota Statutes 2024, section 256B.0911, subdivision 17, is amended to read:

33.14 Subd. 17. **MnCHOICES assessments.** (a) A person requesting long-term care
33.15 consultation services must be visited by a long-term care consultation team must begin an
33.16 assessment of a person requesting long-term care consultation services or for whom long-term
33.17 care consultation services were recommended, including an estimated timeline to full
33.18 completion of the assessment, within 20 working days after the date on which an assessment
33.19 was requested or recommended.

33.20 (b) Assessments must be conducted according to this subdivision and subdivisions 19
33.21 to 21, 23, 24, and 29 to 31.

33.22 ~~(b)~~ (c) Lead agencies shall use certified assessors to conduct the assessment.

33.23 ~~(c)~~ (d) For a person with complex health care needs, a public health or registered nurse
33.24 from the team must be consulted.

33.25 ~~(d)~~ (e) The lead agency must use the MnCHOICES assessment provided by the
33.26 commissioner to complete a comprehensive, conversation-based, person-centered assessment.
33.27 The assessment must include the health, psychological, functional, environmental, and
33.28 social needs of the individual necessary to develop a person-centered assessment summary
33.29 that meets the individual's needs and preferences.

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

34.1 Sec. 17. Minnesota Statutes 2024, section 256B.0911, subdivision 24, is amended to read:

34.2 Subd. 24. **Remote reassessments.** (a) Assessments performed according to subdivisions
34.3 17 to 20 and 23 must be in person unless the assessment is a reassessment meeting the
34.4 requirements of this subdivision. Remote reassessments conducted by interactive video or
34.5 telephone may substitute for in-person reassessments.

34.6 (b) For services provided by the developmental disabilities waiver under section
34.7 256B.092, and the community access for disability inclusion, community alternative care,
34.8 and brain injury waiver programs under section 256B.49, remote reassessments may be
34.9 substituted for ~~two~~ four consecutive reassessments if followed by an in-person reassessment.

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

65.25 responsible for oversight, compliance, and quality assurance for all assessments performed
65.26 under the contract.

65.27 Sec. 24. Minnesota Statutes 2024, section 256B.0911, subdivision 24, is amended to read:

65.28 Subd. 24. **Remote reassessments.** (a) Assessments performed according to subdivisions
65.29 17 to 20 and 23 must be in person unless the assessment is a reassessment meeting the
65.30 requirements of this subdivision. Remote reassessments conducted by interactive video or
65.31 telephone may substitute for in-person reassessments.

65.32 (b) For services provided by the developmental disabilities waiver under section
65.33 256B.092, and the community access for disability inclusion, community alternative care,
66.1 and brain injury waiver programs under section 256B.49, remote reassessments may be
66.2 substituted for ~~two~~ four consecutive reassessments if followed by an in-person reassessment.

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

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

34.17 (e) A remote reassessment is permitted only if the lead agency provides informed choice
34.18 and the person being reassessed or the person's legal representative provides informed
34.19 consent for a remote assessment. Lead agencies must document that informed choice was
34.20 offered.

34.21 (f) The person being reassessed, or the person's legal representative, may refuse a remote
34.22 reassessment at any time.

34.23 (g) During a remote reassessment, if the certified assessor determines an in-person
34.24 reassessment is necessary in order to complete the assessment, the lead agency shall schedule
34.25 an in-person reassessment.

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

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

35.1 Sec. 18. Minnesota Statutes 2024, section 256B.0911, is amended by adding a subdivision
35.2 to read:

35.3 Subd. 24a. **Verbal attestation or alternative to replace required reassessment**
35.4 **signatures.** (a) Effective January 1, 2026, or upon federal approval, whichever is later, the
35.5 commissioner shall allow for verbal attestation or another alternative to replace required
35.6 reassessment signatures for service initiation.

35.7 (b) Within 30 days of completion of a reassessment, an assessor must send a request for
35.8 written attestation via mail to obtain a signature from the service recipient.

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

35.10 Sec. 19. Minnesota Statutes 2024, section 256B.0911, is amended by adding a subdivision
35.11 to read:

35.12 Subd. 25a. **Attesting to no changes in needs or services.** (a) A person who is 22 to 64
35.13 years of age and receiving home and community-based waiver services under the
35.14 developmental disabilities waiver program under section 256B.092; community access for
35.15 disability inclusion, community alternative care, and brain injury waiver programs under
35.16 section 256B.49; and community first services and supports under section 256B.85 may
35.17 attest that the person has unchanged needs from the most recent prior assessment or
35.18 reassessment for up to two consecutive reassessments, if the lead agency provides informed

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

66.10 (e) A remote reassessment is permitted only if the lead agency provides informed choice
66.11 and the person being reassessed or the person's legal representative provides informed
66.12 consent for a remote assessment. Lead agencies must document that informed choice was
66.13 offered.

66.14 (f) The person being reassessed, or the person's legal representative, may refuse a remote
66.15 reassessment at any time.

66.16 (g) During a remote reassessment, if the certified assessor determines an in-person
66.17 reassessment is necessary in order to complete the assessment, the lead agency shall schedule
66.18 an in-person reassessment.

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

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

66.24 Sec. 25. Minnesota Statutes 2024, section 256B.0911, is amended by adding a subdivision
66.25 to read:

66.26 Subd. 24a. **Verbal attestation to replace required reassessment signatures.** Effective
66.27 January 1, 2026, or upon federal approval, whichever is later, the commissioner shall allow
66.28 for verbal attestation to replace required reassessment signatures.

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

67.1 Sec. 26. Minnesota Statutes 2024, section 256B.0911, is amended by adding a subdivision
67.2 to read:

67.3 Subd. 25a. **Attesting to no changes in needs or services.** (a) A person who is older
67.4 than 21 years of age, under 65 years of age, and receiving home and community-based
67.5 waiver services under the developmental disabilities waiver program under section 256B.092;
67.6 community access for disability inclusion, community alternative care, and brain injury
67.7 waiver programs under section 256B.49; or community first services and supports under
67.8 section 256B.85 may attest that the person has unchanged needs from the most recent prior
67.9 assessment or reassessment for up to two consecutive reassessments if the lead agency

35.19 choice and the person being reassessed or the person's legal representative provides informed
35.20 consent. Lead agencies must document that informed choice was offered.

35.21 (b) The person or person's legal representative must attest, verbally or through alternative
35.22 communications, that the information provided in the previous assessment or reassessment
35.23 is still accurate and applicable and that no changes in the person's circumstances have
35.24 occurred that would require changes from the most recent prior assessment or reassessment.
35.25 The person or the person's legal representative may request a full reassessment at any time.

35.26 (c) The assessor must review the most recent prior assessment or reassessment as required
35.27 in subdivision 22, paragraphs (a) and (b), clause (1), before conducting the interview. The
35.28 certified assessor must confirm that the information from the previous assessment or
35.29 reassessment is current.

35.30 (d) The assessment conducted under this section must:

35.31 (1) verify current assessed support needs;

35.32 (2) confirm continued need for the currently assessed level of care;

36.1 (3) inform the person of alternative long-term services and supports available;

36.2 (4) provide informed choice of institutional or home and community-based services;

36.3 and

36.4 (5) identify changes in need that may require a full reassessment.

36.5 (e) The assessor must ensure that any new assessment items or requirements mandated
36.6 by federal or state authority are addressed and the person must provide required information.

36.7 (f) The person has appeal rights under section 256.045, subdivision 3, upon denial of
36.8 attestation to no changes in needs or services.

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

36.12 Sec. 20. Minnesota Statutes 2024, section 256B.0911, subdivision 26, is amended to read:

36.13 Subd. 26. **Determination of institutional level of care.** (a) The determination of need
36.14 for hospital and intermediate care facility levels of care must be made according to criteria
36.15 developed by the commissioner, and in section 256B.092, using forms developed by the
36.16 commissioner.

36.17 (b) The determination of need for nursing facility level of care must be made based on
36.18 criteria in section 144.0724, subdivision 11. This paragraph expires upon the effective date
36.19 of paragraph (c).

36.20 (c) Effective January 1, 2026, or upon federal approval, whichever is later, the
36.21 determination of need for nursing facility level of care must be made based on criteria in

67.10 provides informed choice and the person being reassessed or the person's legal representative
67.11 provides informed consent. Lead agencies must document that informed choice was offered.

67.12 (b) The person or person's legal representative must attest, verbally or through alternative
67.13 communications, that the information provided in the previous assessment or reassessment
67.14 is still accurate and applicable and that no changes in the person's circumstances have
67.15 occurred that would require changes from the most recent prior assessment or reassessment.
67.16 The person or the person's legal representative may request a full reassessment at any time.

67.17 (c) The assessor must review the most recent prior assessment or reassessment as required
67.18 in subdivision 22, paragraphs (a) and (b), clause (1), before conducting the interview. The
67.19 certified assessor must confirm that the information from the previous assessment or
67.20 reassessment is current.

67.21 (d) The assessment conducted under this section must:

67.22 (1) verify current assessed support needs;

67.23 (2) confirm continued need for the currently assessed level of care;

67.24 (3) inform the person of alternative long-term services and supports available;

67.25 (4) provide informed choice of institutional or home and community-based services;

67.26 and

67.27 (5) identify changes in need that may require a full reassessment.

67.28 (e) The assessor must ensure that any new assessment items or requirements mandated
67.29 by federal or state authority are addressed and the person must provide required information.

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

68.1 Sec. 27. Minnesota Statutes 2024, section 256B.0911, subdivision 26, is amended to read:

68.2 Subd. 26. **Determination of institutional level of care.** (a) The determination of need
68.3 for hospital and intermediate care facility levels of care must be made according to criteria
68.4 developed by the commissioner, and in section 256B.092, using forms developed by the
68.5 commissioner.

68.6 (b) The determination of need for nursing facility level of care must be made based on
68.7 criteria in section 144.0724, subdivision 11. This paragraph expires upon the effective date
68.8 of paragraph (c).

68.9 (c) Effective January 1, 2026, or upon federal approval, whichever is later, the
68.10 determination of need for nursing facility level of care must be made based on criteria in

36.22 section 144.0724, subdivision 11, except for determinations of need for purposes of the
36.23 brain injury and community access for disability inclusion waivers under section 256B.49.
36.24 Determinations of need for the brain injury and community access for disability inclusion
36.25 waivers must be made based on criteria in section 144.0724, subdivision 11a.

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

36.27 Sec. 21. Minnesota Statutes 2024, section 256B.0911, subdivision 30, is amended to read:

36.28 Subd. 30. **Assessment and support planning; supplemental information.** The lead
36.29 agency must give the person receiving long-term care consultation services or the person's
36.30 legal representative materials and forms supplied by the commissioner containing the
36.31 following information:

37.1 (1) written recommendations for community-based services and consumer-directed
37.2 options;

37.3 (2) documentation that the most cost-effective alternatives available were offered to the
37.4 person;

37.5 (3) the need for and purpose of preadmission screening conducted by long-term care
37.6 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
37.7 nursing facility placement. If the person selects nursing facility placement, the lead agency
37.8 shall forward information needed to complete the level of care determinations and screening
37.9 for developmental disability and mental illness collected during the assessment to the
37.10 long-term care options counselor using forms provided by the commissioner;

37.11 (4) the role of long-term care consultation assessment and support planning in eligibility
37.12 determination for waiver and alternative care programs and state plan home care, case
37.13 management, and other services as defined in subdivision 11, clauses (7) to (10);

37.14 (5) information about Minnesota health care programs;

68.11 section 144.0724, subdivision 11, except for determinations of need for purposes of the
68.12 brain injury and community access for disability inclusion waivers under section 256B.49.

68.13 (d) Determinations of need for the purposes of the brain injury and community access
68.14 for disability inclusion waivers must be made based on criteria in section 144.0724,
68.15 subdivision 11a. If a person is found ineligible for waiver services under this paragraph
68.16 because of a determination that the person does not meet the criteria in section 144.0724,
68.17 subdivision 11a, the lead agency must review the person's latest assessment under section
68.18 256B.0911 to determine if the person meets any of the nursing facility level of care criteria
68.19 under section 144.0724, subdivision 11. If the lead agency determines after the review that
68.20 the person does meet a nursing facility level of care criteria under section 144.0724,
68.21 subdivision 11, the lead agency must provide a notice of action to the person informing the
68.22 person specifically that the person's waiver services are being terminated because the person
68.23 meets only a nursing facility level of care of under section 144.0724, subdivision 11, that
68.24 is no longer a basis for waiver eligibility. The lead agency must also inform the person of
68.25 other benefits options for which the person may be eligible. For existing waiver participants,
68.26 the effective date of the termination of waiver services based on this paragraph must be no
68.27 sooner than 90 days after the date of the assessment under section 256B.0911.

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

37.15 (6) the person's freedom to accept or reject the recommendations of the team;

37.16 (7) the person's right to confidentiality under the Minnesota Government Data Practices

37.17 Act, chapter 13;

37.18 (8) the certified assessor's decision regarding the person's need for institutional level of

37.19 care as determined under criteria established in subdivision 26 and regarding eligibility for

37.20 all services and programs as defined in subdivision 11, clauses (7) to (10);

37.21 (9) the person's right to appeal the certified assessor's decision regarding eligibility for

37.22 all services and programs as defined in subdivision 11, clauses (5), (7) to (10), and (15),

37.23 and the decision regarding the need for institutional level of care, an attestation to no changes

37.24 in needs or services, or the lead agency's final decisions regarding public programs eligibility

37.25 according to section 256.045, subdivision 3. The certified assessor must verbally

37.26 communicate this appeal right to the person and must visually point out where in the

37.27 document the right to appeal is stated; and

37.28 (10) documentation that available options for employment services, independent living,

37.29 and self-directed services and supports were described to the person.

38.1 Sec. 22. Minnesota Statutes 2024, section 256B.0911, is amended by adding a subdivision

38.2 to read:

38.3 Subd. 34. **Dashboard on assessment completions.** (a) The commissioner shall maintain

38.4 a dashboard on the department's public website containing summary data on the completion

38.5 of assessments under this section. The commissioner must update the dashboard at least

38.6 twice per year.

38.7 (b) The dashboard must include:

38.8 (1) the total number of assessments performed since the previous reporting period, by

38.9 lead agency;

38.10 (2) the total number of initial assessments performed since the previous reporting period,

38.11 by lead agency;

38.12 (3) the total number of reassessments performed since the previous reporting period, by

38.13 lead agency;

38.14 (4) the number and percentage of assessments completed within the required timeline,

38.15 by lead agency;

38.16 (5) the average length of time to complete an assessment, by lead agency;

38.17 (6) summary data of the location in which the assessments were performed, by lead

38.18 agency; and

68.29 Sec. 28. Minnesota Statutes 2024, section 256B.0911, is amended by adding a subdivision

68.30 to read:

68.31 Subd. 35. **Dashboard on assessment completions.** (a) The commissioner shall maintain

68.32 a dashboard on the department's public website containing summary data on the completion

69.1 of assessments under this section. The commissioner must update the dashboard at least

69.2 twice per year.

69.3 (b) The dashboard must include:

69.4 (1) the total number of assessments performed since the previous reporting period, by

69.5 lead agency;

69.6 (2) the total number of initial assessments performed since the previous reporting period,

69.7 by lead agency;

69.8 (3) the total number of reassessments performed since the previous reporting period, by

69.9 lead agency;

69.10 (4) the number and percentage of assessments completed within the required timeline,

69.11 by a lead agency;

69.12 (5) the average length of time to complete an assessment, by a lead agency;

69.13 (6) summary data of the location in which the assessments were performed, by lead

69.14 agency; and

38.19 (7) other information the commissioner determines is valuable to assess the capacity of
38.20 lead agencies to complete assessments within the timelines prescribed by law.

38.21 Sec. 23. Minnesota Statutes 2024, section 256B.0924, subdivision 6, is amended to read:

38.22 Subd. 6. **Payment for targeted case management.** (a) Medical assistance and
38.23 MinnesotaCare payment for targeted case management shall be made on a monthly basis.
38.24 In order to receive payment for an eligible adult, the provider must document at least one
38.25 contact per month and not more than two consecutive months without a face-to-face contact
38.26 either in person or by interactive video that meets the requirements in section 256B.0625,
38.27 subdivision 20b, with the adult or the adult's legal representative, family, primary caregiver,
38.28 or other relevant persons identified as necessary to the development or implementation of
38.29 the goals of the personal service plan.

38.30 (b) Except as provided under paragraph (m), payment for targeted case management
38.31 provided by county staff under this subdivision shall be based on the monthly rate
38.32 methodology under section 256B.094, subdivision 6, paragraph (b), calculated as one
39.1 combined average rate together with adult mental health case management under section
39.2 256B.0625, subdivision 20, except for calendar year 2002. In calendar year 2002, the rate
39.3 for case management under this section shall be the same as the rate for adult mental health
39.4 case management in effect as of December 31, 2001. Billing and payment must identify the
39.5 recipient's primary population group to allow tracking of revenues.

39.6 (c) Payment for targeted case management provided by county-contracted vendors shall
39.7 be based on a monthly rate calculated in accordance with section 256B.076, subdivision 2.
39.8 The rate must not exceed the rate charged by the vendor for the same service to other payers.
39.9 If the service is provided by a team of contracted vendors, the team shall determine how to
39.10 distribute the rate among its members. No reimbursement received by contracted vendors

69.15 (7) other information the commissioner determines is valuable to assess the capacity of
69.16 lead agencies to complete assessments within the timelines prescribed by law.

69.17 Sec. 29. Minnesota Statutes 2024, section 256B.0911, is amended by adding a subdivision
69.18 to read:

69.19 Subd. 36. **Cooperation with state certified MnCHOICES assessor teams.** (a) In the
69.20 event that the commissioner deploys state certified assessors under section 256.01,
69.21 subdivision 30a, to temporarily supplement the capacity of the lead agency to perform
69.22 long-term care consultation assessments and to meet its obligations under this section, the
69.23 lead agency must cooperate with the commissioner and the state assessor team to implement
69.24 a work plan to reduce the backlog and improve both training of lead agency staff and
69.25 processes to minimize future backlogs.

69.26 (b) In the event that the commissioner deploys state certified assessors under section
69.27 256.01, subdivision 30a, to perform an expedited long-term care consultation assessment
69.28 under section 256.01, subdivision 30a, at the request of the state assessor, the lead agency
69.29 must ensure that the person is visited by lead agency staff within five days of the visit by
69.30 the state assessor to begin the process of determining financial eligibility for medical
69.31 assistance.

70.1 Sec. 30. Minnesota Statutes 2024, section 256B.0924, subdivision 6, is amended to read:

70.2 Subd. 6. **Payment for targeted case management.** (a) Medical assistance and
70.3 MinnesotaCare payment for targeted case management shall be made on a monthly basis.
70.4 In order to receive payment for an eligible adult, the provider must document at least one
70.5 contact per month and not more than two consecutive months without a face-to-face contact
70.6 either in person or by interactive video that meets the requirements in section 256B.0625,
70.7 subdivision 20b, with the adult or the adult's legal representative, family, primary caregiver,
70.8 or other relevant persons identified as necessary to the development or implementation of
70.9 the goals of the personal service plan.

70.10 (b) Except as provided under paragraph (m), payment for targeted case management
70.11 provided by county staff under this subdivision shall be based on the monthly rate
70.12 methodology under section 256B.094, subdivision 6, paragraph (b), calculated as one
70.13 combined average rate together with adult mental health case management under section
70.14 256B.0625, subdivision 20, except for calendar year 2002. In calendar year 2002, the rate
70.15 for case management under this section shall be the same as the rate for adult mental health
70.16 case management in effect as of December 31, 2001. Billing and payment must identify the
70.17 recipient's primary population group to allow tracking of revenues.

70.18 (c) Payment for targeted case management provided by county-contracted vendors shall
70.19 be based on a monthly rate calculated in accordance with section 256B.076, subdivision 2.
70.20 The rate must not exceed the rate charged by the vendor for the same service to other payers.
70.21 If the service is provided by a team of contracted vendors, the team shall determine how to
70.22 distribute the rate among its members. No reimbursement received by contracted vendors

39.11 shall be returned to the county, except to reimburse the county for advance funding provided
39.12 by the county to the vendor.

39.13 (d) If the service is provided by a team that includes contracted vendors and county staff,
39.14 the costs for county staff participation on the team shall be included in the rate for
39.15 county-provided services. In this case, the contracted vendor and the county may each
39.16 receive separate payment for services provided by each entity in the same month. In order
39.17 to prevent duplication of services, the county must document, in the recipient's file, the need
39.18 for team targeted case management and a description of the different roles of the team
39.19 members.

39.20 (e) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of costs for
39.21 targeted case management shall be provided by the recipient's county of responsibility, as
39.22 defined in sections 256G.01 to 256G.12, from sources other than federal funds or funds
39.23 used to match other federal funds.

39.24 (f) The commissioner may suspend, reduce, or terminate reimbursement to a provider
39.25 that does not meet the reporting or other requirements of this section. The county of
39.26 responsibility, as defined in sections 256G.01 to 256G.12, is responsible for any federal
39.27 disallowances. The county may share this responsibility with its contracted vendors.

39.28 (g) The commissioner shall set aside five percent of the federal funds received under
39.29 this section for use in reimbursing the state for costs of developing and implementing this
39.30 section.

39.31 (h) Payments to counties for targeted case management expenditures under this section
39.32 shall only be made from federal earnings from services provided under this section. Payments
39.33 to contracted vendors shall include both the federal earnings and the county share.

40.1 (i) Notwithstanding section 256B.041, county payments for the cost of case management
40.2 services provided by county staff shall not be made to the commissioner of management
40.3 and budget. For the purposes of targeted case management services provided by county
40.4 staff under this section, the centralized disbursement of payments to counties under section
40.5 256B.041 consists only of federal earnings from services provided under this section.

40.6 (j) If the recipient is a resident of a nursing facility, intermediate care facility, or hospital,
40.7 and the recipient's institutional care is paid by medical assistance, payment for targeted case
40.8 management services under this subdivision is limited to the lesser of:

40.9 (1) the last 180 days of the recipient's residency in that facility; or

40.10 (2) the limits and conditions which apply to federal Medicaid funding for this service.

40.11 (k) Payment for targeted case management services under this subdivision shall not
40.12 duplicate payments made under other program authorities for the same purpose.

40.13 (l) Any growth in targeted case management services and cost increases under this
40.14 section shall be the responsibility of the counties.

70.23 shall be returned to the county, except to reimburse the county for advance funding provided
70.24 by the county to the vendor.

70.25 (d) If the service is provided by a team that includes contracted vendors and county staff,
70.26 the costs for county staff participation on the team shall be included in the rate for
70.27 county-provided services. In this case, the contracted vendor and the county may each
70.28 receive separate payment for services provided by each entity in the same month. In order
70.29 to prevent duplication of services, the county must document, in the recipient's file, the need
70.30 for team targeted case management and a description of the different roles of the team
70.31 members.

70.32 (e) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of costs for
70.33 targeted case management shall be provided by the recipient's county of responsibility, as
71.1 defined in sections 256G.01 to 256G.12, from sources other than federal funds or funds
71.2 used to match other federal funds.

71.3 (f) The commissioner may suspend, reduce, or terminate reimbursement to a provider
71.4 that does not meet the reporting or other requirements of this section. The county of
71.5 responsibility, as defined in sections 256G.01 to 256G.12, is responsible for any federal
71.6 disallowances. The county may share this responsibility with its contracted vendors.

71.7 (g) The commissioner shall set aside five percent of the federal funds received under
71.8 this section for use in reimbursing the state for costs of developing and implementing this
71.9 section.

71.10 (h) Payments to counties for targeted case management expenditures under this section
71.11 shall only be made from federal earnings from services provided under this section. Payments
71.12 to contracted vendors shall include both the federal earnings and the county share.

71.13 (i) Notwithstanding section 256B.041, county payments for the cost of case management
71.14 services provided by county staff shall not be made to the commissioner of management
71.15 and budget. For the purposes of targeted case management services provided by county
71.16 staff under this section, the centralized disbursement of payments to counties under section
71.17 256B.041 consists only of federal earnings from services provided under this section.

71.18 (j) If the recipient is a resident of a nursing facility, intermediate care facility, or hospital,
71.19 and the recipient's institutional care is paid by medical assistance, payment for targeted case
71.20 management services under this subdivision is limited to the lesser of:

71.21 (1) the last 180 days of the recipient's residency in that facility; or

71.22 (2) the limits and conditions which apply to federal Medicaid funding for this service.

71.23 (k) Payment for targeted case management services under this subdivision shall not
71.24 duplicate payments made under other program authorities for the same purpose.

71.25 (l) Any growth in targeted case management services and cost increases under this
71.26 section shall be the responsibility of the counties.

40.15 (m) The commissioner may make payments for Tribes according to section 256B.0625,
40.16 subdivision 34, or other relevant federally approved rate setting methodologies for vulnerable
40.17 adult and developmental disability targeted case management provided by Indian health
40.18 services and facilities operated by a Tribe or Tribal organization.
40.19 **EFFECTIVE DATE.** This section is effective July 1, 2025.

71.27 (m) The commissioner may make payments for Tribes according to section 256B.0625,
71.28 subdivision 34, or other relevant federally approved rate setting methodologies for vulnerable
71.29 adult and developmental disability targeted case management provided by Indian health
71.30 services and facilities operated by a Tribe or Tribal organization.
71.31 **EFFECTIVE DATE.** This section is effective July 1, 2025.
72.1 Sec. 31. Minnesota Statutes 2024, section 256B.0949, subdivision 2, is amended to read:
72.2 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this
72.3 subdivision.
72.4 (b) "Advanced certification" means a person who has completed advanced certification
72.5 in an approved modality under subdivision 13, paragraph (b).
72.6 (c) "Agency" means the legal entity that is enrolled with Minnesota health care programs
72.7 as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide
72.8 EIDBI services and that has the legal responsibility to ensure that its employees ~~or contractors~~
72.9 carry out the responsibilities defined in this section. Agency includes a licensed individual
72.10 professional who practices independently and acts as an agency.
72.11 (d) "Autism spectrum disorder or a related condition" or "ASD or a related condition"
72.12 means either autism spectrum disorder (ASD) as defined in the current version of the
72.13 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found
72.14 to be closely related to ASD, as identified under the current version of the DSM, and meets
72.15 all of the following criteria:
72.16 (1) is severe and chronic;
72.17 (2) results in impairment of adaptive behavior and function similar to that of a person
72.18 with ASD;
72.19 (3) requires treatment or services similar to those required for a person with ASD; and
72.20 (4) results in substantial functional limitations in three core developmental deficits of
72.21 ASD: social or interpersonal interaction; functional communication, including nonverbal
72.22 or social communication; and restrictive or repetitive behaviors or hyperreactivity or
72.23 hyporeactivity to sensory input; and may include deficits or a high level of support in one
72.24 or more of the following domains:
72.25 (i) behavioral challenges and self-regulation;
72.26 (ii) cognition;
72.27 (iii) learning and play;
72.28 (iv) self-care; or
72.29 (v) safety.

- 72.30 (e) "Person" means a person under 21 years of age.
- 73.1 (f) "Clinical supervision" means the overall responsibility for the control and direction
73.2 of EIDBI service delivery, including individual treatment planning, staff supervision,
73.3 individual treatment plan progress monitoring, and treatment review for each person. Clinical
73.4 supervision is provided by a qualified supervising professional (QSP) who takes full
73.5 professional responsibility for the service provided by each supervisee and the clinical
73.6 effectiveness of all interventions.
- 73.7 (g) "Commissioner" means the commissioner of human services, unless otherwise
73.8 specified.
- 73.9 (h) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
73.10 evaluation of a person to determine medical necessity for EIDBI services based on the
73.11 requirements in subdivision 5.
- 73.12 (i) "Department" means the Department of Human Services, unless otherwise specified.
- 73.13 (j) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
73.14 benefit" means a variety of individualized, intensive treatment modalities approved and
73.15 published by the commissioner that are based in behavioral and developmental science
73.16 consistent with best practices on effectiveness.
- 73.17 (k) "Employee" means any person who is employed by an agency, including temporary
73.18 and part-time employees, and who performs work for at least 80 hours in a year for that
73.19 agency in Minnesota. Employee does not include an independent contractor.
- 73.20 ~~(k)~~ (l) "Generalizable goals" means results or gains that are observed during a variety
73.21 of activities over time with different people, such as providers, family members, other adults,
73.22 and people, and in different environments including, but not limited to, clinics, homes,
73.23 schools, and the community.
- 73.24 ~~(h)~~ (m) "Incident" means when any of the following occur:
- 73.25 (1) an illness, accident, or injury that requires first aid treatment;
- 73.26 (2) a bump or blow to the head; or
- 73.27 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,
73.28 including a person leaving the agency unattended.
- 73.29 ~~(m)~~ (n) "Individual treatment plan" or "ITP" means the person-centered, individualized
73.30 written plan of care that integrates and coordinates person and family information from the
73.31 CMDE for a person who meets medical necessity for the EIDBI benefit. An individual
73.32 treatment plan must meet the standards in subdivision 6.
- 74.1 ~~(n)~~ (o) "Legal representative" means the parent of a child who is under 18 years of age,
74.2 a court-appointed guardian, or other representative with legal authority to make decisions
74.3 about service for a person. For the purpose of this subdivision, "other representative with

74.4 legal authority to make decisions" includes a health care agent or an attorney-in-fact
74.5 authorized through a health care directive or power of attorney.

74.6 ~~(p)~~ (p) "Mental health professional" means a staff person who is qualified according to
74.7 section 2451.04, subdivision 2.

74.8 ~~(p)~~ (q) "Person-centered" means a service that both responds to the identified needs,
74.9 interests, values, preferences, and desired outcomes of the person or the person's legal
74.10 representative and respects the person's history, dignity, and cultural background and allows
74.11 inclusion and participation in the person's community.

74.12 ~~(r)~~ (r) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II,
74.13 or level III treatment provider.

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

74.15 Sec. 32. Minnesota Statutes 2024, section 256B.0949, subdivision 13, is amended to read:

74.16 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are
74.17 eligible for reimbursement by medical assistance under this section. Services must be
74.18 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must
74.19 address the person's medically necessary treatment goals and must be targeted to develop,
74.20 enhance, or maintain the individual developmental skills of a person with ASD or a related
74.21 condition to improve functional communication, including nonverbal or social
74.22 communication, social or interpersonal interaction, restrictive or repetitive behaviors,
74.23 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,
74.24 cognition, learning and play, self-care, and safety.

74.25 (b) EIDBI treatment must be delivered consistent with the standards of an approved
74.26 modality, as published by the commissioner. EIDBI modalities include:

74.27 (1) applied behavior analysis (ABA);

74.28 (2) developmental individual-difference relationship-based model (DIR/Floortime);

74.29 (3) early start Denver model (ESDM); or

74.30 ~~(4) PLAY project;~~

74.31 ~~(5)~~ (4) relationship development intervention (RDI); ~~or~~

75.1 ~~(6) additional modalities not listed in clauses (1) to (5) upon approval by the~~
75.2 ~~commissioner.~~

75.3 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),
75.4 clauses (1) to ~~(5)~~ (4), as the primary modality for treatment as a covered service, or several
75.5 EIDBI modalities in combination as the primary modality of treatment, as approved by the
75.6 commissioner. An EIDBI provider that identifies and provides assurance of qualifications
75.7 for a single specific treatment modality, including an EIDBI provider with advanced

75.8 certification overseeing implementation, must document the required qualifications to meet
75.9 fidelity to the specific model in a manner determined by the commissioner.

75.10 (d) Each qualified EIDBI provider must identify and provide assurance of qualifications
75.11 for professional licensure certification, or training in evidence-based treatment methods,
75.12 and must document the required qualifications outlined in subdivision 15 in a manner
75.13 determined by the commissioner.

75.14 (e) CMDE is a comprehensive evaluation of the person's developmental status to
75.15 determine medical necessity for EIDBI services and meets the requirements of subdivision
75.16 5. The services must be provided by a qualified CMDE provider.

75.17 (f) EIDBI intervention observation and direction is the clinical direction and oversight
75.18 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,
75.19 including developmental and behavioral techniques, progress measurement, data collection,
75.20 function of behaviors, and generalization of acquired skills for the direct benefit of a person.
75.21 EIDBI intervention observation and direction informs any modification of the current
75.22 treatment protocol to support the outcomes outlined in the ITP.

75.23 (g) Intervention is medically necessary direct treatment provided to a person with ASD
75.24 or a related condition as outlined in their ITP. All intervention services must be provided
75.25 under the direction of a QSP. Intervention may take place across multiple settings. The
75.26 frequency and intensity of intervention services are provided based on the number of
75.27 treatment goals, person and family or caregiver preferences, and other factors. Intervention
75.28 services may be provided individually or in a group. Intervention with a higher provider
75.29 ratio may occur when deemed medically necessary through the person's ITP.

75.30 (1) Individual intervention is treatment by protocol administered by a single qualified
75.31 EIDBI provider delivered to one person.

75.32 (2) Group intervention is treatment by protocol provided by one or more qualified EIDBI
75.33 providers, delivered to at least two people who receive EIDBI services.

76.1 (3) Higher provider ratio intervention is treatment with protocol modification provided
76.2 by two or more qualified EIDBI providers delivered to one person in an environment that
76.3 meets the person's needs and under the direction of the QSP or level I provider.

76.4 (h) ITP development and ITP progress monitoring is development of the initial, annual,
76.5 and progress monitoring of an ITP. ITP development and ITP progress monitoring documents
76.6 provide oversight and ongoing evaluation of a person's treatment and progress on targeted
76.7 goals and objectives and integrate and coordinate the person's and the person's legal
76.8 representative's information from the CMDE and ITP progress monitoring. This service
76.9 must be reviewed and completed by the QSP, and may include input from a level I provider
76.10 or a level II provider.

76.11 (i) Family caregiver training and counseling is specialized training and education for a
76.12 family or primary caregiver to understand the person's developmental status and help with

40.20 Sec. 24. Minnesota Statutes 2024, section 256B.0949, subdivision 15, is amended to read:

40.21 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be ~~employed by~~ an employee
40.22 of an agency and be:

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

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

41.1 (b) A level I treatment provider must be ~~employed by~~ an employee of an agency and:

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

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

76.13 the person's needs and development. This service must be provided by the QSP, level I
76.14 provider, or level II provider.

76.15 (j) A coordinated care conference is a voluntary meeting with the person and the person's
76.16 family to review the CMDE or ITP progress monitoring and to integrate and coordinate
76.17 services across providers and service-delivery systems to develop the ITP. This service may
76.18 include the CMDE provider, QSP, a level I provider, or a level II provider.

76.19 (k) Travel time is allowable billing for traveling to and from the person's home, school,
76.20 a community setting, or place of service outside of an EIDBI center, clinic, or office from
76.21 a specified location to provide in-person EIDBI intervention, observation and direction, or
76.22 family caregiver training and counseling. The person's ITP must specify the reasons the
76.23 provider must travel to the person.

76.24 (l) Medical assistance covers medically necessary EIDBI services and consultations
76.25 delivered via telehealth, as defined under section 256B.0625, subdivision 3b, in the same
76.26 manner as if the service or consultation was delivered in person.

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

76.28 Sec. 33. Minnesota Statutes 2024, section 256B.0949, subdivision 15, is amended to read:

76.29 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be ~~employed by~~ an employee
76.30 of an agency and be:

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

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

77.8 (b) A level I treatment provider must be ~~employed by~~ an employee of an agency and:

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

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

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

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

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

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

41.21 (c) A level II treatment provider must be ~~employed by an employee of~~ an agency and
41.22 must be:

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

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

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

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

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

42.9 (2) a person who has:

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

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

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

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

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

77.28 (c) A level II treatment provider must be ~~employed by an employee of~~ an agency and
77.29 must be:

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

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

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

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

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

78.14 (2) a person who has:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

43.9 Sec. 25. Minnesota Statutes 2024, section 256B.0949, subdivision 16, is amended to read:

43.10 Subd. 16. **Agency duties.** (a) An agency delivering an EIDBI service under this section
43.11 must:

43.12 (1) enroll as a medical assistance Minnesota health care program provider according to
43.13 Minnesota Rules, part 9505.0195, and section 256B.04, subdivision 21, and meet all
43.14 applicable provider standards and requirements;

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

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

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

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

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

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

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

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

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

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

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

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

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

79.14 Sec. 34. Minnesota Statutes 2024, section 256B.0949, subdivision 16, is amended to read:

79.15 Subd. 16. **Agency duties.** (a) An agency delivering an EIDBI service under this section
79.16 must:

79.17 (1) enroll as a medical assistance Minnesota health care program provider according to
79.18 Minnesota Rules, part 9505.0195, and section 256B.04, subdivision 21, and meet all
79.19 applicable provider standards and requirements;

43.15 (2) demonstrate compliance with federal and state laws for EIDBI service;

43.16 (3) verify and maintain records of a service provided to the person or the person's legal
43.17 representative as required under Minnesota Rules, parts 9505.2175 and 9505.2197;

43.18 (4) demonstrate that while enrolled or seeking enrollment as a Minnesota health care
43.19 program provider the agency did not have a lead agency contract or provider agreement
43.20 discontinued because of a conviction of fraud; or did not have an owner, board member, or
43.21 manager fail a state or federal criminal background check or appear on the list of excluded
43.22 individuals or entities maintained by the federal Department of Human Services Office of
43.23 Inspector General;

43.24 (5) have established business practices including written policies and procedures, internal
43.25 controls, and a system that demonstrates the organization's ability to deliver quality EIDBI
43.26 services;

43.27 (6) have an office located in Minnesota or a border state;

43.28 (7) conduct a criminal background check on an individual who has direct contact with
43.29 the person or the person's legal representative;

43.30 (8) report maltreatment according to section 626.557 and chapter 260E;

44.1 (9) comply with any data requests consistent with the Minnesota Government Data
44.2 Practices Act, sections 256B.064 and 256B.27;

44.3 (10) provide training for all agency staff on the requirements and responsibilities listed
44.4 in the Maltreatment of Minors Act, chapter 260E, and the Vulnerable Adult Protection Act,
44.5 section 626.557, including mandated and voluntary reporting, nonretaliation, and the agency's
44.6 policy for all staff on how to report suspected abuse and neglect;

44.7 (11) have a written policy to resolve issues collaboratively with the person and the
44.8 person's legal representative when possible. The policy must include a timeline for when
44.9 the person and the person's legal representative will be notified about issues that arise in
44.10 the provision of services;

44.11 (12) provide the person's legal representative with prompt notification if the person is
44.12 injured while being served by the agency. An incident report must be completed by the
44.13 agency staff member in charge of the person. A copy of all incident and injury reports must
44.14 remain on file at the agency for at least five years from the report of the incident; and

79.20 (2) designate an individual as the agency's compliance officer who must perform the
79.21 duties described in section 256B.04, subdivision 21, paragraph (g);

79.22 (3) demonstrate compliance with federal and state laws for the delivery of and billing
79.23 for EIDBI service;

79.24 (3) (4) verify and maintain records of a service provided to the person or the person's
79.25 legal representative as required under Minnesota Rules, parts 9505.2175 and 9505.2197;

79.26 (4) (5) demonstrate that while enrolled or seeking enrollment as a Minnesota health care
79.27 program provider the agency did not have a lead agency contract or provider agreement
79.28 discontinued because of a conviction of fraud; or did not have an owner, board member, or
79.29 manager fail a state or federal criminal background check or appear on the list of excluded
79.30 individuals or entities maintained by the federal Department of Human Services Office of
79.31 Inspector General;

80.1 (5) (6) have established business practices including written policies and procedures,
80.2 internal controls, and a system that demonstrates the organization's ability to deliver quality
80.3 EIDBI services, appropriately submit claims, conduct required staff training, document staff
80.4 qualifications, document service activities, and document service quality;

80.5 (6) (7) have an office located in Minnesota or a border state;

80.6 (7) conduct a criminal background check on an individual who has direct contact with
80.7 the person or the person's legal representative (8) initiate a background study as required
80.8 under subdivision 16a;

80.9 (8) (9) report maltreatment according to section 626.557 and chapter 260E;

80.10 (9) (10) comply with any data requests consistent with the Minnesota Government Data
80.11 Practices Act, sections 256B.064 and 256B.27;

80.12 (10) (11) provide training for all agency staff on the requirements and responsibilities
80.13 listed in the Maltreatment of Minors Act, chapter 260E, and the Vulnerable Adult Protection
80.14 Act, section 626.557, including mandated and voluntary reporting, nonretaliation, and the
80.15 agency's policy for all staff on how to report suspected abuse and neglect;

80.16 (11) (12) have a written policy to resolve issues collaboratively with the person and the
80.17 person's legal representative when possible. The policy must include a timeline for when
80.18 the person and the person's legal representative will be notified about issues that arise in
80.19 the provision of services;

80.20 (12) (13) provide the person's legal representative with prompt notification if the person
80.21 is injured while being served by the agency. An incident report must be completed by the
80.22 agency staff member in charge of the person. A copy of all incident and injury reports must
80.23 remain on file at the agency for at least five years from the report of the incident; and

44.15 (13) before starting a service, provide the person or the person's legal representative a
44.16 description of the treatment modality that the person shall receive, including the staffing
44.17 certification levels and training of the staff who shall provide a treatment;_

44.18 (14) provide clinical supervision by a qualified supervising professional for a minimum
44.19 of one hour of supervision for every ten hours of direct treatment per person that meets
44.20 clinical licensure requirements for quality supervision and effective intervention; and

44.21 (15) provide clinical, in-person supervision sessions by a qualified supervising
44.22 professional at least once per month for intervention, observation, and direction.

44.23 (b) When delivering the ITP, and annually thereafter, an agency must provide the person
44.24 or the person's legal representative with:

44.25 (1) a written copy and a verbal explanation of the person's or person's legal
44.26 representative's rights and the agency's responsibilities;

44.27 (2) documentation in the person's file the date that the person or the person's legal
44.28 representative received a copy and explanation of the person's or person's legal
44.29 representative's rights and the agency's responsibilities; and

44.30 (3) reasonable accommodations to provide the information in another format or language
44.31 as needed to facilitate understanding of the person's or person's legal representative's rights
44.32 and the agency's responsibilities.

80.24 ~~(13)~~ (14) before starting a service, provide the person or the person's legal representative
80.25 a description of the treatment modality that the person shall receive, including the staffing
80.26 certification levels and training of the staff who shall provide a treatment;_

80.27 (15) provide clinical supervision for a minimum of one hour for every 20 hours of direct
80.28 treatment per person; and

80.29 (16) provide clinical supervision sessions at least once per month for EIDBI intervention
80.30 observation and direction. Notwithstanding subdivision 13, paragraph (l), clinical supervision
80.31 sessions under this clause may be conducted via telehealth provided:

81.1 (i) the telehealth clinical supervision session is conducted in tandem with a level I or
81.2 level II provider who is in person and not billing for any EIDBI services; and

81.3 (ii) no more than two consecutive monthly clinical supervision sessions under this clause
81.4 are conducted via telehealth.

81.5 (b) Upon request of the commissioner, an agency delivering services under this section
81.6 must:

81.7 (1) identify the agency's controlling individuals, as defined under section 245A.02,
81.8 subdivision 5a;

81.9 (2) provide disclosures of the use of billing agencies and other consultants; and

81.10 (3) provide copies of any contracts with independent contractors for qualified supervising
81.11 professionals, including hours contracted and responsibilities.

81.12 ~~(b)~~ (c) When delivering the ITP, and annually thereafter, an agency must provide the
81.13 person or the person's legal representative with:

81.14 (1) a written copy and a verbal explanation of the person's or person's legal
81.15 representative's rights and the agency's responsibilities;

81.16 (2) documentation in the person's file the date that the person or the person's legal
81.17 representative received a copy and explanation of the person's or person's legal
81.18 representative's rights and the agency's responsibilities; and

81.19 (3) reasonable accommodations to provide the information in another format or language
81.20 as needed to facilitate understanding of the person's or person's legal representative's rights
81.21 and the agency's responsibilities.

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

81.23 Sec. 35. Minnesota Statutes 2024, section 256B.0949, subdivision 16a, is amended to
81.24 read:

81.25 Subd. 16a. **Background studies.** An early intensive developmental and behavioral
81.26 intervention services agency must fulfill any background studies requirements under this

45.1 Sec. 26. Minnesota Statutes 2024, section 256B.0949, is amended by adding a subdivision
45.2 to read:

45.3 Subd. 18. **Provisional licensure.** Beginning on January 1, 2026, the commissioner shall
45.4 begin issuing provisional licenses to enrolled EIDBI agencies pursuant to section 245A.142.

45.5 Sec. 27. Minnesota Statutes 2024, section 256B.19, subdivision 1, is amended to read:

45.6 Subdivision 1. **Division of cost.** (a) The state and county share of medical assistance
45.7 costs not paid by federal funds shall be as follows:

45.8 (1) beginning January 1, 1992, 50 percent state funds and 50 percent county funds for
45.9 the cost of placement of severely emotionally disturbed children in regional treatment
45.10 centers;

81.27 section by initiating a background study through the commissioner's NETStudy 2.0 system
81.28 as provided under sections 245C.03, subdivision 15, and 245C.10, subdivision 17. Before
81.29 an individual subject to the background study requirements under this subdivision has direct
81.30 contact with the person, the agency must have received a notice from the commissioner that
81.31 the subject of the background study is:

82.1 (1) not disqualified under section 245C.14; or

82.2 (2) disqualified but the subject of the study has received a set-aside of the disqualification
82.3 under section 245C.22.

82.4 **EFFECTIVE DATE.** This section is effective January 1, 2026.

82.5 Sec. 36. Minnesota Statutes 2024, section 256B.0949, is amended by adding a subdivision
82.6 to read:

82.7 Subd. 18. **Site visits and sanctions.** (a) The commissioner may conduct unannounced
82.8 on-site inspections of any and all EIDBI agencies and service locations to verify that
82.9 information submitted to the commissioner is accurate, determine compliance with all
82.10 enrollment requirements, investigate reports of maltreatment, determine compliance with
82.11 service delivery and billing requirements, and determine compliance with any other applicable
82.12 laws or rules.

82.13 (b) The commissioner may withhold payment from an agency or suspend or terminate
82.14 the agency's enrollment number if the agency fails to provide access to the agency's service
82.15 locations or records or the commissioner determines the agency has failed to comply fully
82.16 with applicable laws or rules. The provider has the right to appeal the decision of the
82.17 commissioner under section 256B.064.

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

45.11 (2) beginning January 1, 2003, 80 percent state funds and 20 percent county funds for
45.12 the costs of nursing facility placements of persons with disabilities under the age of 65 that
45.13 have exceeded 90 days. This clause shall be subject to chapter 256G and shall not apply to
45.14 placements in facilities not certified to participate in medical assistance;

45.15 (3) beginning July 1, 2004, 90 percent state funds and ten percent county funds for the
45.16 costs of placements that have exceeded 90 days in intermediate care facilities for persons
45.17 with developmental disabilities that have seven or more beds. This provision includes
45.18 pass-through payments made under section 256B.5015; ~~and~~

45.19 (4) beginning July 1, 2004, when state funds are used to pay for a nursing facility
45.20 placement due to the facility's status as an institution for mental diseases (IMD), the county
45.21 shall pay 20 percent of the nonfederal share of costs that have exceeded 90 days. This clause
45.22 is subject to chapter 256G; and

45.23 (5) beginning July 1, 2026, or upon federal approval, whichever is later, 67 percent state
45.24 funds and 33 percent county funds for the costs of services for all individual waiver recipients
45.25 who receive rates determined under section 256B.4914, subdivision 14.

45.26 (b) For counties that participate in a Medicaid demonstration project under sections
45.27 256B.69 and 256B.71, the division of the nonfederal share of medical assistance expenses
45.28 for payments made to prepaid health plans or for payments made to health maintenance
45.29 organizations in the form of prepaid capitation payments, this division of medical assistance
45.30 expenses shall be 95 percent by the state and five percent by the county of financial
45.31 responsibility.

46.1 (c) In counties where prepaid health plans are under contract to the commissioner to
46.2 provide services to medical assistance recipients, the cost of court ordered treatment ordered
46.3 without consulting the prepaid health plan that does not include diagnostic evaluation,
46.4 recommendation, and referral for treatment by the prepaid health plan is the responsibility
46.5 of the county of financial responsibility.

82.19 Sec. 37. Minnesota Statutes 2024, section 256B.49, subdivision 12, is amended to read:

82.20 Subd. 12. **Informed choice.** Persons who are determined ~~likely~~ to require the level of
82.21 care provided in a nursing facility as determined under section 256B.0911, subdivision 26,
82.22 or a hospital shall be informed of the home and community-based support alternatives to
82.23 the provision of inpatient hospital services or nursing facility services. Each person must
82.24 be given the choice of either institutional or home and community-based services using the
82.25 provisions described in section 256B.77, subdivision 2, paragraph (p).

82.26 Sec. 38. Minnesota Statutes 2024, section 256B.49, subdivision 13, is amended to read:

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

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

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

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

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

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

83.7 (iii) employment service providers;

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

83.10 (v) providers of financial management services;

83.11 (4) assisting the recipient to access services and assisting with appeals under section
83.12 256.045; and

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

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

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

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

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

83.22 (c) Case management services must be provided by a public or private agency that is
83.23 enrolled as a medical assistance provider determined by the commissioner to meet all of
83.24 the requirements in the approved federal waiver plans. If a county agency provides case
83.25 management under contracts with other individuals or agencies and the county agency
83.26 utilizes a competitive proposal process for the procurement of contracted case management
83.27 services, the competitive proposal process must include evaluation criteria to ensure that
83.28 the county maintains a culturally responsive program for case management services adequate
83.29 to meet the needs of the population of the county. For the purposes of this section, "culturally
83.30 responsive program" means a case management services program that: (1) ensures effective,
83.31 equitable, comprehensive, and respectful quality care services that are responsive to
83.32 individuals within a specific population's values, beliefs, practices, health literacy, preferred

46.6 Sec. 28. Minnesota Statutes 2024, section 256B.4914, subdivision 3, is amended to read:

46.7 Subd. 3. **Applicable services.** (a) Applicable services are those authorized under the

46.8 state's home and community-based services waivers under sections 256B.092 and 256B.49,

46.9 including the following, as defined in the federally approved home and community-based

46.10 services plan:

46.11 (1) 24-hour customized living;

84.1 language, and other communication needs; and (2) is designed to address the unique needs

84.2 of individuals who share a common language or racial, ethnic, or social background.

84.3 (d) Case management services must not be provided to a recipient by a private agency

84.4 that has any financial interest in the provision of any other services included in the recipient's

84.5 support plan. For purposes of this section, "private agency" means any agency that is not

84.6 identified as a lead agency under section 256B.0911, subdivision 10.

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

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

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

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

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

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

84.13 following within the required timelines:

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

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

84.16 timeline; and

84.17 (3) accomplishment of identified outcomes.

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

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

84.20 support is required to provide consultation.

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

84.22 to case managers. Case managers shall receive no less than 20 hours of case management

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

84.24 appropriate service authorization under the community access for disability inclusion waiver,

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

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

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

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

84.29 1, 2024, this training must be completed within the first six months of providing case

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

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

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

85.1 Sec. 39. Minnesota Statutes 2024, section 256B.4914, subdivision 3, is amended to read:

85.2 Subd. 3. **Applicable services.** (a) Applicable services are those authorized under the

85.3 state's home and community-based services waivers under sections 256B.092 and 256B.49,

85.4 including the following, as defined in the federally approved home and community-based

85.5 services plan:

85.6 (1) 24-hour customized living;

46.12 (2) adult day services;
46.13 (3) adult day services bath;
46.14 (4) community residential services;
46.15 (5) customized living;
46.16 (6) day support services;
46.17 (7) employment development services;
46.18 (8) employment exploration services;
46.19 (9) employment support services;
46.20 (10) family residential services;
46.21 (11) individualized home supports;
46.22 (12) individualized home supports with family training;
46.23 (13) individualized home supports with training;
46.24 (14) integrated community supports;
46.25 (15) life sharing;
46.26 (16) effective until the effective date of clauses (17) and (18), night supervision;
46.27 (17) effective January 1, 2026, or upon federal approval, whichever is later, awake night
46.28 supervision;
47.1 (18) effective January 1, 2026, or upon federal approval, whichever is later, asleep night
47.2 supervision;
47.3 ~~(17)~~ (19) positive support services;
47.4 ~~(18)~~ (20) prevocational services;
47.5 ~~(19)~~ (21) residential support services;
47.6 ~~(20)~~ (22) respite services;
47.7 ~~(21)~~ (23) transportation services; and
47.8 ~~(22)~~ (24) other services as approved by the federal government in the state home and
47.9 community-based services waiver plan.
47.10 (b) Effective January 1, 2024, or upon federal approval, whichever is later, respite
47.11 services under paragraph (a), clause (20) (22), are not an applicable service under this
47.12 section.

85.7 (2) adult day services;
85.8 (3) adult day services bath;
85.9 (4) community residential services;
85.10 (5) customized living;
85.11 (6) day support services;
85.12 (7) employment development services;
85.13 (8) employment exploration services;
85.14 (9) employment support services;
85.15 (10) family residential services;
85.16 (11) individualized home supports;
85.17 (12) individualized home supports with family training;
85.18 (13) individualized home supports with training;
85.19 (14) integrated community supports;
85.20 (15) life sharing;
85.21 (16) effective until the effective date of clauses (17) and (18), night supervision;
85.22 (17) effective January 1, 2026, or upon federal approval, whichever is later, awake night
85.23 supervision;
85.24 (18) effective January 1, 2026, or upon federal approval, whichever is later, asleep night
85.25 supervision;
85.26 ~~(17)~~ (19) positive support services;
85.27 ~~(18)~~ (20) prevocational services;
85.28 ~~(19)~~ (21) residential support services;
86.1 ~~(20)~~ respite services;
86.2 ~~(21)~~ (22) transportation services; and
86.3 ~~(22)~~ (23) other services as approved by the federal government in the state home and
86.4 community-based services waiver plan.
86.5 (b) Effective January 1, 2024, or upon federal approval, whichever is later, respite
86.6 services under paragraph (a), clause (20), are not an applicable service under this section.

47.13 **EFFECTIVE DATE.** This section is effective the day following final enactment, except
47.14 that the amendments to paragraph (b) are effective January 1, 2026, or upon federal approval,
47.15 whichever is later. The commissioner of human services shall notify the revisor of statutes
47.16 when federal approval is obtained.

47.17 Sec. 29. Minnesota Statutes 2024, section 256B.4914, subdivision 5, is amended to read:

47.18 Subd. 5. **Base wage index; establishment and updates.** (a) The base wage index is
47.19 established to determine staffing costs associated with providing services to individuals
47.20 receiving home and community-based services. For purposes of calculating the base wage,
47.21 Minnesota-specific wages taken from job descriptions and standard occupational
47.22 classification (SOC) codes from the Bureau of Labor Statistics as defined in the Occupational
47.23 Handbook must be used.

47.24 (b) The commissioner shall update ~~establish~~ the base wage index in subdivision 5a,
47.25 publish these updated values, and load them into the rate management system ~~as follows:~~

47.26 ~~(1) on January 1, 2022, based on wage data by SOC from the Bureau of Labor Statistics~~
47.27 ~~available as of December 31, 2019;~~

47.28 ~~(2) on January 1, 2024, based on wage data by SOC from the Bureau of Labor Statistics~~
47.29 ~~published in March 2022; and~~

48.1 ~~(3) on January 1, 2026, and every two years thereafter, based on wage data by SOC from~~
48.2 ~~the Bureau of Labor Statistics published in the spring approximately 21 months prior to the~~
48.3 ~~scheduled update.~~

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

48.7 Sec. 30. Minnesota Statutes 2024, section 256B.4914, subdivision 5a, is amended to read:

48.8 Subd. 5a. **Base wage index; calculations.** The base wage index must be calculated as
48.9 follows:

48.10 (1) for supervisory staff, 100 percent of the median wage for community and social
48.11 services specialist (SOC code 21-1099), with the exception of the supervisor of positive
48.12 supports professional, positive supports analyst, and positive supports specialist, which is
48.13 100 percent of the median wage for clinical counseling and school psychologist (SOC code
48.14 19-3031);

48.15 (2) for registered nurse staff, 100 percent of the median wage for registered nurses (SOC
48.16 code 29-1141);

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

86.8 Sec. 40. Minnesota Statutes 2024, section 256B.4914, subdivision 5, is amended to read:

86.9 Subd. 5. **Base wage index; establishment and updates.** (a) The base wage index is
86.10 established to determine staffing costs associated with providing services to individuals
86.11 receiving home and community-based services. For purposes of calculating the base wage,
86.12 Minnesota-specific wages taken from job descriptions and standard occupational
86.13 classification (SOC) codes from the Bureau of Labor Statistics as defined in the Occupational
86.14 Handbook must be used.

86.15 (b) The commissioner shall update the base wage index in subdivision 5a, publish these
86.16 updated values, and load them into the rate management system ~~as follows:~~ on January 1,
86.17 2030, and every two years thereafter, based on wage data by SOC from the Bureau of Labor
86.18 Statistics published in the spring approximately 21 months prior to the scheduled update.

86.19 ~~(1) on January 1, 2022, based on wage data by SOC from the Bureau of Labor Statistics~~
86.20 ~~available as of December 31, 2019;~~

86.21 ~~(2) on January 1, 2024, based on wage data by SOC from the Bureau of Labor Statistics~~
86.22 ~~published in March 2022; and~~

86.23 ~~(3) on January 1, 2026, and every two years thereafter, based on wage data by SOC from~~
86.24 ~~the Bureau of Labor Statistics published in the spring approximately 21 months prior to the~~
86.25 ~~scheduled update.~~

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

86.29 Sec. 41. Minnesota Statutes 2024, section 256B.4914, subdivision 5a, is amended to read:

86.30 Subd. 5a. **Base wage index; calculations.** The base wage index must be calculated as
86.31 follows:

87.1 (1) for supervisory staff, 100 percent of the median wage for community and social
87.2 services specialist (SOC code 21-1099), with the exception of the supervisor of positive
87.3 supports professional, positive supports analyst, and positive supports specialist, which is
87.4 100 percent of the median wage for clinical counseling and school psychologist (SOC code
87.5 19-3031);

87.6 (2) for registered nurse staff, 100 percent of the median wage for registered nurses (SOC
87.7 code 29-1141);

48.17 (3) for licensed practical nurse staff, 100 percent of the median wage for licensed practical
48.18 nurses (SOC code 29-2061);

48.19 (4) for residential asleep-overnight staff, the minimum wage in Minnesota for large
48.20 employers;

48.21 (5) for residential direct care staff, the sum of:

48.22 (i) 15 percent of the subtotal of 50 percent of the median wage for home health and
48.23 personal care aide (SOC code 31-1120); 30 percent of the median wage for nursing assistant
48.24 (SOC code 31-1131); and 20 percent of the median wage for social and human services
48.25 aide (SOC code 21-1093); and

48.26 (ii) 85 percent of the subtotal of 40 percent of the median wage for home health and
48.27 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
48.28 (SOC code 31-1131); 20 percent of the median wage for psychiatric technician (SOC code
48.29 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
48.30 21-1093);

49.1 (6) for adult day services staff, 70 percent of the median wage for nursing assistant (SOC
49.2 code 31-1131); and 30 percent of the median wage for home health and personal care aide
49.3 (SOC code 31-1120);

49.4 (7) for day support services staff and prevocational services staff, 20 percent of the
49.5 median wage for nursing assistant (SOC code 31-1131); 20 percent of the median wage for
49.6 psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social
49.7 and human services aide (SOC code 21-1093);

49.8 (8) for positive supports analyst staff, 100 percent of the median wage for substance
49.9 abuse, behavioral disorder, and mental health counselor (SOC code 21-1018);

49.10 (9) for positive supports professional staff, 100 percent of the median wage for clinical
49.11 counseling and school psychologist (SOC code 19-3031);

49.12 (10) for positive supports specialist staff, 100 percent of the median wage for psychiatric
49.13 technicians (SOC code 29-2053);

49.14 (11) for individualized home supports with family training staff, 20 percent of the median
49.15 wage for nursing aide (SOC code 31-1131); 30 percent of the median wage for community
49.16 social service specialist (SOC code 21-1099); 40 percent of the median wage for social and
49.17 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
49.18 technician (SOC code 29-2053);

49.19 (12) for individualized home supports with training services staff, 40 percent of the
49.20 median wage for community social service specialist (SOC code 21-1099); 50 percent of
49.21 the median wage for social and human services aide (SOC code 21-1093); and ten percent
49.22 of the median wage for psychiatric technician (SOC code 29-2053);

87.8 (3) for licensed practical nurse staff, 100 percent of the median wage for licensed practical
87.9 nurses (SOC code 29-2061);

87.10 (4) for residential asleep-overnight staff, the minimum wage in Minnesota for large
87.11 employers;

87.12 (5) for residential direct care staff, the sum of:

87.13 (i) 15 percent of the subtotal of 50 percent of the median wage for home health and
87.14 personal care aide (SOC code 31-1120); 30 percent of the median wage for nursing assistant
87.15 (SOC code 31-1131); and 20 percent of the median wage for social and human services
87.16 aide (SOC code 21-1093); and

87.17 (ii) 85 percent of the subtotal of 40 percent of the median wage for home health and
87.18 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
87.19 (SOC code 31-1131); 20 percent of the median wage for psychiatric technician (SOC code
87.20 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
87.21 21-1093);

87.22 (6) for adult day services staff, 70 percent of the median wage for nursing assistant (SOC
87.23 code 31-1131); and 30 percent of the median wage for home health and personal care aide
87.24 (SOC code 31-1120);

87.25 (7) for day support services staff and prevocational services staff, 20 percent of the
87.26 median wage for nursing assistant (SOC code 31-1131); 20 percent of the median wage for
87.27 psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social
87.28 and human services aide (SOC code 21-1093);

87.29 (8) for positive supports analyst staff, 100 percent of the median wage for substance
87.30 abuse, behavioral disorder, and mental health counselor (SOC code 21-1018);

87.31 (9) for positive supports professional staff, 100 percent of the median wage for clinical
87.32 counseling and school psychologist (SOC code 19-3031);

88.1 (10) for positive supports specialist staff, 100 percent of the median wage for psychiatric
88.2 technicians (SOC code 29-2053);

88.3 (11) for individualized home supports with family training staff, 20 percent of the median
88.4 wage for nursing aide (SOC code 31-1131); 30 percent of the median wage for community
88.5 social service specialist (SOC code 21-1099); 40 percent of the median wage for social and
88.6 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
88.7 technician (SOC code 29-2053);

88.8 (12) for individualized home supports with training services staff, 40 percent of the
88.9 median wage for community social service specialist (SOC code 21-1099); 50 percent of
88.10 the median wage for social and human services aide (SOC code 21-1093); and ten percent
88.11 of the median wage for psychiatric technician (SOC code 29-2053);

49.23 (13) for employment support services staff, 50 percent of the median wage for
49.24 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
49.25 community and social services specialist (SOC code 21-1099);

49.26 (14) for employment exploration services staff, 50 percent of the median wage for
49.27 education, guidance, school, and vocational counselor (SOC code 21-1012); and 50 percent
49.28 of the median wage for community and social services specialist (SOC code 21-1099);

49.29 (15) for employment development services staff, 50 percent of the median wage for
49.30 education, guidance, school, and vocational counselors (SOC code 21-1012); and 50 percent
49.31 of the median wage for community and social services specialist (SOC code 21-1099);

50.1 (16) for individualized home support without training staff, 50 percent of the median
50.2 wage for home health and personal care aide (SOC code 31-1120); and 50 percent of the
50.3 median wage for nursing assistant (SOC code 31-1131); ~~and~~

50.4 (17) effective until the effective date of clauses (18) and (19), for night supervision staff,
50.5 40 percent of the median wage for home health and personal care aide (SOC code 31-1120);
50.6 20 percent of the median wage for nursing assistant (SOC code 31-1131); 20 percent of the
50.7 median wage for psychiatric technician (SOC code 29-2053); and 20 percent of the median
50.8 wage for social and human services aide (SOC code 21-1093);;

50.9 (18) effective January 1, 2026, or upon federal approval, whichever is later, for awake
50.10 night supervision staff, 40 percent of the median wage for home health and personal care
50.11 aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant (SOC code
50.12 31-1131); 20 percent the median wage for psychiatric technician (SOC code 29-2053); and
50.13 20 percent of the median wage for social and human services aid (SOC code 21-1093); and

50.14 (19) effective January 1, 2026, or upon federal approval, whichever is later, for asleep
50.15 night supervision staff, the minimum wage in Minnesota for large employers.

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

50.17 Sec. 31. Minnesota Statutes 2024, section 256B.4914, subdivision 5b, is amended to read:

50.18 Subd. 5b. **Standard component value adjustments.** The commissioner shall update
50.19 the base wage index under subdivision 5a; client and programming support, transportation,
50.20 and program facility cost component values as required in subdivisions 6 to 9; and the rates
50.21 identified in subdivision 19 for changes in the Consumer Price Index. If the result of this
50.22 update exceeds eight percent, the commissioner shall implement a change to the base wage
50.23 index, component values, and rates under subdivision 19 of eight percent. If the result of
50.24 this update is less than eight percent, the commissioner shall implement the full value of
50.25 the change. The commissioner shall adjust these values higher or lower, publish these
50.26 updated values, and load them into the rate management system ~~as follows:~~

50.27 ~~(1) on January 1, 2022, by the percentage change in the CPI-U from the date of the~~
50.28 ~~previous update to the data available on December 31, 2019;~~

88.12 (13) for employment support services staff, 50 percent of the median wage for
88.13 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
88.14 community and social services specialist (SOC code 21-1099);

88.15 (14) for employment exploration services staff, 50 percent of the median wage for
88.16 education, guidance, school, and vocational counselor (SOC code 21-1012); and 50 percent
88.17 of the median wage for community and social services specialist (SOC code 21-1099);

88.18 (15) for employment development services staff, 50 percent of the median wage for
88.19 education, guidance, school, and vocational counselors (SOC code 21-1012); and 50 percent
88.20 of the median wage for community and social services specialist (SOC code 21-1099);

88.21 (16) for individualized home support without training staff, 50 percent of the median
88.22 wage for home health and personal care aide (SOC code 31-1120); and 50 percent of the
88.23 median wage for nursing assistant (SOC code 31-1131); ~~and~~

88.24 (17) effective until the effective date of clauses (18) and (19), for night supervision staff,
88.25 40 percent of the median wage for home health and personal care aide (SOC code 31-1120);
88.26 20 percent of the median wage for nursing assistant (SOC code 31-1131); 20 percent of the
88.27 median wage for psychiatric technician (SOC code 29-2053); and 20 percent of the median
88.28 wage for social and human services aide (SOC code 21-1093);;

88.29 (18) effective January 1, 2026, or upon federal approval, whichever is later, for awake
88.30 night supervision staff, 40 percent of the median wage for home health and personal care
88.31 aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant (SOC code
88.32 31-1131); 20 percent the median wage for psychiatric technician (SOC code 29-2053); and
88.33 20 percent of the median wage for social and human services aid (SOC code 21-1093); and

89.1 (19) effective January 1, 2026, or upon federal approval, whichever is later, for asleep
89.2 night supervision staff, the minimum wage in Minnesota for large employers.

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

89.4 Sec. 42. Minnesota Statutes 2024, section 256B.4914, subdivision 5b, is amended to read:

89.5 Subd. 5b. **Standard component value adjustments.** (a) The commissioner shall update
89.6 the client and programming support, transportation, and program facility cost component
89.7 values as required in subdivisions 6 to 9 and the rates identified in subdivision 19 for changes
89.8 in the Consumer Price Index. The commissioner shall adjust these values higher or lower,
89.9 publish these updated values, and load them into the rate management system ~~as follows:~~

89.10 ~~(1) on January 1, 2022, by the percentage change in the CPI-U from the date of the~~
89.11 ~~previous update to the data available on December 31, 2019;~~

50.29 ~~(2) on January 1, 2024, by the percentage change in the CPI-U from the date of the~~
50.30 ~~previous update to the data available as of December 31, 2022; and~~

50.31 ~~(3)~~ on January 1, 2026, and every two years thereafter, by the percentage change in the
50.32 CPI-U from the date of the previous update to the data available 24 months and one day
50.33 prior to the scheduled update.

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

51.4 Sec. 32. Minnesota Statutes 2024, section 256B.4914, subdivision 6a, is amended to read:

51.5 Subd. 6a. **Community residential services; component values and calculation of**
51.6 **payment rates.** (a) Component values for community residential services are:

51.7 (1) competitive workforce factor: 6.7 percent;

51.8 (2) supervisory span of control ratio: 11 percent;

51.9 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

51.10 (4) employee-related cost ratio: 23.6 percent;

51.11 (5) general administrative support ratio: 13.25 percent; and

51.12 (6) program-related expense ratio: 1.3 percent; and.

51.13 ~~(7) absence and utilization factor ratio: 3.9 percent.~~

51.14 (b) Payments for community residential services must be calculated as follows:

51.15 (1) determine the number of shared direct staffing and individual direct staffing hours
51.16 to meet a recipient's needs provided on site or through monitoring technology;

89.12 ~~(2) on January 1, 2024, by the percentage change in the CPI-U from the date of the~~
89.13 ~~previous update to the data available as of December 31, 2022; and~~

89.14 ~~(3)~~ on January 1, 2026, and every two years thereafter, by the percentage change in the
89.15 CPI-U from the date of the previous update to the data available 24 months and one day
89.16 prior to the scheduled update.

89.17 (b) The commissioner shall update the base wage index under subdivision 5a for changes
89.18 in the Consumer Price Index. The commissioner shall adjust these values higher or lower,
89.19 publish these updated values, and load them into the rate management system on January
89.20 1, 2026, and January 1, 2028, by the percentage change in the CPI-U from the date of the
89.21 previous update to the data available 24 months and one day prior to the scheduled update.
89.22 This paragraph expires December 31, 2029.

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

89.26 Sec. 43. Minnesota Statutes 2024, section 256B.4914, subdivision 6a, is amended to read:

89.27 Subd. 6a. **Community residential services; component values and calculation of**
89.28 **payment rates.** (a) Component values for community residential services are:

89.29 (1) competitive workforce factor: 6.7 percent;

89.30 (i) 6.7 percent. This item expires upon the effective date of item (ii);

90.1 (ii) effective January 1, 2026, or upon federal approval, whichever is later, 9.71 percent.
90.2 This item expires upon the effective date of item (iii);

90.3 (iii) effective January 1, 2028, or upon federal approval, whichever is later, 21.79 percent.
90.4 This item expires upon the effective date of item (iv); and

90.5 (iv) effective January 1, 2030, or upon federal approval, whichever is later, 6.7 percent;

90.6 (2) supervisory span of control ratio: 11 percent;

90.7 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

90.8 (4) employee-related cost ratio: 23.6 percent;

90.9 (5) general administrative support ratio: 13.25 percent;

90.10 (6) program-related expense ratio: 1.3 percent; and

90.11 (7) absence and utilization factor ratio: 3.9 percent.

90.12 (b) Payments for community residential services must be calculated as follows:

90.13 (1) determine the number of shared direct staffing and individual direct staffing hours
90.14 to meet a recipient's needs provided on site or through monitoring technology;

51.17 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
51.18 provided in subdivisions 5 and 5a;

51.19 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
51.20 product of one plus the competitive workforce factor;

51.21 (4) for a recipient requiring customization for deaf and hard-of-hearing language
51.22 accessibility under subdivision 12, add the customization rate provided in subdivision 12
51.23 to the result of clause (3);

51.24 (5) multiply the number of shared direct staffing and individual direct staffing hours
51.25 provided on site or through monitoring technology and nursing hours by the appropriate
51.26 staff wages;

51.27 (6) multiply the number of shared direct staffing and individual direct staffing hours
51.28 provided on site or through monitoring technology and nursing hours by the product of the
51.29 supervision span of control ratio and the appropriate supervisory staff wage in subdivision
51.30 5a, clause (1);

52.1 (7) combine the results of clauses (5) and (6), excluding any shared direct staffing and
52.2 individual direct staffing hours provided through monitoring technology, and multiply the
52.3 result by one plus the employee vacation, sick, and training allowance ratio. This is defined
52.4 as the direct staffing cost;

52.5 (8) for employee-related expenses, multiply the direct staffing cost, excluding any shared
52.6 direct staffing and individual hours provided through monitoring technology, by one plus
52.7 the employee-related cost ratio;

52.8 (9) for client programming and supports, add \$2,260.21 divided by 365. The
52.9 commissioner shall update the amount in this clause as specified in subdivision 5b;

52.10 (10) for transportation, if provided, add \$1,742.62 divided by 365, or \$3,111.81 divided
52.11 by 365 if customized for adapted transport, based on the resident with the highest assessed
52.12 need. The commissioner shall update the amounts in this clause as specified in subdivision
52.13 5b;

52.14 (11) subtotal clauses (8) to (10) and the direct staffing cost of any shared direct staffing
52.15 and individual direct staffing hours provided through monitoring technology that was
52.16 excluded in clause (8);

52.17 (12) sum the standard general administrative support ratio; and the program-related
52.18 expense ratio; and the absence and utilization factor ratio;

52.19 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
52.20 total payment amount; and

52.21 (14) adjust the result of clause (13) by a factor to be determined by the commissioner
52.22 to adjust for regional differences in the cost of providing services.

90.15 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
90.16 provided in subdivisions 5 and 5a;

90.17 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
90.18 product of one plus the competitive workforce factor;

90.19 (4) for a recipient requiring customization for deaf and hard-of-hearing language
90.20 accessibility under subdivision 12, add the customization rate provided in subdivision 12
90.21 to the result of clause (3);

90.22 (5) multiply the number of shared direct staffing and individual direct staffing hours
90.23 provided on site or through monitoring technology and nursing hours by the appropriate
90.24 staff wages;

90.25 (6) multiply the number of shared direct staffing and individual direct staffing hours
90.26 provided on site or through monitoring technology and nursing hours by the product of the
90.27 supervision span of control ratio and the appropriate supervisory staff wage in subdivision
90.28 5a, clause (1);

90.29 (7) combine the results of clauses (5) and (6), excluding any shared direct staffing and
90.30 individual direct staffing hours provided through monitoring technology, and multiply the
91.1 result by one plus the employee vacation, sick, and training allowance ratio. This is defined
91.2 as the direct staffing cost;

91.3 (8) for employee-related expenses, multiply the direct staffing cost, excluding any shared
91.4 direct staffing and individual hours provided through monitoring technology, by one plus
91.5 the employee-related cost ratio;

91.6 (9) for client programming and supports, add \$2,260.21 divided by 365. The
91.7 commissioner shall update the amount in this clause as specified in subdivision 5b;

91.8 (10) for transportation, if provided, add \$1,742.62 divided by 365, or \$3,111.81 divided
91.9 by 365 if customized for adapted transport, based on the resident with the highest assessed
91.10 need. The commissioner shall update the amounts in this clause as specified in subdivision
91.11 5b;

91.12 (11) subtotal clauses (8) to (10) and the direct staffing cost of any shared direct staffing
91.13 and individual direct staffing hours provided through monitoring technology that was
91.14 excluded in clause (8);

91.15 (12) sum the standard general administrative support ratio; the program-related expense
91.16 ratio; and the absence and utilization factor ratio;

91.17 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
91.18 total payment amount; and

91.19 (14) adjust the result of clause (13) by a factor to be determined by the commissioner
91.20 to adjust for regional differences in the cost of providing services.

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

52.26 Sec. 33. Minnesota Statutes 2024, section 256B.4914, subdivision 6b, is amended to read:

52.27 Subd. 6b. **Family residential services; component values and calculation of payment**
52.28 **rates.** (a) Component values for family residential services are:

52.29 (1) competitive workforce factor: 6.7 percent;

52.30 (2) supervisory span of control ratio: 11 percent;

52.31 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

53.1 (4) employee-related cost ratio: 23.6 percent;

53.2 (5) general administrative support ratio: 3.3 percent; and

53.3 (6) program-related expense ratio: 1.3 percent; and.

53.4 (7) absence factor: 1.7 percent.

53.5 (b) Payments for family residential services must be calculated as follows:

53.6 (1) determine the number of shared direct staffing and individual direct staffing hours
53.7 to meet a recipient's needs provided on site or through monitoring technology;

53.8 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
53.9 provided in subdivisions 5 and 5a;

53.10 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
53.11 product of one plus the competitive workforce factor;

53.12 (4) for a recipient requiring customization for deaf and hard-of-hearing language
53.13 accessibility under subdivision 12, add the customization rate provided in subdivision 12
53.14 to the result of clause (3);

53.15 (5) multiply the number of shared direct staffing and individual direct staffing hours
53.16 provided on site or through monitoring technology and nursing hours by the appropriate
53.17 staff wages;

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

91.22 Sec. 44. Minnesota Statutes 2024, section 256B.4914, subdivision 6b, is amended to read:

91.23 Subd. 6b. **Family residential services; component values and calculation of payment**
91.24 **rates.** (a) Component values for family residential services are:

91.25 (1) competitive workforce factor: 6.7 percent;

91.26 (i) 6.7 percent. This item expires upon the effective date of item (ii);

91.27 (ii) effective January 1, 2026, or upon federal approval, whichever is later, 9.71 percent.

91.28 This item expires upon the effective date of item (iii);

91.29 (iii) effective January 1, 2028, or upon federal approval, whichever is later, 21.79 percent.

91.30 This item expires upon the effective date of item (iv); and

91.31 (iv) effective January 1, 2030, or upon federal approval, whichever is later, 6.7 percent;

92.1 (2) supervisory span of control ratio: 11 percent;

92.2 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

92.3 (4) employee-related cost ratio: 23.6 percent;

92.4 (5) general administrative support ratio: 3.3 percent;

92.5 (6) program-related expense ratio: 1.3 percent; and

92.6 (7) absence factor: 1.7 percent.

92.7 (b) Payments for family residential services must be calculated as follows:

92.8 (1) determine the number of shared direct staffing and individual direct staffing hours
92.9 to meet a recipient's needs provided on site or through monitoring technology;

92.10 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
92.11 provided in subdivisions 5 and 5a;

92.12 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
92.13 product of one plus the competitive workforce factor;

92.14 (4) for a recipient requiring customization for deaf and hard-of-hearing language
92.15 accessibility under subdivision 12, add the customization rate provided in subdivision 12
92.16 to the result of clause (3);

92.17 (5) multiply the number of shared direct staffing and individual direct staffing hours
92.18 provided on site or through monitoring technology and nursing hours by the appropriate
92.19 staff wages;

53.18 (6) multiply the number of shared direct staffing and individual direct staffing hours
53.19 provided on site or through monitoring technology and nursing hours by the product of the
53.20 supervisory span of control ratio and the appropriate supervisory staff wage in subdivision
53.21 5a, clause (1);

53.22 (7) combine the results of clauses (5) and (6), excluding any shared direct staffing and
53.23 individual direct staffing hours provided through monitoring technology, and multiply the
53.24 result by one plus the employee vacation, sick, and training allowance ratio. This is defined
53.25 as the direct staffing cost;

53.26 (8) for employee-related expenses, multiply the direct staffing cost, excluding any shared
53.27 and individual direct staffing hours provided through monitoring technology, by one plus
53.28 the employee-related cost ratio;

53.29 (9) for client programming and supports, add \$2,260.21 divided by 365. The
53.30 commissioner shall update the amount in this clause as specified in subdivision 5b;

54.1 (10) for transportation, if provided, add \$1,742.62 divided by 365, or \$3,111.81 divided
54.2 by 365 if customized for adapted transport, based on the resident with the highest assessed
54.3 need. The commissioner shall update the amounts in this clause as specified in subdivision
54.4 5b;

54.5 (11) subtotal clauses (8) to (10) and the direct staffing cost of any shared direct staffing
54.6 and individual direct staffing hours provided through monitoring technology that was
54.7 excluded in clause (8);

54.8 (12) sum the standard general administrative support ratio; and the program-related
54.9 expense ratio; ~~and the absence and utilization factor ratio;~~

54.10 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
54.11 total payment rate; and

54.12 (14) adjust the result of clause (13) by a factor to be determined by the commissioner
54.13 to adjust for regional differences in the cost of providing services.

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

54.17 Sec. 34. Minnesota Statutes 2024, section 256B.4914, subdivision 6c, is amended to read:

54.18 Subd. 6c. **Integrated community supports; component values and calculation of**
54.19 **payment rates.** (a) Component values for integrated community supports are:

54.20 (1) competitive workforce factor: 6.7 percent;

92.20 (6) multiply the number of shared direct staffing and individual direct staffing hours
92.21 provided on site or through monitoring technology and nursing hours by the product of the
92.22 supervisory span of control ratio and the appropriate supervisory staff wage in subdivision
92.23 5a, clause (1);

92.24 (7) combine the results of clauses (5) and (6), excluding any shared direct staffing and
92.25 individual direct staffing hours provided through monitoring technology, and multiply the
92.26 result by one plus the employee vacation, sick, and training allowance ratio. This is defined
92.27 as the direct staffing cost;

92.28 (8) for employee-related expenses, multiply the direct staffing cost, excluding any shared
92.29 and individual direct staffing hours provided through monitoring technology, by one plus
92.30 the employee-related cost ratio;

93.1 (9) for client programming and supports, add \$2,260.21 divided by 365. The
93.2 commissioner shall update the amount in this clause as specified in subdivision 5b;

93.3 (10) for transportation, if provided, add \$1,742.62 divided by 365, or \$3,111.81 divided
93.4 by 365 if customized for adapted transport, based on the resident with the highest assessed
93.5 need. The commissioner shall update the amounts in this clause as specified in subdivision
93.6 5b;

93.7 (11) subtotal clauses (8) to (10) and the direct staffing cost of any shared direct staffing
93.8 and individual direct staffing hours provided through monitoring technology that was
93.9 excluded in clause (8);

93.10 (12) sum the standard general administrative support ratio; the program-related expense
93.11 ratio, and the absence and utilization factor ratio;

93.12 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
93.13 total payment rate; and

93.14 (14) adjust the result of clause (13) by a factor to be determined by the commissioner
93.15 to adjust for regional differences in the cost of providing services.

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

93.17 Sec. 45. Minnesota Statutes 2024, section 256B.4914, subdivision 6c, is amended to read:

93.18 Subd. 6c. **Integrated community supports; component values and calculation of**
93.19 **payment rates.** (a) Component values for integrated community supports are:

93.20 (1) competitive workforce factor: 6.7 percent;

93.21 (i) 6.7 percent. This item expires upon the effective date of item (ii);

54.21 (2) supervisory span of control ratio: 11 percent;

54.22 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

54.23 (4) employee-related cost ratio: 23.6 percent;

54.24 (5) general administrative support ratio: 13.25 percent; and

54.25 (6) program-related expense ratio: 1.3 percent; and.

54.26 ~~(7) absence and utilization factor ratio: 3.9 percent.~~

54.27 (b) Payments for integrated community supports must be calculated as follows:

54.28 (1) determine the number of shared direct staffing and individual direct staffing hours

54.29 to meet a recipient's needs. The base shared direct staffing hours must be eight hours divided

54.30 by the number of people receiving support in the integrated community support setting, and

55.1 the individual direct staffing hours must be the average number of direct support hours

55.2 provided directly to the service recipient;

55.3 (2) determine the appropriate hourly staff wage rates derived by the commissioner as

55.4 provided in subdivisions 5 and 5a;

55.5 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the

55.6 product of one plus the competitive workforce factor;

55.7 (4) for a recipient requiring customization for deaf and hard-of-hearing language

55.8 accessibility under subdivision 12, add the customization rate provided in subdivision 12

55.9 to the result of clause (3);

55.10 (5) multiply the number of shared direct staffing and individual direct staffing hours in

55.11 clause (1) by the appropriate staff wages;

55.12 (6) multiply the number of shared direct staffing and individual direct staffing hours in

55.13 clause (1) by the product of the supervisory span of control ratio and the appropriate

55.14 supervisory staff wage in subdivision 5a, clause (1);

55.15 (7) combine the results of clauses (5) and (6) and multiply the result by one plus the

55.16 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing

55.17 cost;

55.18 (8) for employee-related expenses, multiply the direct staffing cost by one plus the

55.19 employee-related cost ratio;

93.22 (ii) effective January 1, 2026, or upon federal approval, whichever is later, 9.71 percent.

93.23 This item expires upon the effective date of item (iii);

93.24 (iii) effective January 1, 2028, or upon federal approval, whichever is later, 21.79 percent.

93.25 This item expires upon the effective date of item (iv); and

93.26 (iv) effective January 1, 2030, or upon federal approval, whichever is later, 6.7 percent;

93.27 (2) supervisory span of control ratio: 11 percent;

93.28 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

93.29 (4) employee-related cost ratio: 23.6 percent;

93.30 (5) general administrative support ratio: 13.25 percent;

94.1 (6) program-related expense ratio: 1.3 percent; and

94.2 (7) absence and utilization factor ratio: 3.9 percent.

94.3 (b) Payments for integrated community supports must be calculated as follows:

94.4 (1) determine the number of shared direct staffing and individual direct staffing hours

94.5 to meet a recipient's needs. The base shared direct staffing hours must be eight hours divided

94.6 by the number of people receiving support in the integrated community support setting, and

94.7 the individual direct staffing hours must be the average number of direct support hours

94.8 provided directly to the service recipient;

94.9 (2) determine the appropriate hourly staff wage rates derived by the commissioner as

94.10 provided in subdivisions 5 and 5a;

94.11 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the

94.12 product of one plus the competitive workforce factor;

94.13 (4) for a recipient requiring customization for deaf and hard-of-hearing language

94.14 accessibility under subdivision 12, add the customization rate provided in subdivision 12

94.15 to the result of clause (3);

94.16 (5) multiply the number of shared direct staffing and individual direct staffing hours in

94.17 clause (1) by the appropriate staff wages;

94.18 (6) multiply the number of shared direct staffing and individual direct staffing hours in

94.19 clause (1) by the product of the supervisory span of control ratio and the appropriate

94.20 supervisory staff wage in subdivision 5a, clause (1);

94.21 (7) combine the results of clauses (5) and (6) and multiply the result by one plus the

94.22 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing

94.23 cost;

94.24 (8) for employee-related expenses, multiply the direct staffing cost by one plus the

94.25 employee-related cost ratio;

55.20 (9) for client programming and supports, add \$2,260.21 divided by 365. The
55.21 commissioner shall update the amount in this clause as specified in subdivision 5b;
55.22 (10) add the results of clauses (8) and (9);
55.23 (11) add the standard general administrative support ratio; and the program-related
55.24 expense ratio; and the absence and utilization factor ratio;
55.25 (12) divide the result of clause (10) by one minus the result of clause (11). This is the
55.26 total payment amount; and
55.27 (13) adjust the result of clause (12) by a factor to be determined by the commissioner
55.28 to adjust for regional differences in the cost of providing services.
55.29 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
55.30 whichever is later. The commissioner of human services shall notify the revisor of statutes
55.31 when federal approval is obtained.

94.26 (9) for client programming and supports, add \$2,260.21 divided by 365. The
94.27 commissioner shall update the amount in this clause as specified in subdivision 5b;
94.28 (10) add the results of clauses (8) and (9);
94.29 (11) add the standard general administrative support ratio; the program-related expense
94.30 ratio; and the absence and utilization factor ratio;
95.1 (12) divide the result of clause (10) by one minus the result of clause (11). This is the
95.2 total payment amount; and
95.3 (13) adjust the result of clause (12) by a factor to be determined by the commissioner
95.4 to adjust for regional differences in the cost of providing services.
95.5 **EFFECTIVE DATE.** This section is effective the day following final enactment.

95.6 Sec. 46. Minnesota Statutes 2024, section 256B.4914, subdivision 7a, is amended to read:
95.7 Subd. 7a. **Adult day services; component values and calculation of payment rates.** (a)
95.8 Component values for adult day services are:
95.9 (1) competitive workforce factor: 6.7 percent;
95.10 (i) 6.7 percent. This item expires upon the effective date of item (ii);
95.11 (ii) effective January 1, 2026, or upon federal approval, whichever is later, 9.71 percent.
95.12 This item expires upon the effective date of item (iii);
95.13 (iii) effective January 1, 2028, or upon federal approval, whichever is later, 21.79 percent.
95.14 This item expires upon the effective date of item (iv); and
95.15 (iv) effective January 1, 2030, or upon federal approval, whichever is later, 6.7 percent;
95.16 (2) supervisory span of control ratio: 11 percent;
95.17 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
95.18 (4) employee-related cost ratio: 23.6 percent;
95.19 (5) program plan support ratio: 5.6 percent;
95.20 (6) client programming and support ratio: 7.4 percent, updated as specified in subdivision
95.21 5b;
95.22 (7) general administrative support ratio: 13.25 percent;
95.23 (8) program-related expense ratio: 1.8 percent; and
95.24 (9) absence and utilization factor ratio: 9.4 percent.

- 95.25 (b) A unit of service for adult day services is either a day or 15 minutes. A day unit of
95.26 service is six or more hours of time spent providing direct service.
- 95.27 (c) Payments for adult day services must be calculated as follows:
- 95.28 (1) determine the number of units of service and the staffing ratio to meet a recipient's
95.29 needs;
- 96.1 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
96.2 provided in subdivisions 5 and 5a;
- 96.3 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
96.4 product of one plus the competitive workforce factor;
- 96.5 (4) for a recipient requiring customization for deaf and hard-of-hearing language
96.6 accessibility under subdivision 12, add the customization rate provided in subdivision 12
96.7 to the result of clause (3);
- 96.8 (5) multiply the number of day program direct staffing hours and nursing hours by the
96.9 appropriate staff wage;
- 96.10 (6) multiply the number of day program direct staffing hours by the product of the
96.11 supervisory span of control ratio and the appropriate supervisory staff wage in subdivision
96.12 5a, clause (1);
- 96.13 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
96.14 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
96.15 rate;
- 96.16 (8) for program plan support, multiply the result of clause (7) by one plus the program
96.17 plan support ratio;
- 96.18 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
96.19 employee-related cost ratio;
- 96.20 (10) for client programming and supports, multiply the result of clause (9) by one plus
96.21 the client programming and support ratio;
- 96.22 (11) for program facility costs, add \$19.30 per week with consideration of staffing ratios
96.23 to meet individual needs, updated as specified in subdivision 5b;
- 96.24 (12) for adult day bath services, add \$7.01 per 15 minute unit;
- 96.25 (13) this is the subtotal rate;
- 96.26 (14) sum the standard general administrative rate support ratio, the program-related
96.27 expense ratio, and the absence and utilization factor ratio;
- 96.28 (15) divide the result of clause (13) by one minus the result of clause (14). This is the
96.29 total payment amount; and

96.30 (16) adjust the result of clause (15) by a factor to be determined by the commissioner
96.31 to adjust for regional differences in the cost of providing services.

97.1 **EFFECTIVE DATE.** The amendments to paragraph (a), clause (1), are effective the
97.2 day following final enactment.

97.3 Sec. 47. Minnesota Statutes 2024, section 256B.4914, subdivision 7b, is amended to read:

97.4 Subd. 7b. **Day support services; component values and calculation of payment**
97.5 **rates.** (a) Component values for day support services are:

97.6 (1) competitive workforce factor: ~~6.7 percent~~;

97.7 (i) 6.7 percent. This item expires upon the effective date of item (ii);

97.8 (ii) effective January 1, 2026, or upon federal approval, whichever is later, 9.71 percent.
97.9 This item expires upon the effective date of item (iii);

97.10 (iii) effective January 1, 2028, or upon federal approval, whichever is later, 21.79 percent.
97.11 This item expires upon the effective date of item (iv); and

97.12 (iv) effective January 1, 2030, or upon federal approval, whichever is later, 6.7 percent;

97.13 (2) supervisory span of control ratio: 11 percent;

97.14 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

97.15 (4) employee-related cost ratio: 23.6 percent;

97.16 (5) program plan support ratio: 5.6 percent;

97.17 (6) client programming and support ratio: 10.37 percent, updated as specified in
97.18 subdivision 5b;

97.19 (7) general administrative support ratio: 13.25 percent;

97.20 (8) program-related expense ratio: 1.8 percent; and

97.21 (9) absence and utilization factor ratio: 9.4 percent.

97.22 (b) A unit of service for day support services is 15 minutes.

97.23 (c) Payments for day support services must be calculated as follows:

97.24 (1) determine the number of units of service and the staffing ratio to meet a recipient's
97.25 needs;

97.26 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
97.27 provided in subdivisions 5 and 5a;

97.28 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
97.29 product of one plus the competitive workforce factor;

- 98.1 (4) for a recipient requiring customization for deaf and hard-of-hearing language
98.2 accessibility under subdivision 12, add the customization rate provided in subdivision 12
98.3 to the result of clause (3);
- 98.4 (5) multiply the number of day program direct staffing hours and nursing hours by the
98.5 appropriate staff wage;
- 98.6 (6) multiply the number of day program direct staffing hours by the product of the
98.7 supervisory span of control ratio and the appropriate supervisory staff wage in subdivision
98.8 5a, clause (1);
- 98.9 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
98.10 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
98.11 rate;
- 98.12 (8) for program plan support, multiply the result of clause (7) by one plus the program
98.13 plan support ratio;
- 98.14 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
98.15 employee-related cost ratio;
- 98.16 (10) for client programming and supports, multiply the result of clause (9) by one plus
98.17 the client programming and support ratio;
- 98.18 (11) for program facility costs, add \$19.30 per week with consideration of staffing ratios
98.19 to meet individual needs, updated as specified in subdivision 5b;
- 98.20 (12) this is the subtotal rate;
- 98.21 (13) sum the standard general administrative rate support ratio, the program-related
98.22 expense ratio, and the absence and utilization factor ratio;
- 98.23 (14) divide the result of clause (12) by one minus the result of clause (13). This is the
98.24 total payment amount; and
- 98.25 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
98.26 to adjust for regional differences in the cost of providing services.
- 98.27 **EFFECTIVE DATE.** The amendments to paragraph (a), clause (1), are effective the
98.28 day following final enactment.
- 98.29 Sec. 48. Minnesota Statutes 2024, section 256B.4914, subdivision 7c, is amended to read:
- 98.30 Subd. 7c. **Prevocational services; component values and calculation of payment**
98.31 **rates.** (a) Component values for prevocational services are:
- 99.1 (1) competitive workforce factor: ~~6.7 percent~~;
- 99.2 (i) 6.7 percent. This item expires upon the effective date of item (ii);

- 99.3 (ii) effective January 1, 2026, or upon federal approval, whichever is later, 9.71 percent.
99.4 This item expires upon the effective date of item (iii);
- 99.5 (iii) effective January 1, 2028, or upon federal approval, whichever is later, 21.79 percent.
99.6 This item expires upon the effective date of item (iv); and
- 99.7 (iv) effective January 1, 2030, or upon federal approval, whichever is later, 6.7 percent;
- 99.8 (2) supervisory span of control ratio: 11 percent;
- 99.9 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 99.10 (4) employee-related cost ratio: 23.6 percent;
- 99.11 (5) program plan support ratio: 5.6 percent;
- 99.12 (6) client programming and support ratio: 10.37 percent, updated as specified in
99.13 subdivision 5b;
- 99.14 (7) general administrative support ratio: 13.25 percent;
- 99.15 (8) program-related expense ratio: 1.8 percent; and
- 99.16 (9) absence and utilization factor ratio: 9.4 percent.
- 99.17 (b) A unit of service for prevocational services is either a day or 15 minutes. A day unit
99.18 of service is six or more hours of time spent providing direct service.
- 99.19 (c) Payments for prevocational services must be calculated as follows:
- 99.20 (1) determine the number of units of service and the staffing ratio to meet a recipient's
99.21 needs;
- 99.22 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
99.23 provided in subdivisions 5 and 5a;
- 99.24 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
99.25 product of one plus the competitive workforce factor;
- 99.26 (4) for a recipient requiring customization for deaf and hard-of-hearing language
99.27 accessibility under subdivision 12, add the customization rate provided in subdivision 12
99.28 to the result of clause (3);
- 99.29 (5) multiply the number of day program direct staffing hours and nursing hours by the
99.30 appropriate staff wage;
- 100.1 (6) multiply the number of day program direct staffing hours by the product of the
100.2 supervisory span of control ratio and the appropriate supervisory staff wage in subdivision
100.3 5a, clause (1);

56.1 Sec. 35. Minnesota Statutes 2024, section 256B.4914, subdivision 8, is amended to read:

56.2 Subd. 8. **Unit-based services with programming; component values and calculation**

56.3 **of payment rates.** (a) For the purpose of this section, unit-based services with programming

56.4 include employment exploration services, employment development services, employment

56.5 support services, individualized home supports with family training, individualized home

56.6 supports with training, and positive support services provided to an individual outside of

56.7 any service plan for a day program or residential support service.

56.8 (b) Component values for unit-based services with programming are:

56.9 (1) competitive workforce factor: 6.7 percent;

100.4 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the

100.5 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing

100.6 rate;

100.7 (8) for program plan support, multiply the result of clause (7) by one plus the program

100.8 plan support ratio;

100.9 (9) for employee-related expenses, multiply the result of clause (8) by one plus the

100.10 employee-related cost ratio;

100.11 (10) for client programming and supports, multiply the result of clause (9) by one plus

100.12 the client programming and support ratio;

100.13 (11) for program facility costs, add \$19.30 per week with consideration of staffing ratios

100.14 to meet individual needs, updated as specified in subdivision 5b;

100.15 (12) this is the subtotal rate;

100.16 (13) sum the standard general administrative rate support ratio, the program-related

100.17 expense ratio, and the absence and utilization factor ratio;

100.18 (14) divide the result of clause (12) by one minus the result of clause (13). This is the

100.19 total payment amount; and

100.20 (15) adjust the result of clause (14) by a factor to be determined by the commissioner

100.21 to adjust for regional differences in the cost of providing services.

100.22 **EFFECTIVE DATE.** The amendments to paragraph (a), clause (1), are effective the

100.23 day following final enactment.

100.24 Sec. 49. Minnesota Statutes 2024, section 256B.4914, subdivision 8, is amended to read:

100.25 Subd. 8. **Unit-based services with programming; component values and calculation**

100.26 **of payment rates.** (a) For the purpose of this section, unit-based services with programming

100.27 include employment exploration services, employment development services, employment

100.28 support services, individualized home supports with family training, individualized home

100.29 supports with training, and positive support services provided to an individual outside of

100.30 any service plan for a day program or residential support service.

100.31 (b) Component values for unit-based services with programming are:

101.1 (1) competitive workforce factor: 6.7 percent;

101.2 (i) 6.7 percent. This item expires upon the effective date of item (ii);

101.3 (ii) effective January 1, 2026, or upon federal approval, whichever is later, 9.71 percent.

101.4 This item expires upon the effective date of item (iii);

- 56.10 (2) supervisory span of control ratio: 11 percent;
- 56.11 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 56.12 (4) employee-related cost ratio: 23.6 percent;
- 56.13 (5) program plan support ratio: 15.5 percent;
- 56.14 (6) client programming and support ratio: 4.7 percent, updated as specified in subdivision
56.15 5b;
- 56.16 (7) general administrative support ratio: 13.25 percent;
- 56.17 (8) program-related expense ratio: 6.1 percent; and
- 56.18 (9) absence and utilization factor ratio: 3.9 percent.
- 56.19 (c) A unit of service for unit-based services with programming is 15 minutes.
- 56.20 (d) Payments for unit-based services with programming must be calculated as follows,
56.21 unless the services are reimbursed separately as part of a residential support services or day
56.22 program payment rate:
- 56.23 (1) determine the number of units of service to meet a recipient's needs;
- 56.24 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
56.25 provided in subdivisions 5 and 5a;
- 56.26 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
56.27 product of one plus the competitive workforce factor;
- 56.28 (4) for a recipient requiring customization for deaf and hard-of-hearing language
56.29 accessibility under subdivision 12, add the customization rate provided in subdivision 12
56.30 to the result of clause (3);
- 57.1 (5) multiply the number of direct staffing hours by the appropriate staff wage;
- 57.2 (6) multiply the number of direct staffing hours by the product of the supervisory span
57.3 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);
- 57.4 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
57.5 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
57.6 rate;
- 57.7 (8) for program plan support, multiply the result of clause (7) by one plus the program
57.8 plan support ratio;

- 101.5 (iii) effective January 1, 2028, or upon federal approval, whichever is later, 21.79 percent.
101.6 This item expires upon the effective date of item (iv); and
- 101.7 (iv) effective January 1, 2030, or upon federal approval, whichever is later, 6.7 percent;
- 101.8 (2) supervisory span of control ratio: 11 percent;
- 101.9 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 101.10 (4) employee-related cost ratio: 23.6 percent;
- 101.11 (5) program plan support ratio: 15.5 percent;
- 101.12 (6) client programming and support ratio: 4.7 percent, updated as specified in subdivision
101.13 5b;
- 101.14 (7) general administrative support ratio: 13.25 percent;
- 101.15 (8) program-related expense ratio: 6.1 percent; and
- 101.16 (9) absence and utilization factor ratio: 3.9 percent.
- 101.17 (c) A unit of service for unit-based services with programming is 15 minutes.
- 101.18 (d) Payments for unit-based services with programming must be calculated as follows,
101.19 unless the services are reimbursed separately as part of a residential support services or day
101.20 program payment rate:
- 101.21 (1) determine the number of units of service to meet a recipient's needs;
- 101.22 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
101.23 provided in subdivisions 5 and 5a;
- 101.24 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
101.25 product of one plus the competitive workforce factor;
- 101.26 (4) for a recipient requiring customization for deaf and hard-of-hearing language
101.27 accessibility under subdivision 12, add the customization rate provided in subdivision 12
101.28 to the result of clause (3);
- 101.29 (5) multiply the number of direct staffing hours by the appropriate staff wage;
- 102.1 (6) multiply the number of direct staffing hours by the product of the supervisory span
102.2 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);
- 102.3 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
102.4 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
102.5 rate;
- 102.6 (8) for program plan support, multiply the result of clause (7) by one plus the program
102.7 plan support ratio;

57.9 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
57.10 employee-related cost ratio;

57.11 (10) for client programming and supports, multiply the result of clause (9) by one plus
57.12 the client programming and support ratio;

57.13 (11) this is the subtotal rate;

57.14 (12) sum the standard general administrative support ratio, the program-related expense
57.15 ratio, and the absence and utilization factor ratio;

57.16 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
57.17 total payment amount;

57.18 (14) for services provided in a shared manner, divide the total payment in clause (13)
57.19 as follows:

57.20 (i) for employment exploration services, divide by the number of service recipients, not
57.21 to exceed five;

57.22 (ii) for employment support services, divide by the number of service recipients, not to
57.23 exceed six;

57.24 (iii) for individualized home supports with training and individualized home supports
57.25 with family training, divide by the number of service recipients, not to exceed three; and

57.26 (iv) for night supervision, divide by the number of service recipients, not to exceed two;
57.27 and

57.28 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
57.29 to adjust for regional differences in the cost of providing services.

57.30 (e) Effective January 1, 2027, or upon federal approval, whichever is later, providers
57.31 may not bill more than eight hours per day for individualized home supports with training
58.1 and individualized home supports with family training. This maximum does not limit a
58.2 person's use of other disability waiver services.

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

58.4 Sec. 36. Minnesota Statutes 2024, section 256B.4914, subdivision 9, is amended to read:

58.5 Subd. 9. **Unit-based services without programming; component values and**
58.6 **calculation of payment rates.** (a) For the purposes of this section, unit-based services
58.7 without programming include individualized home supports without training and night
58.8 supervision provided to an individual outside of any service plan for a day program or
58.9 residential support service. Unit-based services without programming do not include respite,
58.10 This paragraph expires upon the effective date of paragraph (b).

58.11 (b) Effective January 1, 2026, or upon federal approval, whichever is later, for the
58.12 purposes of this section, unit-based services without programming include individualized

102.8 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
102.9 employee-related cost ratio;

102.10 (10) for client programming and supports, multiply the result of clause (9) by one plus
102.11 the client programming and support ratio;

102.12 (11) this is the subtotal rate;

102.13 (12) sum the standard general administrative support ratio, the program-related expense
102.14 ratio, and the absence and utilization factor ratio;

102.15 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
102.16 total payment amount;

102.17 (14) for services provided in a shared manner, divide the total payment in clause (13)
102.18 as follows:

102.19 (i) for employment exploration services, divide by the number of service recipients, not
102.20 to exceed five;

102.21 (ii) for employment support services, divide by the number of service recipients, not to
102.22 exceed six;

102.23 (iii) for individualized home supports with training and individualized home supports
102.24 with family training, divide by the number of service recipients, not to exceed three; and

102.25 (iv) for night supervision, divide by the number of service recipients, not to exceed two;
102.26 and

102.27 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
102.28 to adjust for regional differences in the cost of providing services.

102.29 (e) Effective January 1, 2026, or upon federal approval, whichever is later, providers
102.30 must not bill more than nine hours per day for individualized home supports with training
103.1 and individualized home supports with family training. This maximum does not limit a
103.2 person's use of other disability waiver services.

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

103.4 Sec. 50. Minnesota Statutes 2024, section 256B.4914, subdivision 9, is amended to read:

103.5 Subd. 9. **Unit-based services without programming; component values and**
103.6 **calculation of payment rates.** (a) For the purposes of this section, unit-based services
103.7 without programming include individualized home supports without training and night
103.8 supervision provided to an individual outside of any service plan for a day program or
103.9 residential support service. Unit-based services without programming do not include respite,
103.10 This paragraph expires upon the effective date of paragraph (b).

103.11 (b) Effective January 1, 2026, or upon federal approval, whichever is later, for the
103.12 purposes of this section, unit-based services without programming include individualized

58.13 home supports without training, awake night supervision, and asleep night supervision
58.14 provided to an individual outside of any service plan for a day program or residential support
58.15 service.

58.16 ~~(b)~~ (c) Component values for unit-based services without programming are:

58.17 (1) competitive workforce factor: 6.7 percent;

58.18 (2) supervisory span of control ratio: 11 percent;

58.19 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

58.20 (4) employee-related cost ratio: 23.6 percent;

58.21 (5) program plan support ratio: 7.0 percent;

58.22 (6) client programming and support ratio: 2.3 percent, updated as specified in subdivision
58.23 5b;

58.24 (7) general administrative support ratio: 13.25 percent;

58.25 (8) program-related expense ratio: 2.9 percent; and

58.26 (9) absence and utilization factor ratio: 3.9 percent.

58.27 ~~(e)~~ (d) A unit of service for unit-based services without programming is 15 minutes.

58.28 ~~(d)~~ (e) Payments for unit-based services without programming must be calculated as
58.29 follows unless the services are reimbursed separately as part of a residential support services
58.30 or day program payment rate:

59.1 (1) determine the number of units of service to meet a recipient's needs;

59.2 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
59.3 provided in subdivisions 5 to 5a;

59.4 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
59.5 product of one plus the competitive workforce factor;

59.6 (4) for a recipient requiring customization for deaf and hard-of-hearing language
59.7 accessibility under subdivision 12, add the customization rate provided in subdivision 12
59.8 to the result of clause (3);

103.13 home supports without training, awake night supervision, and asleep night supervision
103.14 provided to an individual outside of any service plan for a day program or residential support
103.15 service.

103.16 ~~(b)~~ (c) Component values for unit-based services without programming are:

103.17 (1) competitive workforce factor: 6.7 percent;

103.18 (i) 6.7 percent. This item expires upon the effective date of item (ii);

103.19 (ii) effective January 1, 2026, or upon federal approval, whichever is later, 9.71 percent.

103.20 This item expires upon the effective date of item (iii);

103.21 (iii) effective January 1, 2028, or upon federal approval, whichever is later, 21.79 percent.

103.22 This item expires upon the effective date of item (iv); and

103.23 (iv) effective January 1, 2030, or upon federal approval, whichever is later, 6.7 percent;

103.24 (2) supervisory span of control ratio: 11 percent;

103.25 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

103.26 (4) employee-related cost ratio: 23.6 percent;

103.27 (5) program plan support ratio: 7.0 percent;

103.28 (6) client programming and support ratio: 2.3 percent, updated as specified in subdivision
103.29 5b;

103.30 (7) general administrative support ratio: 13.25 percent;

104.1 (8) program-related expense ratio: 2.9 percent; and

104.2 (9) absence and utilization factor ratio: 3.9 percent.

104.3 ~~(e)~~ (d) A unit of service for unit-based services without programming is 15 minutes.

104.4 ~~(d)~~ (e) Payments for unit-based services without programming must be calculated as
104.5 follows unless the services are reimbursed separately as part of a residential support services
104.6 or day program payment rate:

104.7 (1) determine the number of units of service to meet a recipient's needs;

104.8 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
104.9 provided in subdivisions 5 to 5a;

104.10 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
104.11 product of one plus the competitive workforce factor;

104.12 (4) for a recipient requiring customization for deaf and hard-of-hearing language
104.13 accessibility under subdivision 12, add the customization rate provided in subdivision 12
104.14 to the result of clause (3);

59.9 (5) multiply the number of direct staffing hours by the appropriate staff wage;

59.10 (6) multiply the number of direct staffing hours by the product of the supervisory span

59.11 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

59.12 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the

59.13 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing

59.14 rate;

59.15 (8) for program plan support, multiply the result of clause (7) by one plus the program

59.16 plan support ratio;

59.17 (9) for employee-related expenses, multiply the result of clause (8) by one plus the

59.18 employee-related cost ratio;

59.19 (10) for client programming and supports, multiply the result of clause (9) by one plus

59.20 the client programming and support ratio;

59.21 (11) this is the subtotal rate;

59.22 (12) sum the standard general administrative support ratio, the program-related expense

59.23 ratio, and the absence and utilization factor ratio;

59.24 (13) divide the result of clause (11) by one minus the result of clause (12). This is the

59.25 total payment amount;

59.26 (14) for individualized home supports without training provided in a shared manner,

59.27 divide the total payment amount in clause (13) by the number of service recipients, not to

59.28 exceed three; and

59.29 (15) adjust the result of clause (14) by a factor to be determined by the commissioner

59.30 to adjust for regional differences in the cost of providing services.

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

60.1 Sec. 37. Minnesota Statutes 2024, section 256B.4914, is amended by adding a subdivision

60.2 to read:

60.3 Subd. 14a. **Limitations on rate exceptions for residential services.** (a) Effective July

60.4 1, 2026, the commissioner must implement limitations on the rate exceptions for community

60.5 residential services, customized living services, family residential services, and integrated

60.6 community supports.

60.7 (b) For rate exceptions related to behavioral needs, the lead agency must include:

60.8 (1) a documented behavioral diagnosis; or

104.15 (5) multiply the number of direct staffing hours by the appropriate staff wage;

104.16 (6) multiply the number of direct staffing hours by the product of the supervisory span

104.17 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

104.18 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the

104.19 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing

104.20 rate;

104.21 (8) for program plan support, multiply the result of clause (7) by one plus the program

104.22 plan support ratio;

104.23 (9) for employee-related expenses, multiply the result of clause (8) by one plus the

104.24 employee-related cost ratio;

104.25 (10) for client programming and supports, multiply the result of clause (9) by one plus

104.26 the client programming and support ratio;

104.27 (11) this is the subtotal rate;

104.28 (12) sum the standard general administrative support ratio, the program-related expense

104.29 ratio, and the absence and utilization factor ratio;

104.30 (13) divide the result of clause (11) by one minus the result of clause (12). This is the

104.31 total payment amount;

105.1 (14) for individualized home supports without training provided in a shared manner,

105.2 divide the total payment amount in clause (13) by the number of service recipients, not to

105.3 exceed three; and

105.4 (15) adjust the result of clause (14) by a factor to be determined by the commissioner

105.5 to adjust for regional differences in the cost of providing services.

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

105.7 Sec. 51. Minnesota Statutes 2024, section 256B.4914, is amended by adding a subdivision

105.8 to read:

105.9 Subd. 14a. **Limitations on rate exceptions for residential services.** (a) Effective July

105.10 1, 2026, the commissioner must implement limitations on the size and number of rate

105.11 exceptions for community residential services, customized living services, family residential

105.12 services, and integrated community supports.

105.13 (b) The commissioner must restrict rate exceptions to the absence and utilization factor

105.14 ratio to people temporarily receiving hospital or crisis respite services.

105.15 (c) For rate exceptions related to behavioral needs, the commissioner must include:

105.16 (1) a documented behavioral diagnosis; or

60.9 (2) determined assessed needs for behavioral supports as identified in the person's most
60.10 recent assessment or reassessment under section 256B.0911.

60.11 (c) Community residential services rate exceptions must not include positive supports
60.12 costs.

60.13 (d) The commissioner must not approve rate exception requests related to increased
60.14 community time or transportation.

60.15 (e) For the commissioner to approve a rate exception annual renewal, the person's most
60.16 recent assessment must indicate continued extraordinary needs in the areas cited in the
60.17 exception request. If a person's assessment continues to identify these extraordinary needs,
60.18 lead agencies requesting an annual renewal of rate exceptions must submit documentation
60.19 supporting the continuation of the exception. At a minimum, documentation must include:

60.20 (1) payroll records for direct care wages cited in the request;

60.21 (2) payment records or receipts for other costs cited in the request; and

60.22 (3) documentation of expenses paid that were identified as necessary for the initial rate
60.23 exception.

60.24 (f) The commissioner must not increase rate exception annual renewals that request an
60.25 exception to direct care or supervision wages more than the most recently implemented
60.26 base wage index determined under subdivision 5.

60.27 (g) The commissioner must publish online an annual report detailing the impact of the
60.28 limitations under this subdivision on home and community-based services spending, including
60.29 but not limited to:

60.30 (1) the number and percentage of rate exceptions granted and denied;

60.31 (2) total spending on community residential setting services and rate exceptions;

61.1 (3) trends in the percentage of spending attributable to rate exceptions; and

61.2 (4) an evaluation of the effectiveness of the limitations in controlling spending growth.

61.3 **EFFECTIVE DATE.** This section is effective January 1, 2026.

61.4 Sec. 38. Minnesota Statutes 2024, section 256B.4914, is amended by adding a subdivision
61.5 to read:

61.6 Subd. 20. **Sanctions and monetary recovery.** Payments under this section are subject
61.7 to the sanctions and monetary recovery requirements under section 256B.064.

105.17 (2) determined assessed needs for behavioral supports as identified in the person's most
105.18 recent assessment.

105.19 (d) Community residential services rate exceptions must not include positive supports
105.20 costs.

105.21 (e) The commissioner must not approve rate exception requests related to increased
105.22 community time or transportation.

105.23 (f) For the commissioner to approve a rate exception annual renewal, the person's most
105.24 recent assessment must indicate continued extraordinary needs in the areas cited in the
105.25 exception request. If a person's assessment continues to identify these extraordinary needs,
105.26 lead agencies requesting an annual renewal of rate exceptions must submit provider-created
105.27 documentation supporting the continuation of the exception, including but not limited to:

105.28 (1) payroll records for direct care wages cited in the request;

105.29 (2) payment records or receipts for other costs cited in the request; and

105.30 (3) documentation of expenses paid that were identified as necessary for the initial rate
105.31 exception.

106.1 (g) The commissioner must not increase rate exception annual renewals that request an
106.2 exception to direct care or supervision wages more than the most recently implemented
106.3 base wage index determined under subdivision 5.

106.4 (h) The commissioner must publish online an annual report detailing the impact of the
106.5 limitations under this subdivision on home and community-based services spending, including
106.6 but not limited to:

106.7 (1) the number and percentage of rate exceptions granted and denied;

106.8 (2) total spending on community residential setting services and rate exceptions;

106.9 (3) trends in the percentage of spending attributable to rate exceptions; and

106.10 (4) an evaluation of the effectiveness of the limitations in controlling spending growth.

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

106.14 Sec. 52. Minnesota Statutes 2024, section 256B.4914, is amended by adding a subdivision
106.15 to read:

106.16 Subd. 20. **Sanctions and monetary recovery.** Payments under this section are subject
106.17 to the sanctions and monetary recovery requirements under section 256B.064.

- 106.18 Sec. 53. Minnesota Statutes 2024, section 256B.85, subdivision 2, is amended to read:
- 106.19 Subd. 2. **Definitions.** (a) For the purposes of this section and section 256B.851, the terms
- 106.20 defined in this subdivision have the meanings given.
- 106.21 (b) "Activities of daily living" or "ADLs" means:
- 106.22 (1) dressing, including assistance with choosing, applying, and changing clothing and
- 106.23 applying special appliances, wraps, or clothing;
- 106.24 (2) grooming, including assistance with basic hair care, oral care, shaving, applying
- 106.25 cosmetics and deodorant, and care of eyeglasses and hearing aids. Grooming includes nail
- 106.26 care, except for recipients who are diabetic or have poor circulation;
- 106.27 (3) bathing, including assistance with basic personal hygiene and skin care;
- 106.28 (4) eating, including assistance with hand washing and applying orthotics required for
- 106.29 eating or feeding;
- 107.1 (5) transfers, including assistance with transferring the participant from one seating or
- 107.2 reclining area to another;
- 107.3 (6) mobility, including assistance with ambulation and use of a wheelchair. Mobility
- 107.4 does not include providing transportation for a participant;
- 107.5 (7) positioning, including assistance with positioning or turning a participant for necessary
- 107.6 care and comfort; and
- 107.7 (8) toileting, including assistance with bowel or bladder elimination and care, transfers,
- 107.8 mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing
- 107.9 the perineal area, inspection of the skin, and adjusting clothing.
- 107.10 (c) "Agency-provider model" means a method of CFSS under which a qualified agency
- 107.11 provides services and supports through the agency's own employees and policies. The agency
- 107.12 must allow the participant to have a significant role in the selection and dismissal of support
- 107.13 workers of their choice for the delivery of their specific services and supports.
- 107.14 (d) "Behavior" means a description of a need for services and supports used to determine
- 107.15 the home care rating and additional service units. The presence of Level I behavior is used
- 107.16 to determine the home care rating.
- 107.17 (e) "Budget model" means a service delivery method of CFSS that allows the use of a
- 107.18 service budget and assistance from a financial management services (FMS) provider for a
- 107.19 participant to directly employ support workers and purchase supports and goods.
- 107.20 (f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that
- 107.21 has been ordered by a physician, advanced practice registered nurse, or physician's assistant
- 107.22 and is specified in an assessment summary, including:
- 107.23 (1) tube feedings requiring:

- 107.24 (i) a gastrojejunostomy tube; or
- 107.25 (ii) continuous tube feeding lasting longer than 12 hours per day;
- 107.26 (2) wounds described as:
- 107.27 (i) stage III or stage IV;
- 107.28 (ii) multiple wounds;
- 107.29 (iii) requiring sterile or clean dressing changes or a wound vac; or
- 107.30 (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized
- 107.31 care;
- 108.1 (3) parenteral therapy described as:
- 108.2 (i) IV therapy more than two times per week lasting longer than four hours for each
- 108.3 treatment; or
- 108.4 (ii) total parenteral nutrition (TPN) daily;
- 108.5 (4) respiratory interventions, including:
- 108.6 (i) oxygen required more than eight hours per day;
- 108.7 (ii) respiratory vest more than one time per day;
- 108.8 (iii) bronchial drainage treatments more than two times per day;
- 108.9 (iv) sterile or clean suctioning more than six times per day;
- 108.10 (v) dependence on another to apply respiratory ventilation augmentation devices such
- 108.11 as BiPAP and CPAP; and
- 108.12 (vi) ventilator dependence under section 256B.0651;
- 108.13 (5) insertion and maintenance of catheter, including:
- 108.14 (i) sterile catheter changes more than one time per month;
- 108.15 (ii) clean intermittent catheterization, and including self-catheterization more than six
- 108.16 times per day; or
- 108.17 (iii) bladder irrigations;
- 108.18 (6) bowel program more than two times per week requiring more than 30 minutes to
- 108.19 perform each time;
- 108.20 (7) neurological intervention, including:
- 108.21 (i) seizures more than two times per week and requiring significant physical assistance
- 108.22 to maintain safety; or

108.23 (ii) swallowing disorders diagnosed by a physician, advanced practice registered nurse,
108.24 or physician's assistant and requiring specialized assistance from another on a daily basis;
108.25 and

108.26 (8) other congenital or acquired diseases creating a need for significantly increased direct
108.27 hands-on assistance and interventions in six to eight activities of daily living.

108.28 (g) "Community first services and supports" or "CFSS" means the assistance and supports
108.29 program under this section needed for accomplishing activities of daily living, instrumental
108.30 activities of daily living, and health-related tasks through hands-on assistance to accomplish
109.1 the task or constant supervision and cueing to accomplish the task, or the purchase of goods
109.2 as defined in subdivision 7, clause (3), that replace the need for human assistance.

109.3 (h) "Community first services and supports service delivery plan" or "CFSS service
109.4 delivery plan" means a written document detailing the services and supports chosen by the
109.5 participant to meet assessed needs that are within the approved CFSS service authorization,
109.6 as determined in subdivision 8. Services and supports are based on the support plan identified
109.7 in sections 256B.092, subdivision 1b, and 256S.10.

109.8 (i) "Consultation services" means ~~a Minnesota health care program-enrolled provider~~
109.9 ~~organization that provides assistance to the~~ assisting a participant in making informed
109.10 choices about CFSS services in general and self-directed tasks in particular, and in developing
109.11 a person-centered CFSS service delivery plan to achieve quality service outcomes.

109.12 (j) "Critical activities of daily living" means transferring, mobility, eating, and toileting.

109.13 (k) "Dependency" in activities of daily living means a person requires hands-on assistance
109.14 or constant supervision and cueing to accomplish one or more of the activities of daily living
109.15 every day or on the days during the week that the activity is performed; however, a child
109.16 must not be found to be dependent in an activity of daily living if, because of the child's
109.17 age, an adult would either perform the activity for the child or assist the child with the
109.18 activity and the assistance needed is the assistance appropriate for a typical child of the
109.19 same age.

109.20 (l) "Extended CFSS" means CFSS services and supports provided under CFSS that are
109.21 included in the CFSS service delivery plan through one of the home and community-based
109.22 services waivers and as approved and authorized under chapter 256S and sections 256B.092,
109.23 subdivision 5, and 256B.49, which exceed the amount, duration, and frequency of the state
109.24 plan CFSS services for participants. Extended CFSS excludes the purchase of goods.

109.25 (m) "Financial management services provider" or "FMS provider" means a qualified
109.26 organization required for participants using the budget model under subdivision 13 that is
109.27 an enrolled provider with the department to provide vendor fiscal/employer agent financial
109.28 management services (FMS).

109.29 (n) "Health-related procedures and tasks" means procedures and tasks related to the
109.30 specific assessed health needs of a participant that can be taught or assigned by a
109.31 state-licensed health care or mental health professional and performed by a support worker.

109.32 (o) "Instrumental activities of daily living" means activities related to living independently
109.33 in the community, including but not limited to: meal planning, preparation, and cooking;
110.1 shopping for food, clothing, or other essential items; laundry; housecleaning; assistance
110.2 with medications; managing finances; communicating needs and preferences during activities;
110.3 arranging supports; and assistance with traveling around and participating in the community,
110.4 including traveling to medical appointments. For purposes of this paragraph, traveling
110.5 includes driving and accompanying the recipient in the recipient's chosen mode of
110.6 transportation and according to the individual CFSS service delivery plan.

110.7 (p) "Lead agency" has the meaning given in section 256B.0911, subdivision 10.

110.8 (q) "Legal representative" means parent of a minor, a court-appointed guardian, or
110.9 another representative with legal authority to make decisions about services and supports
110.10 for the participant. Other representatives with legal authority to make decisions include but
110.11 are not limited to a health care agent or an attorney-in-fact authorized through a health care
110.12 directive or power of attorney.

110.13 (r) "Level I behavior" means physical aggression toward self or others or destruction of
110.14 property that requires the immediate response of another person.

110.15 (s) "Medication assistance" means providing verbal or visual reminders to take regularly
110.16 scheduled medication, and includes any of the following supports listed in clauses (1) to
110.17 (3) and other types of assistance, except that a support worker must not determine medication
110.18 dose or time for medication or inject medications into veins, muscles, or skin:

110.19 (1) under the direction of the participant or the participant's representative, bringing
110.20 medications to the participant including medications given through a nebulizer, opening a
110.21 container of previously set-up medications, emptying the container into the participant's
110.22 hand, opening and giving the medication in the original container to the participant, or
110.23 bringing to the participant liquids or food to accompany the medication;

110.24 (2) organizing medications as directed by the participant or the participant's representative;
110.25 and

110.26 (3) providing verbal or visual reminders to perform regularly scheduled medications.

110.27 (t) "Participant" means a person who is eligible for CFSS.

110.28 (u) "Participant's representative" means a parent, family member, advocate, or other
110.29 adult authorized by the participant or participant's legal representative, if any, to serve as a
110.30 representative in connection with the provision of CFSS. If the participant is unable to assist
110.31 in the selection of a participant's representative, the legal representative shall appoint one.

- 110.32 (v) "Person-centered planning process" means a process that is directed by the participant
110.33 to plan for CFSS services and supports.
- 111.1 (w) "Service budget" means the authorized dollar amount used for the budget model or
111.2 for the purchase of goods.
- 111.3 (x) "Shared services" means the provision of CFSS services by the same CFSS support
111.4 worker to two or three participants who voluntarily enter into a written agreement to receive
111.5 services at the same time, in the same setting, and through the same agency-provider or
111.6 FMS provider.
- 111.7 (y) "Support worker" means a qualified and trained employee of the agency-provider
111.8 as required by subdivision 11b or of the participant employer under the budget model as
111.9 required by subdivision 14 who has direct contact with the participant and provides services
111.10 as specified within the participant's CFSS service delivery plan.
- 111.11 (z) "Unit" means the increment of service based on hours or minutes identified in the
111.12 service agreement.
- 111.13 (aa) "Vendor fiscal employer agent" means an agency that provides financial management
111.14 services.
- 111.15 (bb) "Wages and benefits" means the hourly wages and salaries, the employer's share
111.16 of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation,
111.17 mileage reimbursement, health and dental insurance, life insurance, disability insurance,
111.18 long-term care insurance, uniform allowance, contributions to employee retirement accounts,
111.19 or other forms of employee compensation and benefits.
- 111.20 (cc) "Worker training and development" means services provided according to subdivision
111.21 18a for developing workers' skills as required by the participant's individual CFSS service
111.22 delivery plan that are arranged for or provided by the agency-provider or purchased by the
111.23 participant employer. These services include training, education, direct observation and
111.24 supervision, and evaluation and coaching of job skills and tasks, including supervision of
111.25 health-related tasks or behavioral supports.
- 111.26 Sec. 54. Minnesota Statutes 2024, section 256B.85, subdivision 5, is amended to read:
- 111.27 Subd. 5. **Assessment requirements.** (a) The assessment of functional need must:
- 111.28 (1) be conducted by a certified assessor according to the criteria established in section
111.29 256B.0911, subdivisions 17 to 21, 23, 24, and 29 to 31;
- 111.30 (2) be conducted face-to-face, initially and at least annually thereafter, or when there is
111.31 a significant change in the participant's condition or a change in the need for services and
112.1 supports, or at the request of the participant when the participant experiences a change in
112.2 condition or needs a change in the services or supports; and
- 112.3 (3) be completed using the format established by the commissioner.

112.4 (b) The results of the assessment and any recommendations and authorizations for CFSS
112.5 must be determined and communicated in writing by the lead agency's assessor as defined
112.6 in section 256B.0911 to the participant or the participant's representative and chosen CFSS
112.7 providers within ten business days and must include the participant's right to appeal the
112.8 assessment under section 256.045, subdivision 3.

112.9 (e) ~~The lead agency assessor may authorize a temporary authorization for CFSS services~~
112.10 ~~to be provided under the agency-provider model. The lead agency assessor may authorize~~
112.11 ~~a temporary authorization for CFSS services to be provided under the agency-provider~~
112.12 ~~model without using the assessment process described in this subdivision. Authorization~~
112.13 ~~for a temporary level of CFSS services under the agency-provider model is limited to the~~
112.14 ~~time specified by the commissioner, but shall not exceed 45 days. The level of services~~
112.15 ~~authorized under this paragraph shall have no bearing on a future authorization. For CFSS~~
112.16 ~~services needed beyond the 45-day temporary authorization, the lead agency must conduct~~
112.17 ~~an assessment as described in this subdivision and participants must use consultation services~~
112.18 ~~to complete their orientation and selection of a service model.~~

112.19 Sec. 55. Minnesota Statutes 2024, section 256B.85, is amended by adding a subdivision
112.20 to read:

112.21 Subd. 5a. **Temporary authorization without assessment.** The lead agency assessor
112.22 may authorize a temporary authorization for CFSS services to be provided under the
112.23 agency-provider model. The lead agency assessor may authorize a temporary authorization
112.24 for CFSS services to be provided under the agency-provider model without using the
112.25 assessment process described in subdivision 5. Authorization for a temporary level of CFSS
112.26 services under the agency-provider model is limited to the time specified by the
112.27 commissioner, but shall not exceed 45 days. The level of services authorized under this
112.28 subdivision shall have no bearing on a future authorization. For CFSS services needed
112.29 beyond the 45-day temporary authorization, the lead agency must conduct an assessment
112.30 as described in subdivision 5 and participants must use consultation services to complete
112.31 their orientation and selection of a service model.

113.1 Sec. 56. Minnesota Statutes 2024, section 256B.85, subdivision 7, is amended to read:

113.2 Subd. 7. **Community first services and supports; covered services.** Services and
113.3 supports covered under CFSS include:

113.4 (1) assistance to accomplish activities of daily living (ADLs), instrumental activities of
113.5 daily living (IADLs), and health-related procedures and tasks through hands-on assistance
113.6 to accomplish the task or constant supervision and cueing to accomplish the task;

113.7 (2) assistance to acquire, maintain, or enhance the skills necessary for the participant to
113.8 accomplish activities of daily living, instrumental activities of daily living, or health-related
113.9 tasks;

113.10 (3) expenditures for items, services, supports, environmental modifications, or goods,
113.11 including assistive technology. These expenditures must:

61.8 Sec. 39. Minnesota Statutes 2024, section 256B.85, subdivision 7a, is amended to read:

61.9 Subd. 7a. **Enhanced rate.** (a) An enhanced rate of 107.5 percent of the rate paid for

61.10 CFSS must be paid for services provided to persons who qualify for ten or more hours of

61.11 CFSS per day when provided by a support worker who meets the requirements of subdivision

61.12 16, paragraph (e). This paragraph expires upon the effective date of paragraph (b).

61.13 (b) Effective January 1, 2026, or upon federal approval, whichever is later, an enhanced

61.14 rate of 112.5 percent of the rate paid for CFSS must be paid for services provided to persons

61.15 who qualify for ten or more hours of CFSS per day when provided by a support worker

61.16 who meets the requirements of subdivision 16, paragraph (e).

113.12 (i) relate to a need identified in a participant's CFSS service delivery plan; and

113.13 (ii) increase independence or substitute for human assistance, to the extent that

113.14 expenditures would otherwise be made for human assistance for the participant's assessed

113.15 needs;

113.16 (4) observation and redirection for behavior or symptoms where there is a need for

113.17 assistance;

113.18 (5) back-up systems or mechanisms, such as the use of pagers or other electronic devices,

113.19 to ensure continuity of the participant's services and supports;

113.20 (6) swimming lessons for a participant younger than 12 years of age whose disability

113.21 puts the participant at a higher risk of drowning according to the Centers for Disease Control

113.22 Vital Statistics System;

113.23 ~~(6)~~ (7) services described under subdivision 17 provided by a consultation services

113.24 provider as defined under subdivision 17, that is under contract with the department and

113.25 enrolled as a Minnesota health care program provider meeting the requirements of subdivision

113.26 17a;

113.27 ~~(7)~~ (8) services provided by an FMS provider as defined under subdivision 13a, that is

113.28 an enrolled provider with the department;

113.29 ~~(8)~~ (9) CFSS services provided by a support worker who is a parent, stepparent, or legal

113.30 guardian of a participant under age 18, or who is the participant's spouse. Covered services

113.31 under this clause are subject to the limitations described in subdivision 7b; and

113.32 ~~(9)~~ (10) worker training and development services as described in subdivision 18a.

114.1 **EFFECTIVE DATE.** This section is effective July 1, 2025, or upon federal approval,

114.2 whichever is later. The commissioner of human services shall notify the revisor of statutes

114.3 when federal approval is obtained.

114.4 Sec. 57. Minnesota Statutes 2024, section 256B.85, subdivision 7a, is amended to read:

114.5 Subd. 7a. **Enhanced rate.** (a) An enhanced rate of 107.5 percent of the rate paid for

114.6 CFSS must be paid for services provided to persons who qualify for ten or more hours of

114.7 CFSS per day when provided by a support worker who meets the requirements of subdivision

114.8 16, paragraph (e). This paragraph expires upon the effective date of paragraph (b).

114.9 (b) Effective January 1, 2026, or upon federal approval, whichever is later, an enhanced

114.10 rate of 112.5 percent of the rate paid for CFSS must be paid for services provided to persons

114.11 who qualify for ten or more hours of CFSS per day when provided by a support worker

114.12 who meets the requirements of subdivision 16, paragraph (e). This paragraph expires upon

114.13 the effective date of paragraph (c).

61.17 ~~(b)~~ (c) An agency provider must use all additional revenue attributable to the rate
61.18 enhancements under this subdivision for the wages and wage-related costs of the support
61.19 workers, including any corresponding increase in the employer's share of FICA taxes,
61.20 Medicare taxes, state and federal unemployment taxes, and workers' compensation premiums.
61.21 The agency provider must not use the additional revenue attributable to any enhanced rate
61.22 under this subdivision to pay for mileage reimbursement, health and dental insurance, life
61.23 insurance, disability insurance, long-term care insurance, uniform allowance, contributions
61.24 to employee retirement accounts, or any other employee benefits.

61.25 ~~(c)~~ (d) Any change in the eligibility criteria for the enhanced rate for CFSS as described
61.26 in this subdivision and referenced in subdivision 16, paragraph (e), does not constitute a
61.27 change in a term or condition for individual providers as defined in section 256B.0711, and
61.28 is not subject to the state's obligation to meet and negotiate under chapter 179A.

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

62.1 Sec. 40. Minnesota Statutes 2024, section 256B.85, subdivision 8, is amended to read:

62.2 Subd. 8. **Determination of CFSS service authorization amount.** (a) All community
62.3 first services and supports must be authorized by the commissioner or the commissioner's
62.4 designee before services begin. The authorization for CFSS must be completed as soon as
62.5 possible following an assessment but no later than 40 calendar days from the date of the
62.6 assessment.

62.7 (b) The amount of CFSS authorized must be based on the participant's home care rating
62.8 described in paragraphs (d) and (e) and any additional service units for which the participant
62.9 qualifies as described in paragraph (f).

62.10 (c) The home care rating shall be determined by the commissioner or the commissioner's
62.11 designee based on information submitted to the commissioner identifying the following for
62.12 a participant:

62.13 (1) the total number of dependencies of activities of daily living;

62.14 (2) the presence of complex health-related needs; and

62.15 (3) the presence of Level I behavior.

62.16 (d) The methodology to determine the total service units for CFSS for each home care
62.17 rating is based on the median paid units per day for each home care rating from fiscal year
62.18 2007 data for the PCA program.

62.19 (e) Each home care rating is designated by the letters P through Z and EN and has the
62.20 following base number of service units assigned:

114.14 (c) Effective January 1, 2027, or upon federal approval, whichever is later, an enhanced
114.15 rate of 112.5 percent of the rate paid for CFSS must be paid for services provided to persons
114.16 who qualify for ten or more hours of CFSS per day.

114.17 ~~(b)~~ (d) An agency provider must use all additional revenue attributable to the rate
114.18 enhancements under this subdivision for the wages and wage-related costs of the support
114.19 workers, including any corresponding increase in the employer's share of FICA taxes,
114.20 Medicare taxes, state and federal unemployment taxes, and workers' compensation premiums.
114.21 The agency provider must not use the additional revenue attributable to any enhanced rate
114.22 under this subdivision to pay for mileage reimbursement, health and dental insurance, life
114.23 insurance, disability insurance, long-term care insurance, uniform allowance, contributions
114.24 to employee retirement accounts, or any other employee benefits.

114.25 ~~(c)~~ (e) Any change in the eligibility criteria for the enhanced rate for CFSS as described
114.26 in this subdivision and referenced in subdivision 16, paragraph (e), does not constitute a
114.27 change in a term or condition for individual providers as defined in section 256B.0711, and
114.28 is not subject to the state's obligation to meet and negotiate under chapter 179A.

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

114.30 Sec. 58. Minnesota Statutes 2024, section 256B.85, subdivision 8, is amended to read:

114.31 Subd. 8. **Determination of CFSS service authorization amount.** (a) All community
114.32 first services and supports must be authorized by the commissioner or the commissioner's
115.1 designee before services begin. The authorization for CFSS must be completed as soon as
115.2 possible following an assessment but no later than 40 calendar days from the date of the
115.3 assessment.

115.4 (b) The amount of CFSS authorized must be based on the participant's home care rating
115.5 described in paragraphs (d) and (e) and any additional service units for which the participant
115.6 qualifies as described in paragraph (f).

115.7 (c) The home care rating shall be determined by the commissioner or the commissioner's
115.8 designee based on information submitted to the commissioner identifying the following for
115.9 a participant:

115.10 (1) the total number of dependencies of activities of daily living;

115.11 (2) the presence of complex health-related needs; and

115.12 (3) the presence of Level I behavior.

115.13 (d) The methodology to determine the total service units for CFSS for each home care
115.14 rating is based on the median paid units per day for each home care rating from fiscal year
115.15 2007 data for the PCA program.

115.16 (e) Each home care rating is designated by the letters P through Z and EN and has the
115.17 following base number of service units assigned:

62.21 (1) P home care rating requires Level I behavior or one to three dependencies in ADLs
62.22 and qualifies the person for five service units;

62.23 (2) Q home care rating requires Level I behavior and one to three dependencies in ADLs
62.24 and qualifies the person for six service units;

62.25 (3) R home care rating requires a complex health-related need and one to three
62.26 dependencies in ADLs and qualifies the person for seven service units;

62.27 (4) S home care rating requires four to six dependencies in ADLs and qualifies the person
62.28 for ten service units;

62.29 (5) T home care rating requires four to six dependencies in ADLs and Level I behavior
62.30 and qualifies the person for 11 service units;

63.1 (6) U home care rating requires four to six dependencies in ADLs and a complex
63.2 health-related need and qualifies the person for 14 service units;

63.3 (7) V home care rating requires seven to eight dependencies in ADLs and qualifies the
63.4 person for 17 service units;

63.5 (8) W home care rating requires seven to eight dependencies in ADLs and Level I
63.6 behavior and qualifies the person for 20 service units;

63.7 (9) Z home care rating requires seven to eight dependencies in ADLs and a complex
63.8 health-related need and qualifies the person for 30 service units; and

63.9 (10) EN home care rating includes ventilator dependency as defined in section 256B.0651,
63.10 subdivision 1, paragraph (g). A person who meets the definition of ventilator-dependent
63.11 and the EN home care rating and utilize a combination of CFSS and home care nursing
63.12 services is limited to a total of 96 service units per day for those services in combination.
63.13 Additional units may be authorized when a person's assessment indicates a need for two
63.14 staff to perform activities. Additional time is limited to 16 service units per day.

63.15 (f) Additional service units are provided through the assessment and identification of
63.16 the following:

63.17 (1) 30 additional minutes per day for a dependency in each critical activity of daily
63.18 living;

63.19 (2) 30 additional minutes per day for each complex health-related need; and

63.20 (3) 30 additional minutes per day for each behavior under this clause that requires
63.21 assistance at least four times per week:

63.22 (i) level I behavior that requires the immediate response of another person;

63.23 (ii) increased vulnerability due to cognitive deficits or socially inappropriate behavior;
63.24 or

115.18 (1) P home care rating requires Level I behavior or one to three dependencies in ADLs
115.19 and qualifies the person for five service units;

115.20 (2) Q home care rating requires Level I behavior and one to three dependencies in ADLs
115.21 and qualifies the person for six service units;

115.22 (3) R home care rating requires a complex health-related need and one to three
115.23 dependencies in ADLs and qualifies the person for seven service units;

115.24 (4) S home care rating requires four to six dependencies in ADLs and qualifies the person
115.25 for ten service units;

115.26 (5) T home care rating requires four to six dependencies in ADLs and Level I behavior
115.27 and qualifies the person for 11 service units;

115.28 (6) U home care rating requires four to six dependencies in ADLs and a complex
115.29 health-related need and qualifies the person for 14 service units;

115.30 (7) V home care rating requires seven to eight dependencies in ADLs and qualifies the
115.31 person for 17 service units;

116.1 (8) W home care rating requires seven to eight dependencies in ADLs and Level I
116.2 behavior and qualifies the person for 20 service units;

116.3 (9) Z home care rating requires seven to eight dependencies in ADLs and a complex
116.4 health-related need and qualifies the person for 30 service units; and

116.5 (10) EN home care rating includes ventilator dependency as defined in section 256B.0651,
116.6 subdivision 1, paragraph (g). A person who meets the definition of ventilator-dependent
116.7 and the EN home care rating and utilize a combination of CFSS and home care nursing
116.8 services is limited to a total of 96 service units per day for those services in combination.
116.9 Additional units may be authorized when a person's assessment indicates a need for two
116.10 staff to perform activities. Additional time is limited to 16 service units per day.

116.11 (f) Additional service units are provided through the assessment and identification of
116.12 the following:

116.13 (1) 30 additional minutes per day for a dependency in each critical activity of daily
116.14 living;

116.15 (2) 30 additional minutes per day for each complex health-related need; and

116.16 (3) 30 additional minutes per day for each behavior under this clause that requires
116.17 assistance at least four times per week:

116.18 (i) level I behavior that requires the immediate response of another person;

116.19 (ii) increased vulnerability due to cognitive deficits or socially inappropriate behavior;
116.20 or

63.25 (iii) increased need for assistance for participants who are verbally aggressive or resistive
63.26 to care so that the time needed to perform activities of daily living is increased.

63.27 (g) The service budget for budget model participants shall be based on:

63.28 (1) assessed units as determined by the home care rating; and

63.29 (2) an adjustment needed for administrative expenses. This paragraph expires upon the
63.30 effective date of paragraph (h).

64.1 (h) Effective January 1, 2026, or upon federal approval, whichever is later, the service
64.2 budget for budget model participants shall be based on:

64.3 (1) assessed units as determined by the home care rating and the payment methodologies
64.4 under section 256B.851; and

64.5 (2) an adjustment needed for administrative expenses.

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

116.21 (iii) increased need for assistance for participants who are verbally aggressive or resistive
116.22 to care so that the time needed to perform activities of daily living is increased.

116.23 (g) The service budget for budget model participants shall be based on:

116.24 (1) assessed units as determined by the home care rating; and

116.25 (2) an adjustment needed for administrative expenses. This paragraph expires upon the
116.26 effective date of paragraph (h).

116.27 (h) Effective January 1, 2026, or upon federal approval, whichever is later, the service
116.28 budget for budget model participants shall be based on:

116.29 (1) assessed units as determined by the home care rating and the payment methodologies
116.30 under section 256B.851; and

116.31 (2) an adjustment needed for administrative expenses.

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

117.2 Sec. 59. Minnesota Statutes 2024, section 256B.85, subdivision 8a, is amended to read:

117.3 Subd. 8a. **Authorization; exceptions.** All CFSS services must be authorized by the
117.4 commissioner or the commissioner's designee as described in subdivision 8 except when:

117.5 (1) the lead agency temporarily authorizes services in the agency-provider model as
117.6 described in subdivision 5, ~~paragraph (e) 5a;~~

117.7 (2) CFSS services in the agency-provider model were required to treat an emergency
117.8 medical condition that if not immediately treated could cause a participant serious physical
117.9 or mental disability, continuation of severe pain, or death. The CFSS agency provider must
117.10 request retroactive authorization from the lead agency no later than five working days after
117.11 providing the initial emergency service. The CFSS agency provider must be able to
117.12 substantiate the emergency through documentation such as reports, notes, and admission
117.13 or discharge histories. A lead agency must follow the authorization process in subdivision
117.14 5 after the lead agency receives the request for authorization from the agency provider;

117.15 (3) the lead agency authorizes a temporary increase to the amount of services authorized
117.16 in the agency or budget model to accommodate the participant's temporary higher need for
117.17 services. Authorization for a temporary level of CFSS services is limited to the time specified
117.18 by the commissioner, but shall not exceed 45 days. The level of services authorized under
117.19 this clause shall have no bearing on a future authorization;

117.20 (4) a participant's medical assistance eligibility has lapsed, is then retroactively reinstated,
117.21 and an authorization for CFSS services is completed based on the date of a current
117.22 assessment, eligibility, and request for authorization;

117.23 (5) a third-party payer for CFSS services has denied or adjusted a payment. Authorization
117.24 requests must be submitted by the provider within 20 working days of the notice of denial
117.25 or adjustment. A copy of the notice must be included with the request;

117.26 (6) the commissioner has determined that a lead agency or state human services agency
117.27 has made an error; or

117.28 (7) a participant enrolled in managed care experiences a temporary disenrollment from
117.29 a health plan, in which case the commissioner shall accept the current health plan
117.30 authorization for CFSS services for up to 60 days. The request must be received within the
117.31 first 30 days of the disenrollment. If the recipient's reenrollment in managed care is after
117.32 the 60 days and before 90 days, the provider shall request an additional 30-day extension
118.1 of the current health plan authorization, for a total limit of 90 days from the time of
118.2 disenrollment.

118.3 Sec. 60. Minnesota Statutes 2024, section 256B.85, subdivision 11, is amended to read:

118.4 Subd. 11. **Agency-provider model.** (a) The agency-provider model includes services
118.5 provided by support workers and staff providing worker training and development services
118.6 who are employed by an agency-provider that meets the criteria established by the
118.7 commissioner, including required training.

118.8 (b) The agency-provider shall allow the participant to have a significant role in the
118.9 selection and dismissal of the support workers for the delivery of the services and supports
118.10 specified in the participant's CFSS service delivery plan. The agency must make a reasonable
118.11 effort to fulfill the participant's request for the participant's preferred support worker.

118.12 (c) A participant may use authorized units of CFSS services as needed within a service
118.13 agreement that is not greater than 12 months. Using authorized units in a flexible manner
118.14 in either the agency-provider model or the budget model does not increase the total amount
118.15 of services and supports authorized for a participant or included in the participant's CFSS
118.16 service delivery plan.

118.17 (d) A participant may share CFSS services. Two or three CFSS participants may share
118.18 services at the same time provided by the same support worker.

118.19 (e) The agency-provider must use a minimum of 72.5 percent of the revenue generated
118.20 by the medical assistance payment for CFSS for support worker wages and benefits, except
118.21 all of the revenue generated by a medical assistance rate increase due to a collective
118.22 bargaining agreement under section 179A.54 must be used for support worker wages and
118.23 benefits. The agency-provider must document how this requirement is being met. The
118.24 revenue generated by the worker training and development services and the reasonable costs
118.25 associated with the worker training and development services must not be used in making
118.26 this calculation.

118.27 (f) The agency-provider model must be used by participants who are restricted by the
118.28 Minnesota restricted recipient program under Minnesota Rules, parts 9505.2160 to
118.29 9505.2245.

118.30 (g) Participants purchasing goods under ~~this~~ the agency-provider model, along with
118.31 support worker services, must:

119.1 (1) specify the goods in the CFSS service delivery plan and detailed budget for
119.2 expenditures that must be approved by the lead agency, case manager, or care coordinator;
119.3 and

119.4 (2) use the FMS provider for the billing and payment of such goods.

119.5 (h) The agency provider is responsible for ensuring that any worker driving a participant
119.6 under subdivision 2, paragraph (o), has a valid driver's license and the vehicle used is
119.7 registered and insured according to Minnesota law.

119.8 Sec. 61. Minnesota Statutes 2024, section 256B.85, subdivision 13, is amended to read:

119.9 Subd. 13. **Budget model.** (a) Under the budget model participants exercise responsibility
119.10 and control over the services and supports described and budgeted within the CFSS service
119.11 delivery plan. Participants must use consultation services specified in subdivision 17 and
119.12 services specified in subdivision 13a provided by an FMS provider. Under this model,
119.13 participants may use their approved service budget allocation to:

119.14 (1) directly employ support workers, and pay wages, federal and state payroll taxes, and
119.15 premiums for workers' compensation, liability, family and medical benefit insurance, and
119.16 health insurance coverage; and

119.17 (2) obtain supports and goods as defined in subdivision 7.

119.18 (b) Participants who are unable to fulfill any of the functions listed in paragraph (a) may
119.19 authorize a legal representative or participant's representative to do so on their behalf.

119.20 (c) If two or more participants using the budget model live in the same household and
119.21 have the same support worker, the participants must use the same FMS provider.

119.22 (d) If the FMS provider advises that there is a joint employer in the budget model, all
119.23 participants associated with that joint employer must use the same FMS provider.

119.24 (e) The commissioner shall disenroll or exclude participants from the budget model and
119.25 transfer them to the agency-provider model under, but not limited to, the following
119.26 circumstances:

119.27 (1) when a participant has been restricted by the Minnesota restricted recipient program,
119.28 in which case the participant may be excluded for a specified time period under Minnesota
119.29 Rules, parts 9505.2160 to 9505.2245;

64.7 Sec. 41. Minnesota Statutes 2024, section 256B.85, subdivision 16, is amended to read:

64.8 Subd. 16. **Support workers requirements.** (a) Support workers shall:

64.9 (1) enroll with the department as a support worker after a background study under chapter

64.10 245C has been completed and the support worker has received a notice from the

64.11 commissioner that the support worker:

64.12 (i) is not disqualified under section 245C.14; or

64.13 (ii) is disqualified, but has received a set-aside of the disqualification under section

64.14 245C.22;

64.15 (2) have the ability to effectively communicate with the participant or the participant's

64.16 representative;

64.17 (3) have the skills and ability to provide the services and supports according to the

64.18 participant's CFSS service delivery plan and respond appropriately to the participant's needs;

64.19 (4) complete the basic standardized CFSS training as determined by the commissioner

64.20 before completing enrollment. The training must be available in languages other than English

64.21 and to those who need accommodations due to disabilities. CFSS support worker training

64.22 must include successful completion of the following training components: basic first aid,

64.23 vulnerable adult, child maltreatment, OSHA universal precautions, basic roles and

64.24 responsibilities of support workers including information about basic body mechanics,

64.25 emergency preparedness, orientation to positive behavioral practices, orientation to

64.26 responding to a mental health crisis, fraud issues, time cards and documentation, and an

64.27 overview of person-centered planning and self-direction. Upon completion of the training

64.28 components, the support worker must pass the certification test to provide assistance to

64.29 participants;

64.30 (5) complete employer-directed training and orientation on the participant's individual

64.31 needs;

65.1 (6) maintain the privacy and confidentiality of the participant; and

119.30 (2) when a participant exits the budget model during the participant's service plan year.

119.31 Upon transfer, the participant shall not access the budget model for the remainder of that

119.32 service plan year; or

120.1 (3) when the department determines that the participant or participant's representative

120.2 or legal representative is unable to fulfill the responsibilities under the budget model, as

120.3 specified in subdivision 14.

120.4 (f) A participant may appeal in writing to the department under section 256.045,

120.5 subdivision 3, to contest the department's decision under paragraph (e), clause (3), to disenroll

120.6 or exclude the participant from the budget model.

120.7 Sec. 62. Minnesota Statutes 2024, section 256B.85, subdivision 16, is amended to read:

120.8 Subd. 16. **Support workers requirements.** (a) Support workers shall:

120.9 (1) enroll with the department as a support worker after a background study under chapter

120.10 245C has been completed and the support worker has received a notice from the

120.11 commissioner that the support worker:

120.12 (i) is not disqualified under section 245C.14; or

120.13 (ii) is disqualified, but has received a set-aside of the disqualification under section

120.14 245C.22;

120.15 (2) have the ability to effectively communicate with the participant or the participant's

120.16 representative;

120.17 (3) have the skills and ability to provide the services and supports according to the

120.18 participant's CFSS service delivery plan and respond appropriately to the participant's needs;

120.19 (4) complete the basic standardized CFSS training as determined by the commissioner

120.20 before completing enrollment. The training must be available in languages other than English

120.21 and to those who need accommodations due to disabilities. CFSS support worker training

120.22 must include successful completion of the following training components: basic first aid,

120.23 vulnerable adult, child maltreatment, OSHA universal precautions, basic roles and

120.24 responsibilities of support workers including information about basic body mechanics,

120.25 emergency preparedness, orientation to positive behavioral practices, orientation to

120.26 responding to a mental health crisis, fraud issues, time cards and documentation, and an

120.27 overview of person-centered planning and self-direction. Upon completion of the training

120.28 components, the support worker must pass the certification test to provide assistance to

120.29 participants;

120.30 (5) complete employer-directed training and orientation on the participant's individual

120.31 needs;

120.32 (6) maintain the privacy and confidentiality of the participant; and

65.2 (7) not independently determine the medication dose or time for medications for the
65.3 participant.

65.4 (b) The commissioner may deny or terminate a support worker's provider enrollment
65.5 and provider number if the support worker:

65.6 (1) does not meet the requirements in paragraph (a);

65.7 (2) fails to provide the authorized services required by the employer;

65.8 (3) has been intoxicated by alcohol or drugs while providing authorized services to the
65.9 participant or while in the participant's home;

65.10 (4) has manufactured or distributed drugs while providing authorized services to the
65.11 participant or while in the participant's home; or

65.12 (5) has been excluded as a provider by the commissioner of human services, or by the
65.13 United States Department of Health and Human Services, Office of Inspector General, from
65.14 participation in Medicaid, Medicare, or any other federal health care program.

65.15 (c) A support worker may appeal in writing to the commissioner to contest the decision
65.16 to terminate the support worker's provider enrollment and provider number.

65.17 (d) A support worker must not provide or be paid for more than 310 hours of CFSS per
65.18 month, regardless of the number of participants the support worker serves or the number
65.19 of agency-providers or participant employers by which the support worker is employed.
65.20 The department shall not disallow the number of hours per day a support worker works
65.21 unless it violates other law.

65.22 (e) CFSS qualify for an enhanced rate if the support worker providing the services:

65.23 (1) provides services, within the scope of CFSS described in subdivision 7, to a participant
65.24 who qualifies for ten or more hours per day of CFSS; and

65.25 (2) satisfies the current requirements of Medicare for training and competency or
65.26 competency evaluation of home health aides or nursing assistants, as provided in the Code
65.27 of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved
65.28 training or competency requirements. This paragraph expires upon the effective date of
65.29 paragraph (f).

65.30 (f) Effective January 1, 2026, or upon federal approval, whichever is later, CFSS qualify
65.31 for an enhanced rate or budget if the support worker providing the services:

66.1 (1) provides services, within the scope of CFSS described in subdivision 7, to a participant
66.2 who qualifies for ten or more hours per day of CFSS; and

66.3 (2) satisfies the current requirements of Medicare for training and competency or
66.4 competency evaluation of home health aides or nursing assistants, as provided in the Code

121.1 (7) not independently determine the medication dose or time for medications for the
121.2 participant.

121.3 (b) The commissioner may deny or terminate a support worker's provider enrollment
121.4 and provider number if the support worker:

121.5 (1) does not meet the requirements in paragraph (a);

121.6 (2) fails to provide the authorized services required by the employer;

121.7 (3) has been intoxicated by alcohol or drugs while providing authorized services to the
121.8 participant or while in the participant's home;

121.9 (4) has manufactured or distributed drugs while providing authorized services to the
121.10 participant or while in the participant's home; or

121.11 (5) has been excluded as a provider by the commissioner of human services, or by the
121.12 United States Department of Health and Human Services, Office of Inspector General, from
121.13 participation in Medicaid, Medicare, or any other federal health care program.

121.14 (c) A support worker may appeal in writing to the commissioner to contest the decision
121.15 to terminate the support worker's provider enrollment and provider number.

121.16 (d) A support worker must not provide or be paid for more than 310 hours of CFSS per
121.17 month, regardless of the number of participants the support worker serves or the number
121.18 of agency-providers or participant employers by which the support worker is employed.
121.19 The department shall not disallow the number of hours per day a support worker works
121.20 unless it violates other law.

121.21 (e) CFSS qualify for an enhanced rate or budget if the support worker providing the
121.22 services:

121.23 (1) provides services, within the scope of CFSS described in subdivision 7, to a participant
121.24 who qualifies for ten or more hours per day of CFSS; and

121.25 (2) satisfies the current requirements of Medicare for training and competency or
121.26 competency evaluation of home health aides or nursing assistants, as provided in the Code
121.27 of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved
121.28 training or competency requirements. This paragraph expires December 31, 2026.

66.5 of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved
66.6 training or competency requirements.
66.7 **EFFECTIVE DATE.** This section is effective the day following final enactment.

121.29 **EFFECTIVE DATE.** This section is effective the day following final enactment.
122.1 Sec. 63. Minnesota Statutes 2024, section 256B.85, subdivision 17a, is amended to read:
122.2 Subd. 17a. **Consultation services provider qualifications and**
122.3 **requirements.** Consultation services providers must meet the following qualifications and
122.4 requirements:
122.5 (1) meet the requirements under subdivision 10, paragraph (a), excluding clauses (4)
122.6 and (5);
122.7 (2) ~~are~~ be under contract with the department and enrolled as a Minnesota health care
122.8 program provider;
122.9 (3) ~~are not~~ not be the FMS provider, the lead agency, or the CFSS or home and
122.10 community-based services waiver vendor or agency-provider to the participant;
122.11 (4) meet the service standards as established by the commissioner;
122.12 (5) have proof of surety bond coverage. Upon new enrollment, or if the consultation
122.13 service provider's Medicaid revenue in the previous calendar year is less than or equal to
122.14 \$300,000, the consultation service provider must purchase a surety bond of \$50,000. If the
122.15 agency-provider's Medicaid revenue in the previous calendar year is greater than \$300,000,
122.16 the consultation service provider must purchase a surety bond of \$100,000. The surety bond
122.17 must be in a form approved by the commissioner, must be renewed annually, and must
122.18 allow for recovery of costs and fees in pursuing a claim on the bond;
122.19 (6) employ lead professional staff with a minimum of two years of experience in
122.20 providing services such as support planning, support broker, case management or care
122.21 coordination, or consultation services and consumer education to participants using a
122.22 self-directed program using FMS under medical assistance;
122.23 (7) report maltreatment as required under chapter 260E and section 626.557;
122.24 (8) comply with medical assistance provider requirements;
122.25 (9) understand the CFSS program and its policies;
122.26 (10) ~~are~~ be knowledgeable about self-directed principles and the application of the
122.27 person-centered planning process;
122.28 (11) have general knowledge of the FMS provider duties and the vendor fiscal/employer
122.29 agent model, including all applicable federal, state, and local laws and regulations regarding
122.30 tax, labor, employment, and liability and workers' compensation coverage for household
122.31 workers; and

66.8 Sec. 42. Minnesota Statutes 2024, section 256B.851, subdivision 5, is amended to read:

66.9 Subd. 5. **Payment rates; component values.** (a) The commissioner must use the
66.10 following component values:

- 66.11 (1) employee vacation, sick, and training factor, 8.71 percent;
- 66.12 (2) employer taxes and workers' compensation factor, 11.56 percent;
- 66.13 (3) employee benefits factor, 12.04 percent;
- 66.14 (4) client programming and supports factor, 2.30 percent;
- 66.15 (5) program plan support factor, 7.00 percent;
- 66.16 (6) general business and administrative expenses factor, 13.25 percent;
- 66.17 (7) program administration expenses factor, 2.90 percent; and
- 66.18 (8) absence and utilization factor, 3.90 percent.

66.19 ~~(b) For purposes of implementation, the commissioner shall use the following~~
66.20 ~~implementation components:~~

- 66.21 ~~(1) personal care assistance services and CFSS: 88.19 percent;~~
- 66.22 ~~(2) enhanced rate personal care assistance services and enhanced rate CFSS: 88.19~~
66.23 ~~percent; and~~
- 66.24 ~~(3) qualified professional services and CFSS worker training and development: 88.19~~
66.25 ~~percent.~~

66.26 ~~(b)~~ (b) Effective January 1, 2025, for purposes of implementation, the commissioner
66.27 shall use the following implementation components:

- 66.28 (1) personal care assistance services and CFSS: 92.08 percent;
- 67.1 (2) enhanced rate personal care assistance services and enhanced rate CFSS: 92.08
67.2 percent; and
- 67.3 (3) qualified professional services and CFSS worker training and development: 92.08
67.4 percent. This paragraph expires upon the effective date of subdivision 5a.

67.5 ~~(c)~~ (c) The commissioner shall use the following worker retention components:

- 67.6 (1) for workers who have provided fewer than 1,001 cumulative hours in personal care
67.7 assistance services or CFSS, the worker retention component is zero percent;

123.1 (12) have all employees, including lead professional staff, staff in management and
123.2 supervisory positions, and owners of the agency who are active in the day-to-day management
123.3 and operations of the agency, complete training as specified in the contract with the
123.4 department.

123.5 Sec. 64. Minnesota Statutes 2024, section 256B.851, subdivision 5, is amended to read:

123.6 Subd. 5. **Payment rates; component values.** (a) The commissioner must use the
123.7 following component values:

- 123.8 (1) employee vacation, sick, and training factor, 8.71 percent;
- 123.9 (2) employer taxes and workers' compensation factor, 11.56 percent;
- 123.10 (3) employee benefits factor, 12.04 percent;
- 123.11 (4) client programming and supports factor, 2.30 percent;
- 123.12 (5) program plan support factor, 7.00 percent;
- 123.13 (6) general business and administrative expenses factor, 13.25 percent;
- 123.14 (7) program administration expenses factor, 2.90 percent; and
- 123.15 (8) absence and utilization factor, 3.90 percent.

123.16 ~~(b) For purposes of implementation, the commissioner shall use the following~~
123.17 ~~implementation components:~~

- 123.18 ~~(1) personal care assistance services and CFSS: 88.19 percent;~~
- 123.19 ~~(2) enhanced rate personal care assistance services and enhanced rate CFSS: 88.19~~
123.20 ~~percent; and~~
- 123.21 ~~(3) qualified professional services and CFSS worker training and development: 88.19~~
123.22 ~~percent.~~

123.23 ~~(b)~~ (b) Effective January 1, 2025, for purposes of implementation, the commissioner
123.24 shall use the following implementation components:

- 123.25 (1) personal care assistance services and CFSS: 92.08 percent;
- 123.26 (2) enhanced rate personal care assistance services and enhanced rate CFSS: 92.08
123.27 percent; and
- 123.28 (3) qualified professional services and CFSS worker training and development: 92.08
123.29 percent. This paragraph expires upon the effective date of subdivision 5a.

124.1 ~~(c)~~ (c) The commissioner shall use the following worker retention components:

- 124.2 (1) for workers who have provided fewer than 1,001 cumulative hours in personal care
124.3 assistance services or CFSS, the worker retention component is zero percent;

67.8 (2) for workers who have provided between 1,001 and 2,000 cumulative hours in personal
67.9 care assistance services or CFSS, the worker retention component is 2.17 percent;

67.10 (3) for workers who have provided between 2,001 and 6,000 cumulative hours in personal
67.11 care assistance services or CFSS, the worker retention component is 4.36 percent;

67.12 (4) for workers who have provided between 6,001 and 10,000 cumulative hours in
67.13 personal care assistance services or CFSS, the worker retention component is 7.35 percent;
67.14 and

67.15 (5) for workers who have provided more than 10,000 cumulative hours in personal care
67.16 assistance services or CFSS, the worker retention component is 10.81 percent. This paragraph
67.17 expires upon the effective date of subdivision 5b.

67.18 ~~(c)~~ (d) The commissioner shall define the appropriate worker retention component based
67.19 on the total number of units billed for services rendered by the individual provider since
67.20 July 1, 2017. The worker retention component must be determined by the commissioner
67.21 for each individual provider and is not subject to appeal.

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

67.23 Sec. 43. Minnesota Statutes 2024, section 256B.851, is amended by adding a subdivision
67.24 to read:

67.25 Subd. 5a. **Payment rates; implementation components.** Effective January 1, 2026, or
67.26 upon federal approval, whichever is later, for purposes of implementation, the commissioner
67.27 shall use the following implementation components:

67.28 (1) personal care assistance services and CFSS: 92.20 percent;

67.29 (2) enhanced rate personal care assistance services and enhanced rate CFSS: 92.20
67.30 percent; and

68.1 (3) qualified professional services and CFSS worker training and development: 92.20
68.2 percent.

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

68.4 Sec. 44. Minnesota Statutes 2024, section 256B.851, is amended by adding a subdivision
68.5 to read:

68.6 Subd. 5b. **Payment rates; worker retention components.** Effective January 1, 2026,
68.7 or upon federal approval, whichever is later, the commissioner shall use the following
68.8 worker retention components:

68.9 (1) for workers who have provided fewer than 1,001 cumulative hours in personal care
68.10 assistance services or CFSS, the worker retention component is zero percent;

124.4 (2) for workers who have provided between 1,001 and 2,000 cumulative hours in personal
124.5 care assistance services or CFSS, the worker retention component is 2.17 percent;

124.6 (3) for workers who have provided between 2,001 and 6,000 cumulative hours in personal
124.7 care assistance services or CFSS, the worker retention component is 4.36 percent;

124.8 (4) for workers who have provided between 6,001 and 10,000 cumulative hours in
124.9 personal care assistance services or CFSS, the worker retention component is 7.35 percent;
124.10 and

124.11 (5) for workers who have provided more than 10,000 cumulative hours in personal care
124.12 assistance services or CFSS, the worker retention component is 10.81 percent. This paragraph
124.13 expires upon the effective date of subdivision 5b.

124.14 ~~(c)~~ (d) The commissioner shall define the appropriate worker retention component under
124.15 subdivision 5b or 5c based on the total number of units billed for services rendered by the
124.16 individual provider since July 1, 2017. The worker retention component must be determined
124.17 by the commissioner for each individual provider and is not subject to appeal.

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

124.19 Sec. 65. Minnesota Statutes 2024, section 256B.851, is amended by adding a subdivision
124.20 to read:

124.21 Subd. 5a. **Payment rates; implementation factor.** Effective January 1, 2026, or upon
124.22 federal approval, whichever is later, for purposes of implementation, the commissioner shall
124.23 use the following implementation components:

124.24 (1) personal care assistance services and CFSS: 92.20 percent;

124.25 (2) enhanced rate personal care assistance services and enhanced rate CFSS: 92.20
124.26 percent; and

124.27 (3) qualified professional services and CFSS worker training and development: 92.20
124.28 percent.

125.1 Sec. 66. Minnesota Statutes 2024, section 256B.851, is amended by adding a subdivision
125.2 to read:

125.3 Subd. 5b. **Payment rates; worker retention component.** Effective January 1, 2026,
125.4 or upon federal approval, whichever is later, the commissioner shall use the following
125.5 worker retention components:

125.6 (1) for workers who have provided fewer than 1,001 cumulative hours in personal care
125.7 assistance services or CFSS, the worker retention component is zero percent;

68.11 (2) for workers who have provided between 1,001 and 2,000 cumulative hours in personal
68.12 care assistance services or CFSS, the worker retention component is 4.05 percent;

68.13 (3) for workers who have provided between 2,001 and 6,000 cumulative hours in personal
68.14 care assistance services or CFSS, the worker retention component is 6.24 percent;

68.15 (4) for workers who have provided between 6,001 and 10,000 cumulative hours in
68.16 personal care assistance services or CFSS, the worker retention component is 9.23 percent;
68.17 and

68.18 (5) for workers who have provided more than 10,000 cumulative hours in personal care
68.19 assistance services or CFSS, the worker retention component is 12.69 percent.

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

68.21 Sec. 45. Minnesota Statutes 2024, section 256B.851, is amended by adding a subdivision
68.22 to read:

68.23 Subd. 5c. **Payment rates; enhanced worker retention components.** Effective January
68.24 1, 2027, or upon federal approval, whichever is later, for purposes of implementation, the
68.25 commissioner shall use the following implementation components if a worker has completed
68.26 either the orientation for individual providers offered through the Home Care Orientation
68.27 Trust or an orientation defined and offered by the commissioner;

68.28 (1) for workers who have provided fewer than 1,001 cumulative hours in personal care
68.29 assistance services or CFSS, the worker retention component is 1.88 percent;

68.30 (2) for workers who have provided between 1,001 and 2,000 cumulative hours in personal
68.31 care assistance services or CFSS, the worker retention component is 5.92 percent;

69.1 (3) for workers who have provided between 2,001 and 6,000 cumulative hours in personal
69.2 care assistance services or CFSS, the worker retention component is 8.11 percent;

69.3 (4) for workers who have provided between 6,001 and 10,000 cumulative hours in
69.4 personal care assistance services or CFSS, the worker retention component is 11.10 percent;
69.5 and

69.6 (5) for workers who have provided more than 10,000 cumulative hours in personal care
69.7 assistance services or CFSS, the worker retention component is 14.56 percent.

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

69.9 Sec. 46. Minnesota Statutes 2024, section 256B.851, subdivision 6, is amended to read:

69.10 Subd. 6. **Payment rates; rate determination.** (a) The commissioner must determine
69.11 the rate for personal care assistance services, CFSS, extended personal care assistance
69.12 services, extended CFSS, enhanced rate personal care assistance services, enhanced rate
69.13 CFSS, qualified professional services, and CFSS worker training and development as
69.14 follows:

125.8 (2) for workers who have provided between 1,001 and 2,000 cumulative hours in personal
125.9 care assistance services or CFSS, the worker retention component is 4.05 percent;

125.10 (3) for workers who have provided between 2,001 and 6,000 cumulative hours in personal
125.11 care assistance services or CFSS, the worker retention component is 6.24 percent;

125.12 (4) for workers who have provided between 6,001 and 10,000 cumulative hours in
125.13 personal care assistance services or CFSS, the worker retention component is 9.23 percent;
125.14 and

125.15 (5) for workers who have provided more than 10,000 cumulative hours in personal care
125.16 assistance services or CFSS, the worker retention component is 12.69 percent.

125.17 Sec. 67. Minnesota Statutes 2024, section 256B.851, is amended by adding a subdivision
125.18 to read:

125.19 Subd. 5c. **Payment rates; enhanced worker retention component.** Effective January
125.20 1, 2027, or upon federal approval, whichever is later, the commissioner shall use the
125.21 following worker retention components if a worker has completed either the orientation for
125.22 individual providers offered through the Home Care Orientation Trust or an orientation
125.23 defined and offered by the commissioner:

125.24 (1) for workers who have provided fewer than 1,001 cumulative hours in personal care
125.25 assistance services or CFSS, the worker retention component is 1.88 percent;

125.26 (2) for workers who have provided between 1,001 and 2,000 cumulative hours in personal
125.27 care assistance services or CFSS, the worker retention component is 5.92 percent;

125.28 (3) for workers who have provided between 2,001 and 6,000 cumulative hours in personal
125.29 care assistance services or CFSS, the worker retention component is 8.11 percent;

125.30 (4) for workers who have provided between 6,001 and 10,000 cumulative hours in
125.31 personal care assistance services or CFSS, the worker retention component is 11.10 percent;
125.32 and

126.1 (5) for workers who have provided more than 10,000 cumulative hours in personal care
126.2 assistance services or CFSS, the worker retention component is 14.56 percent.

126.3 Sec. 68. Minnesota Statutes 2024, section 256B.851, subdivision 6, is amended to read:

126.4 Subd. 6. **Payment rates; rate determination.** (a) The commissioner must determine
126.5 the rate for personal care assistance services, CFSS, extended personal care assistance
126.6 services, extended CFSS, enhanced rate personal care assistance services, enhanced rate
126.7 CFSS, qualified professional services, and CFSS worker training and development as
126.8 follows:

69.15 (1) multiply the appropriate total wage component value calculated in subdivision 4 by
69.16 one plus the employee vacation, sick, and training factor in subdivision 5;

69.17 (2) for program plan support, multiply the result of clause (1) by one plus the program
69.18 plan support factor in subdivision 5;

69.19 (3) for employee-related expenses, add the employer taxes and workers' compensation
69.20 factor in subdivision 5 and the employee benefits factor in subdivision 5. The sum is
69.21 employee-related expenses. Multiply the product of clause (2) by one plus the value for
69.22 employee-related expenses;

69.23 (4) for client programming and supports, multiply the product of clause (3) by one plus
69.24 the client programming and supports factor in subdivision 5;

69.25 (5) for administrative expenses, add the general business and administrative expenses
69.26 factor in subdivision 5, the program administration expenses factor in subdivision 5, and
69.27 the absence and utilization factor in subdivision 5;

69.28 (6) divide the result of clause (4) by one minus the result of clause (5). The quotient is
69.29 the hourly rate;

69.30 (7) multiply the hourly rate by the appropriate implementation component under
69.31 subdivision 5 or 5a. This is the adjusted hourly rate; and

70.1 (8) divide the adjusted hourly rate by four. The quotient is the total adjusted payment
70.2 rate.

70.3 (b) In processing personal care assistance provider agency and CFSS provider agency
70.4 claims, the commissioner shall incorporate the worker retention ~~component~~ components
70.5 specified in subdivision 5, 5b, or 5c, by multiplying one plus the total adjusted payment
70.6 rate by the appropriate worker retention component under subdivision 5, ~~paragraph (d)~~ 5b,
70.7 or 5c.

70.8 (c) The commissioner must publish the total final payment rates.

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

70.12 Sec. 47. Minnesota Statutes 2024, section 256B.851, subdivision 7, is amended to read:

70.13 Subd. 7. **Treatment of rate adjustments provided outside of cost components.** Any
70.14 rate adjustments applied to the service rates calculated under this section outside of the cost
70.15 components and rate methodology specified in this section, including but not limited to
70.16 those implemented to enable participant-employers and provider agencies to meet the terms
70.17 and conditions of any collective bargaining agreement negotiated under chapter 179A, shall
70.18 be applied as changes to the value of component values ~~or~~ implementation components,
70.19 or worker retention components in subdivision subdivisions 5 to 5c.

126.9 (1) multiply the appropriate total wage component value calculated in subdivision 4 by
126.10 one plus the employee vacation, sick, and training factor in subdivision 5;

126.11 (2) for program plan support, multiply the result of clause (1) by one plus the program
126.12 plan support factor in subdivision 5;

126.13 (3) for employee-related expenses, add the employer taxes and workers' compensation
126.14 factor in subdivision 5 and the employee benefits factor in subdivision 5. The sum is
126.15 employee-related expenses. Multiply the product of clause (2) by one plus the value for
126.16 employee-related expenses;

126.17 (4) for client programming and supports, multiply the product of clause (3) by one plus
126.18 the client programming and supports factor in subdivision 5;

126.19 (5) for administrative expenses, add the general business and administrative expenses
126.20 factor in subdivision 5, the program administration expenses factor in subdivision 5, and
126.21 the absence and utilization factor in subdivision 5;

126.22 (6) divide the result of clause (4) by one minus the result of clause (5). The quotient is
126.23 the hourly rate;

126.24 (7) multiply the hourly rate by the appropriate implementation component under
126.25 subdivision 5 or 5a. This is the adjusted hourly rate; and

126.26 (8) divide the adjusted hourly rate by four. The quotient is the total adjusted payment
126.27 rate.

126.28 (b) In processing personal care assistance provider agency and CFSS provider agency
126.29 claims, the commissioner shall incorporate the applicable worker retention ~~component~~
126.30 components specified in subdivision 5, 5b, or 5c, by multiplying one plus the total adjusted
126.31 payment rate by the appropriate worker retention component under subdivision 5, ~~paragraph~~
126.32 ~~(d)~~ 5b, or 5c.

127.1 (c) The commissioner must publish the total final payment rates.

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

127.5 Sec. 69. Minnesota Statutes 2024, section 256B.851, subdivision 7, is amended to read:

127.6 Subd. 7. **Treatment of rate adjustments provided outside of cost components.** Any
127.7 rate adjustments applied to the service rates calculated under this section outside of the cost
127.8 components and rate methodology specified in this section, including but not limited to
127.9 those implemented to enable participant-employers and provider agencies to meet the terms
127.10 and conditions of any collective bargaining agreement negotiated under chapter 179A, shall
127.11 be applied as changes to the value of component values ~~or~~ implementation components,
127.12 or worker retention components in subdivision subdivisions 5 to 5c.

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

70.23 Sec. 48. Minnesota Statutes 2024, section 256B.851, is amended by adding a subdivision
70.24 to read:

70.25 Subd. 7a. **Budget determinations.** The commissioner shall increase the authorized
70.26 amount for the CFSS budget model of those CFSS participant-employers employing
70.27 individual providers who have provided more than 1,000 hours of services as well as
70.28 individual providers who have completed the orientation offered by the Home Care
70.29 Orientation Trust or an orientation defined and offered by the commissioner. The
70.30 commissioner shall determine the amount and method of the authorized amount increase.

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

71.4 Sec. 49. Minnesota Statutes 2024, section 260E.14, subdivision 1, is amended to read:

71.5 Subdivision 1. **Facilities and schools.** (a) The local welfare agency is the agency
71.6 responsible for investigating allegations of maltreatment in child foster care, family child
71.7 care, legally nonlicensed child care, and reports involving children served by an unlicensed
71.8 personal care provider organization under section 256B.0659. Copies of findings related to
71.9 personal care provider organizations under section 256B.0659 must be forwarded to the
71.10 Department of Human Services provider enrollment.

71.11 (b) The Department of Children, Youth, and Families is the agency responsible for
71.12 screening and investigating allegations of maltreatment in juvenile correctional facilities
71.13 listed under section 241.021 located in the local welfare agency's county and in facilities
71.14 licensed or certified under chapters 245A and 245D.

71.15 (c) The Department of Health is the agency responsible for screening and investigating
71.16 allegations of maltreatment in facilities licensed under sections 144.50 to 144.58 and 144A.43
71.17 to 144A.482 or chapter 144H.

71.18 (d) The Department of Education is the agency responsible for screening and investigating
71.19 allegations of maltreatment in a school as defined in section 120A.05, subdivisions 9, 11,
71.20 and 13, and chapter 124E. The Department of Education's responsibility to screen and
71.21 investigate includes allegations of maltreatment involving students 18 through 21 years of
71.22 age, including students receiving special education services, up to and including graduation
71.23 and the issuance of a secondary or high school diploma.

71.24 (e) The Department of Human Services is the agency responsible for screening and
71.25 investigating allegations of maltreatment of minors in an EIDBI agency operating under
71.26 sections 245A.142 and 256B.0949.

127.13 Sec. 70. Minnesota Statutes 2024, section 256B.851, is amended by adding a subdivision
127.14 to read:

127.15 Subd. 7a. **Budget determinations.** The commissioner shall increase the authorized
127.16 amount for the CFSS budget model of those CFSS participant-employers employing
127.17 individual providers who have provided more than 1,000 hours of services and individual
127.18 providers who have completed the orientation offered by the Home Care Orientation Trust
127.19 or an orientation defined and offered by the commissioner. The commissioner shall determine
127.20 the amount and method of the authorized amount increase.

127.21 Sec. 71. Minnesota Statutes 2024, section 260E.14, subdivision 1, is amended to read:

127.22 Subdivision 1. **Facilities and schools.** (a) The local welfare agency is the agency
127.23 responsible for investigating allegations of maltreatment in child foster care, family child
127.24 care, legally nonlicensed child care, and reports involving children served by an unlicensed
127.25 personal care provider organization under section 256B.0659. Copies of findings related to
127.26 personal care provider organizations under section 256B.0659 must be forwarded to the
127.27 Department of Human Services provider enrollment.

127.28 (b) The Department of Children, Youth, and Families is the agency responsible for
127.29 screening and investigating allegations of maltreatment in juvenile correctional facilities
127.30 listed under section 241.021 located in the local welfare agency's county and in facilities
127.31 licensed or certified under chapters 245A and 245D.

128.1 (c) The Department of Health is the agency responsible for screening and investigating
128.2 allegations of maltreatment in facilities licensed under sections 144.50 to 144.58 and 144A.43
128.3 to 144A.482 or chapter 144H.

128.4 (d) The Department of Education is the agency responsible for screening and investigating
128.5 allegations of maltreatment in a school as defined in section 120A.05, subdivisions 9, 11,
128.6 and 13, and chapter 124E. The Department of Education's responsibility to screen and
128.7 investigate includes allegations of maltreatment involving students 18 through 21 years of
128.8 age, including students receiving special education services, up to and including graduation
128.9 and the issuance of a secondary or high school diploma.

128.10 (e) The Department of Human Services is the agency responsible for screening and
128.11 investigating allegations of maltreatment of minors in an EIDBI agency operating under
128.12 sections 245A.142 and 256B.0949.

71.27 ~~(f)~~ (f) A health or corrections agency receiving a report may request the local welfare
71.28 agency to provide assistance pursuant to this section and sections 260E.20 and 260E.22.

71.29 ~~(g)~~ (g) The Department of Children, Youth, and Families is the agency responsible for
71.30 screening and investigating allegations of maltreatment in facilities or programs not listed
71.31 in paragraph (a) that are licensed or certified under chapters 142B and 142C.

71.32 **EFFECTIVE DATE.** This section is effective January 1, 2026.

72.1 Sec. 50. Minnesota Statutes 2024, section 626.5572, subdivision 13, is amended to read:

72.2 Subd. 13. **Lead investigative agency.** "Lead investigative agency" is the primary
72.3 administrative agency responsible for investigating reports made under section 626.557.

72.4 (a) The Department of Health is the lead investigative agency for facilities or services
72.5 licensed or required to be licensed as hospitals, home care providers, nursing homes, boarding
72.6 care homes, hospice providers, residential facilities that are also federally certified as
72.7 intermediate care facilities that serve people with developmental disabilities, or any other
72.8 facility or service not listed in this subdivision that is licensed or required to be licensed by
72.9 the Department of Health for the care of vulnerable adults. "Home care provider" has the
72.10 meaning provided in section 144A.43, subdivision 4, and applies when care or services are
72.11 delivered in the vulnerable adult's home.

72.12 (b) The Department of Human Services is the lead investigative agency for facilities or
72.13 services licensed or required to be licensed as adult day care, adult foster care, community
72.14 residential settings, programs for people with disabilities, family adult day services, mental
72.15 health programs, mental health clinics, substance use disorder programs, the Minnesota Sex
72.16 Offender Program, or any other facility or service not listed in this subdivision that is licensed
72.17 or required to be licensed by the Department of Human Services, including EIDBI agencies
72.18 under sections 245A.142 and 256B.0949.

72.19 (c) The county social service agency or its designee is the lead investigative agency for
72.20 all other reports, including, but not limited to, reports involving vulnerable adults receiving
72.21 services from a personal care provider organization under section 256B.0659.

72.22 **EFFECTIVE DATE.** This section is effective January 1, 2026.

72.23 Sec. 51. Laws 2021, First Special Session chapter 7, article 13, section 73, is amended to
72.24 read:
72.25 Sec. 73. **WAIVER REIMAGINE PHASE II.**

72.26 (a) Effective January 1, 2028, or upon federal approval, whichever is later, the
72.27 commissioner of human services must implement a two-home and community-based services
72.28 waiver program structure, as authorized under section 1915(c) of the federal Social Security
72.29 Act, that serves persons who are determined by a certified assessor to require the levels of
72.30 care provided in a nursing home, a hospital, a neurobehavioral hospital, or an intermediate
72.31 care facility for persons with developmental disabilities.

128.13 ~~(f)~~ (f) A health or corrections agency receiving a report may request the local welfare
128.14 agency to provide assistance pursuant to this section and sections 260E.20 and 260E.22.

128.15 ~~(g)~~ (g) The Department of Children, Youth, and Families is the agency responsible for
128.16 screening and investigating allegations of maltreatment in facilities or programs not listed
128.17 in paragraph (a) that are licensed or certified under chapters 142B and 142C.

128.18 **EFFECTIVE DATE.** This section is effective January 1, 2026.

128.19 Sec. 72. Minnesota Statutes 2024, section 626.5572, subdivision 13, is amended to read:

128.20 Subd. 13. **Lead investigative agency.** "Lead investigative agency" is the primary
128.21 administrative agency responsible for investigating reports made under section 626.557.

128.22 (a) The Department of Health is the lead investigative agency for facilities or services
128.23 licensed or required to be licensed as hospitals, home care providers, nursing homes, boarding
128.24 care homes, hospice providers, residential facilities that are also federally certified as
128.25 intermediate care facilities that serve people with developmental disabilities, or any other
128.26 facility or service not listed in this subdivision that is licensed or required to be licensed by
128.27 the Department of Health for the care of vulnerable adults. "Home care provider" has the
128.28 meaning provided in section 144A.43, subdivision 4, and applies when care or services are
128.29 delivered in the vulnerable adult's home.

128.30 (b) The Department of Human Services is the lead investigative agency for facilities or
128.31 services licensed or required to be licensed as adult day care, adult foster care, community
128.32 residential settings, programs for people with disabilities, EIDBI agencies, family adult day
128.33 services, mental health programs, mental health clinics, substance use disorder programs,
129.1 the Minnesota Sex Offender Program, or any other facility or service not listed in this
129.2 subdivision that is licensed or required to be licensed by the Department of Human Services,
129.3 The Department of Human Services is also the lead investigative agency for unlicensed
129.4 EIDBI agencies under section 256B.0949.

129.5 (c) The county social service agency or its designee is the lead investigative agency for
129.6 all other reports, including, but not limited to, reports involving vulnerable adults receiving
129.7 services from a personal care provider organization under section 256B.0659.

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

129.9 Sec. 73. Laws 2021, First Special Session chapter 7, article 13, section 73, is amended to
129.10 read:
129.11 Sec. 73. **WAIVER REIMAGINE PHASE II.**

129.12 (a) Effective January 1, 2027, or upon federal approval, whichever is later, the
129.13 commissioner of human services must implement a two-home and community-based services
129.14 waiver program structure, as authorized under section 1915(c) of the federal Social Security
129.15 Act, that serves persons who are determined by a certified assessor to require the levels of
129.16 care provided in a nursing home, a hospital, a neurobehavioral hospital, or an intermediate
129.17 care facility for persons with developmental disabilities.

73.1 (b) Effective January 1, 2028, or upon federal approval, whichever is later, the
73.2 commissioner of human services must implement an individualized budget methodology,
73.3 as authorized under section 1915(c) of the federal Social Security Act, that serves persons
73.4 who are determined by a certified assessor to require the levels of care provided in a nursing
73.5 home, a hospital, a neurobehavioral hospital, or an intermediate care facility for persons
73.6 with developmental disabilities.

73.7 (c) The commissioner must develop an individualized budget methodology exception
73.8 to support access to self-directed home care nursing services. Lead agencies must submit
73.9 budget exception requests to the commissioner in a manner identified by the commissioner.
73.10 Eligibility for the budget exception in this paragraph is limited to persons meeting all of the
73.11 following criteria in the person's most recent assessment:

73.12 (1) the person is assessed to need the level of care delivered in a hospital setting as
73.13 evidenced by the submission of the Department of Human Services form 7096, primary
73.14 medical provider's documentation of medical monitoring and treatment needs;

73.15 (2) the person is assessed to receive a support range budget of E or H; and

73.16 (3) the person does not receive community residential services, family residential services,
73.17 integrated community supports services, or customized living services.

73.18 (d) Home care nursing services funded through the budget exception developed under
73.19 paragraph (c) must be ordered by a physician, physician assistant, or advanced practice
73.20 registered nurse. If the participant chooses home care nursing, the home care nursing services
73.21 must be performed by a registered nurse or licensed practical nurse practicing within the
73.22 registered nurse's or licensed practical nurse's scope of practice as defined under Minnesota
73.23 Statutes, sections 148.171 to 148.285. If after a person's annual reassessment under Minnesota
73.24 Statutes, section 256B.0911, any requirements of this paragraph or paragraph (c) are no
73.25 longer met, the commissioner must terminate the budget exception.

73.26 ~~(e)~~ (e) The commissioner of human services may seek all federal authority necessary to
73.27 implement this section.

73.28 ~~(f)~~ (f) The commissioner must ensure that the new waiver service menu and individual
73.29 budgets allow people to live in their own home, family home, or any home and
73.30 community-based setting of their choice. The commissioner must ensure, within available
73.31 resources and subject to state and federal regulations and law, that waiver reimagine does
73.32 not result in unintended service disruptions.

73.33 (g) No later than January 1, 2027, the commissioner must:

74.1 (1) develop and implement an online support planning and tracking tool to provide
74.2 information in an accessible format to support informed choice for people using disability

129.18 (b) ~~The~~ commissioner of human services must implement an individualized budget
129.19 methodology, as authorized under section 1915(c) of the federal Social Security Act, that
129.20 serves persons who are determined by a certified assessor to require the levels of care
129.21 provided in a nursing home, a hospital, a neurobehavioral hospital, or an intermediate care
129.22 facility for persons with developmental disabilities.

129.23 (c) The commissioner must develop an individualized budget methodology exception
129.24 to support access to self-directed home care nursing services. Lead agencies must submit
129.25 budget exception requests to the commissioner in a manner identified by the commissioner.
129.26 Eligibility for the budget exception in this paragraph is limited to persons meeting all of the
129.27 following criteria in the person's most recent assessment:

129.28 (1) the person is assessed to need the level of care delivered in a hospital setting as
129.29 evidenced by the submission of the Department of Human Services form 7096, primary
129.30 medical provider's documentation of medical monitoring and treatment needs;

129.31 (2) the person is assessed to receive a support range budget of E or H; and

130.1 (3) the person does not receive community residential services, family residential services,
130.2 integrated community supports services, or customized living services.

130.3 (d) Home care nursing services funded through the budget exception developed under
130.4 paragraph (c) must be ordered by a physician, physician assistant, or advanced practice
130.5 registered nurse. If the participant chooses home care nursing, the home care nursing services
130.6 must be performed by a registered nurse or licensed practical nurse practicing within the
130.7 registered nurse's or licensed practical nurse's scope of practice as defined under Minnesota
130.8 Statutes, sections 148.171 to 148.285. If after a person's annual reassessment under Minnesota
130.9 Statutes, section 256B.0911, any requirements of this paragraph or paragraph (c) are no
130.10 longer met, the commissioner must terminate the budget exception.

130.11 ~~(e)~~ (e) The commissioner of human services may seek all federal authority necessary to
130.12 implement this section.

130.13 ~~(f)~~ (f) The commissioner must ensure that the new waiver service menu and individual
130.14 budgets allow people to live in their own home, family home, or any home and
130.15 community-based setting of their choice. The commissioner must ensure, within available
130.16 resources and subject to state and federal regulations and law, that waiver reimagine does
130.17 not result in unintended service disruptions.

130.19 Sec. 74. Laws 2021, First Special Session chapter 7, article 13, section 75, subdivision 6,
130.20 as amended by Laws 2024, chapter 108, article 1, section 28, is amended to read:

130.21 Subd. 6. **Online support planning tool.** The commissioner must develop an online
130.22 support planning and tracking tool for people using disability waiver services that allows
130.23 access to the total budget available to the person, the services for which they are eligible,
130.24 and the services they have chosen and used. The commissioner must explore operability

74.3 waiver services that allows access to the total budget available to a person, the services for
74.4 which they are eligible, and the services they have chosen and used;

74.5 (2) explore operability options that facilitate real-time tracking of a person's remaining
74.6 available budget throughout the service year; and

74.7 (3) seek input from people with disabilities about the online support planning tool prior
74.8 to the tool's implementation.

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

74.10 Sec. 52. Laws 2021, First Special Session chapter 7, article 13, section 75, subdivision 4,
74.11 as amended by Laws 2024, chapter 108, article 1, section 28, is amended to read:

74.12 Subd. 4. **Required report.** Prior to seeking federal approval for any aspect of waiver
74.13 reimagine phase II and ~~in collaboration with the Waiver Reimagine Advisory Committee~~
74.14 ~~no later than December 15, 2026~~, the commissioner must submit to the chairs and ranking
74.15 minority members of the legislative committees and divisions with jurisdiction over health
74.16 and human services a report on plans for waiver reimagine phase II, as well as the actual
74.17 Waiver Reimagine plan intended to be submitted for federal approval. The report must also
74.18 include any plans to adjust or modify the streamlined menu of services, the existing rate or
74.19 budget exemption criteria or process; the proposed individual budget ranges; based on need
74.20 and not location of services, including additional budget resources beyond the resources
74.21 required to meet assessed need that may be necessary for the individual to live in the least
74.22 restrictive environment; and the role of MnCHOICES 2.0 assessment tool in determining
74.23 service needs and individual ~~budget ranges~~ budgets.

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

74.25 Sec. 53. Laws 2023, chapter 61, article 1, section 5, the effective date, is amended to read:

74.26 **EFFECTIVE DATE.** This section is effective January 1, ~~2026~~ 2028, or upon federal
74.27 approval, whichever is later. The commissioner of human services shall notify the revisor
74.28 of statutes when federal approval is obtained.

75.1 Sec. 54. Laws 2023, chapter 61, article 1, section 27, the effective date, is amended to
75.2 read:

75.3 **EFFECTIVE DATE.** This section is effective January 1, ~~2026~~ 2028, or upon federal
75.4 approval, whichever is later, except that paragraph (b) is effective the day following final
75.5 enactment. The commissioner of human services shall notify the revisor of statutes when
75.6 federal approval is obtained.

130.25 options that ~~would~~ facilitate real-time tracking of a person's remaining available budget
130.26 throughout the service year. The online support planning tool must provide information in
130.27 an accessible format to support the person's informed choice. The commissioner must seek
130.28 input from people with disabilities about the online support planning tool prior to its
130.29 implementation. The commissioner must implement the online support planning and tracking
130.30 tool ~~no later than January 1, 2027~~.

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

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

75.7 Sec. 55. Laws 2023, chapter 61, article 1, section 30, the effective date, is amended to
75.8 read:

75.9 **EFFECTIVE DATE.** The amendment to clause (5), item (ii), the amendment to clause
75.10 (14), and the amendment striking clause (18) are effective January 1, 2024, or upon federal
75.11 approval, whichever is later. The amendment to clause (4) is effective January 1, ~~2026~~ 2028,
75.12 or upon federal approval, whichever is later. The commissioner of human services shall
75.13 notify the revisor of statutes when federal approval is obtained.

75.14 Sec. 56. Laws 2023, chapter 61, article 1, section 32, the effective date, is amended to
75.15 read:

75.16 **EFFECTIVE DATE.** This section is effective January 1, ~~2026~~ 2028, or upon federal
75.17 approval, whichever is later. The commissioner of human services shall notify the revisor
75.18 of statutes when federal approval is obtained.

75.19 Sec. 57. Laws 2023, chapter 61, article 1, section 47, the effective date, is amended to
75.20 read:

75.21 **EFFECTIVE DATE.** This section is effective January 1, ~~2026~~ 2028, or upon federal
75.22 approval, whichever is later. The commissioner of human services shall notify the revisor
75.23 of statutes when federal approval is obtained.

75.24 Sec. 58. Laws 2023, chapter 61, article 1, section 61, subdivision 4, is amended to read:

75.25 Subd. 4. **Evaluation and report.** By December 1, 2024, the commissioner must submit
75.26 to the chairs and ranking minority members of the legislative committees with jurisdiction
75.27 over human services finance and policy an interim report on the impact and outcomes of
75.28 the grants, including the number of grants awarded and the organizations receiving the
75.29 grants. The interim report must include any available evidence of how grantees were able
75.30 to increase utilization of supported decision making and reduce or avoid more restrictive
75.31 forms of decision making such as guardianship and conservatorship. By December 1, ~~2025~~
76.1 2027, the commissioner must submit to the chairs and ranking minority members of the
76.2 legislative committees with jurisdiction over human services finance and policy a final
76.3 report on the impact and outcomes of the grants, including any updated information from
76.4 the interim report and the total number of people served by the grants. The final report must
76.5 also detail how the money was used to achieve the requirements in subdivision 3, paragraph
76.6 (b).

76.7 Sec. 59. Laws 2023, chapter 61, article 1, section 85, the effective date, is amended to
76.8 read:

76.9 **EFFECTIVE DATE.** Paragraph (a) is effective January 1, 2024, or upon federal
76.10 approval, whichever is later, and paragraph (b) is effective January 1, ~~2026~~ 2028, or upon
76.11 federal approval, whichever is later. The commissioner of human services shall notify the
76.12 revisor of statutes when federal approval is obtained.

76.13 Sec. 60. **POSITIVE SUPPORTS COMPETENCY PROGRAM.**

76.14 (a) The commissioner shall establish a positive supports competency program with the
76.15 money appropriated for this purpose.

76.16 (b) When establishing the positive supports competency program, the commissioner
76.17 must use a community-partner-driven process to:

76.18 (1) define the core activities associated with effective intervention services at the positive
76.19 support specialist, positive support analyst, and positive support professional level;

76.20 (2) create tools providers may use to track whether the provider's positive support
76.21 specialists, positive support analysts, and positive support professionals are competently
76.22 performing the core activities associated with effective intervention services;

76.23 (3) align existing training systems funded through the Department of Human Services
76.24 and develop free online modules for competency-based training to prepare positive support
76.25 specialists, positive support analysts, and positive support professionals to provide effective
76.26 intervention services;

76.27 (4) assist providers interested in utilizing a competency-based training model to create
76.28 a career pathway for the positive support analysts and positive support specialists within
76.29 the provider's organizations by using experienced professionals;

76.30 (5) create written guidelines, stories, and examples for providers that will be placed on
76.31 Department of Human Services websites promoting capacity building; and

77.1 (6) disseminate resources and guidance to providers interested in meeting
77.2 competency-based qualifications for positive supports via preexisting regional networks of
77.3 experts, including communities of practice, and develop new avenues for disseminating
77.4 these resources and guidance, including through implementation of ECHO models.

77.5 Sec. 61. **ADVISORY TASK FORCE ON WAIVER REIMAGINE.**

77.6 Subdivision 1. **Membership; co-chairs.** (a) The Advisory Task Force on Waiver
77.7 Reimagine consists of the following members:

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

77.9 (2) one member of the house of representatives, appointed by the leader of the house of
77.10 representatives Democratic-Farmer-Labor caucus;

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

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

77.13 (5) four individuals currently receiving disability waiver services who are under the age
77.14 of 65, appointed by the governor;

135.21 Sec. 81. **POSITIVE SUPPORTS COMPETENCY PROGRAM.**

135.22 (a) The commissioner shall establish a positive supports competency program with the
135.23 money appropriated for this purpose.

135.24 (b) When establishing the positive supports competency program, the commissioner
135.25 must use a community-partner-driven process to:

135.26 (1) define the core activities associated with effective intervention services at the levels
135.27 of positive support specialist, positive support analyst, and positive support professional;

135.28 (2) create tools providers may use to track whether their positive supports specialists,
135.29 positive support analysts, and positive support professionals are competently performing
135.30 the core activities associated with effective intervention services;

135.31 (3) align existing training systems funded through the Department of Human Services
135.32 and develop free online modules for competency-based training to prepare positive support
136.1 specialists, positive support analysts, and positive support professionals to provide effective
136.2 intervention services;

136.3 (4) assist providers interested in utilizing a competency-based training model to create
136.4 a career pathway for the positive support analysts and positive support specialists within
136.5 their organizations by using experienced professionals;

136.6 (5) create written guidelines, stories, and examples for providers that will be placed on
136.7 Department of Human Services websites promoting capacity building; and

136.8 (6) disseminate resources and guidance to providers interested in meeting
136.9 competency-based qualifications for positive supports through existing regional networks
136.10 of experts, including communities of practice, and develop new avenues for disseminating
136.11 these resources and guidance, including through implementation of ECHO models.

77.15 (6) one county employee who conducts long-term care consultation services assessments
77.16 for persons under the age of 65, appointed by the Minnesota Association of County Social
77.17 Services Administrators;

77.18 (7) one representative of the Department of Human Services with knowledge of the
77.19 requirements for a provider to participate in disability waiver service programs and of the
77.20 administration of benefits, appointed by the commissioner of human services;

77.21 (8) one employee of the Minnesota Council on Disability, appointed by the Minnesota
77.22 Council on Disability;

77.23 (9) two representatives of disability advocacy organizations, appointed by the governor;

77.24 (10) two family members of individuals who are receiving disability waiver services,
77.25 appointed by the governor;

77.26 (11) two providers of disability waiver services for persons who are under the age of
77.27 65, appointed by the governor;

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

77.30 (13) one employee from the Olmstead Implementation Office, appointed by the director
77.31 of the office;

78.1 (14) the assistant commissioner of the Department of Human Services administration
78.2 that oversees disability services; and

78.3 (15) a member of the Minnesota Disability Law Center, appointed by the executive
78.4 director of Mid-Minnesota Legal Aid.

78.5 (b) Each appointing authority must make appointments by September 30, 2025.
78.6 Appointments made by an agency or commissioner may also be made by a designee.

78.7 (c) In making task force appointments, the governor must ensure representation from
78.8 greater Minnesota.

78.9 (d) The Office of Collaboration and Dispute Resolution must convene the task force.

78.10 (e) The task force members must elect co-chairs from the membership of the task force
78.11 at the first task force meeting.

78.12 Subd. 2. **Meetings; administrative support.** (a) The first meeting of the task force must
78.13 be convened no later than November 30, 2025. The task force must meet at least quarterly.
78.14 Meetings are subject to Minnesota Statutes, chapter 13D. The task force may meet by
78.15 telephone or interactive technology consistent with Minnesota Statutes, section 13D.015.

78.16 (b) The Department of Human Services shall provide meeting space and administrative
78.17 and research support to the task force.

78.18 Subd. 3. **Duties.** (a) The task force must make findings and recommendations related
78.19 to Waiver Reimagine in Minnesota, including but not limited to the following:

78.20 (1) consolidation of the existing four disability home and community-based waiver
78.21 service programs into two waiver programs;

78.22 (2) budgets based on the needs of the individual that are not tied to location of services,
78.23 including additional resources beyond the resources required to meet assessed needs that
78.24 may be necessary for the individual to live in the least restrictive environment;

78.25 (3) criteria and processes for provider rate exceptions and individualized budget
78.26 exceptions;

78.27 (4) appropriate assessments, including the MnCHOICES 2.0 assessment tool, in
78.28 determining service needs and individualized budgets;

78.29 (5) covered services under each disability waiver program, including any proposed
78.30 adjustments to the menu of services;

78.31 (6) service planning and authorization processes for disability waiver services;

79.1 (7) a plan of support, financial and otherwise, to live in the person's own home and in
79.2 the most integrated setting as defined under Title 2 of the Americans with Disability Act
79.3 (ADA) Integration Mandate and in Minnesota's Olmstead Plan;

79.4 (8) intended and unintended outcomes of Waiver Reimagine; and

79.5 (9) other items related to Waiver Reimagine as necessary.

79.6 (b) The task force must seek input from the public, counties, persons receiving disability
79.7 waiver services, families of persons receiving disability waiver services, providers, state
79.8 agencies, and advocacy groups.

79.9 (c) The task force must hold public meetings to gather information to fulfill the purpose
79.10 of the task force. The meetings must be accessible by remote participants.

79.11 (d) The Department of Human Services shall provide relevant data and research to the
79.12 task force to facilitate the task force's work.

79.13 Subd. 4. **Compensation; expenses.** Members of the task force may receive compensation
79.14 and expense reimbursement as provided in Minnesota Statutes, section 15.059, subdivision
79.15 3.

79.16 Subd. 5. **Report.** (a) The task force shall submit a report to the chairs and ranking
79.17 minority members of the legislative committees with jurisdiction over disability waiver
79.18 services no later than January 15, 2027, that describes any concerns or recommendations
79.19 related to Waiver Reimagine as identified by the task force.

79.20 (b) The report required under Laws 2021, First Special Session chapter 7, article 13,
79.21 section 75, subdivision 4, as amended by Laws 2024, chapter 108, article 1, section 28,
79.22 must be presented to the task force prior to December 15, 2026.

79.23 Subd. 6. **Expiration.** The task force expires upon submission of the task force's report.

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

79.25 Sec. 62. **BUDGET INCREASE FOR CONSUMER-DIRECTED COMMUNITY**
79.26 **SUPPORTS.**

79.27 Effective January 1, 2026, or upon federal approval, whichever is later, the commissioner
79.28 must increase the consumer-directed community support budgets identified in the waiver
79.29 plans under Minnesota Statutes, sections 256B.092 and 256B.49, and chapter 256S; and
79.30 the alternative care program under Minnesota Statutes, section 256B.0913, by 0.13 percent.

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

80.1 Sec. 63. **ENHANCED BUDGET INCREASE FOR CONSUMER-DIRECTED**
80.2 **COMMUNITY SUPPORTS.**

80.3 Effective January 1, 2026, or upon federal approval, whichever is later, the commissioner
80.4 must increase the consumer-directed community supports budget enhancement percentage
80.5 identified in the waiver plans under Minnesota Statutes, sections 256B.092 and 256B.49,
80.6 and chapter 256S; and the alternative care program under Minnesota Statutes, section
80.7 256B.0913, from 7.5 to 12.5.

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

132.28 Sec. 76. **BUDGET INCREASE FOR CONSUMER-DIRECTED COMMUNITY**
132.29 **SUPPORTS.**

132.30 Effective January 1, 2026, or upon federal approval, whichever is later, the commissioner
132.31 of human services must increase the consumer-directed community support budgets identified
132.32 in the waiver plans under Minnesota Statutes, sections 256B.092 and 256B.49, and chapter
133.1 256S; and the alternative care program under Minnesota Statutes, section 256B.0913, by
133.2 0.13 percent.

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

133.4 Sec. 77. **ENHANCED BUDGET INCREASE FOR CONSUMER-DIRECTED**
133.5 **COMMUNITY SUPPORTS.**

133.6 Effective January 1, 2026, or upon federal approval, whichever is later, the commissioner
133.7 of human services must increase the consumer-directed community supports budget exception
133.8 percentage identified in the waiver plans under Minnesota Statutes, sections 256B.092 and
133.9 256B.49, and chapter 256S; and the alternative care program under Minnesota Statutes,
133.10 section 256B.0913, from 7.5 to 12.5.

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

133.12 Sec. 78. **STIPEND PAYMENTS TO SEIU HEALTHCARE MINNESOTA & IOWA**
133.13 **BARGAINING UNIT MEMBERS.**

133.14 (a) The commissioner of human services shall issue stipend payments to collective
133.15 bargaining unit members as required by the labor agreement between the state of Minnesota
133.16 and the Service Employees International Union (SEIU) Healthcare Minnesota & Iowa.

133.17 (b) The definitions in Minnesota Statutes, section 290.01, apply to this section.

133.18 (c) For the purposes of this section, "subtraction" has the meaning given in Minnesota
133.19 Statutes, section 290.0132, subdivision 1, and the rules in that subdivision apply to this
133.20 section.

133.21 (d) The amount of stipend payments received by SEIU Healthcare Minnesota & Iowa
133.22 collective bargaining unit members under this section is a subtraction.

133.23 (e) The amount of stipend payments received by SEIU Healthcare Minnesota & Iowa
133.24 collective bargaining unit members under this section is excluded from income as defined

133.25 in Minnesota Statutes, sections 290.0693, subdivision 1, paragraph (i), and 290A.03,
133.26 subdivision 3.

133.27 (f) Notwithstanding any law to the contrary, stipend payments under this section must
133.28 not be considered income, assets, or personal property for purposes of determining or
133.29 recertifying eligibility for:

133.30 (1) child care assistance programs under Minnesota Statutes, chapter 142E;

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

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

134.4 (4) the Minnesota family investment program under Minnesota Statutes, chapter 142G;

134.5 and

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

134.7 (g) The commissioner of human services must not consider stipend payments under this
134.8 section as income or assets under Minnesota Statutes, section 256B.056, subdivision 1a,
134.9 paragraph (a); 3; or 3c, or for persons with eligibility determined under Minnesota Statutes,
134.10 section 256B.057, subdivision 3, 3a, or 3b.

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

134.12 Sec. 79. **DIRECTION TO COMMISSIONER; COST REPORTING IMPROVEMENT**
134.13 **AND DIRECT CARE STAFF REVIEW.**

134.14 (a) The commissioner of human services must consult with interested parties and make
134.15 recommendations to the legislature to clarify provider cost reporting obligations to promote
134.16 more uniform and meaningful data collection under Minnesota Statutes, section 256B.4914.
134.17 By February 15, 2026, the commissioner must submit to the chairs and ranking minority
134.18 members of the legislative committees with jurisdiction over health and human services
134.19 policy and finance draft legislation required to implement the commissioner's
134.20 recommendations.

134.21 (b) The commissioner of human services must consult with interested parties and, based
134.22 on the results of the cost reporting completed for calendar year 2026, recommend what, if
134.23 any, encumbrance of medical assistance reimbursement is appropriate to support direct care
134.24 staff retention and the provision of quality services under Minnesota Statutes, section
134.25 256B.4914. By January 15, 2028, the commissioner must submit to the chairs and ranking
134.26 minority members of the legislative committees with jurisdiction over health and human
134.27 services policy and finance draft legislation required to implement the commissioner's
134.28 recommendations.

134.29 Sec. 80. **COMMUNITY FIRST SERVICES AND SUPPORTS REIMBURSEMENT**
134.30 **DURING ACUTE CARE HOSPITAL STAYS.**

134.31 (a) The commissioner of human services must seek to amend Minnesota's federally
134.32 approved community first services and supports program, authorized under United States
135.1 Code, title 42, sections 1915(i) and 1915(k), to reimburse for delivery of community first
135.2 services and supports under Minnesota Statutes, sections 256B.85 and 256B.851, during
135.3 an acute care stay in an acute care hospital setting that does not have the effect of isolating
135.4 individuals receiving community first services and supports from the broader community
135.5 of individuals not receiving community first services and supports, as permitted under Code
135.6 of Federal Regulations, title 42, section 441.530.

135.7 (b) Reimbursed services must:

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

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

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

135.14 (4) be designed to preserve the person's functional abilities during a hospital stay for
135.15 acute care and to ensure smooth transitions between acute care settings and home and
135.16 community-based settings.

135.17 **EFFECTIVE DATE.** Paragraph (a) is effective the day following final enactment.
135.18 Paragraph (b) is effective January 1, 2026, or upon federal approval, whichever is later. The
135.19 commissioner of human services shall notify the revisor of statutes when federal approval
135.20 is obtained.

136.12 Sec. 82. **DIRECTION TO COMMISSIONER; INTEGRATED COMMUNITY**
136.13 **SUPPORTS CODIFICATION.**

136.14 (a) The commissioner of human services must develop draft language to codify in
136.15 Minnesota Statutes the standards and requirements for integrated community supports as
136.16 specified in the federally approved brain injury, community access for disability inclusion,
136.17 community alternative care, and developmental disabilities waiver plans.

136.18 (b) When developing and drafting the proposed legislative language, the commissioner
136.19 must consult with interested parties, including the Association of Residential Resources in
136.20 Minnesota, the Residential Providers Association of Minnesota, the Minnesota Association
136.21 of County Social Service Administrators, and people with disabilities currently or potentially
136.22 receiving integrated community supports. The commissioner must ensure that the interested
136.23 parties with whom the commissioner consults represent a broad spectrum of active and
136.24 potential providers and service recipients. The commissioner's consultation with interested

136.25 parties must be transparent and provide the opportunity for meaningful input from active
136.26 and potential providers and service recipients.

136.27 (c) The commissioner must submit the draft legislation to the chairs and ranking minority
136.28 members of the legislative committees with jurisdiction over health and human services
136.29 policy and finance by January 1, 2026.

137.1 Sec. 83. **DIRECTION TO COMMISSIONER; PROVISIONAL OR TRANSITIONAL**
137.2 **APPROVAL OF INTEGRATED COMMUNITY SERVICES SETTINGS.**

137.3 (a) The commissioner of human services must develop draft language to improve the
137.4 process for approving integrated community supports settings, including a process for issuing
137.5 provisional or transitional licenses to allow applicants to obtain an initial approval to operate
137.6 prior to securing control of the approved setting. This process must also allow applicants
137.7 to change the approved setting during the application review period when needed to ensure
137.8 an available setting.

137.9 (b) The commissioner must submit the draft legislation to the chairs and ranking minority
137.10 members of the legislative committees with jurisdiction over health and human services
137.11 policy and finance by January 1, 2026.

137.12 Sec. 84. **DIRECTION TO COMMISSIONER; GUIDANCE TO COUNTIES.**

137.13 Upon receipt of approval from the Centers for Medicare and Medicaid Services, the
137.14 commissioner of human services shall provide guidance to counties on the administration
137.15 of the family support program under Minnesota Statutes, section 252.32; the consumer
137.16 support program under Minnesota Statutes, section 256.476; disability waivers under
137.17 Minnesota Statutes, sections 256B.092 and 256B.49; and the community first services and
137.18 supports program under Minnesota Statutes, section 256B.85, to clarify that the cost of
137.19 adaptive or one-on-one swimming lessons provided to a person younger than 12 years of
137.20 age whose disability puts the person at a higher risk of drowning according to the Centers
137.21 for Disease Control Vital Statistics System is an allowable use of money.

137.22 Sec. 85. **DIRECTION TO COMMISSIONER; SWIMMING LESSONS COVERED**
137.23 **UNDER DISABILITY WAIVERS.**

137.24 The commissioner of human services shall include swimming lessons for a participant
137.25 younger than 12 years of age whose disability puts the participant at a higher risk of drowning
137.26 as a covered service under the disability waivers, including the consumer-directed community
137.27 supports option, under Minnesota Statutes, sections 256B.092 and 256B.49.

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

138.1 Sec. 86. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
138.2 **DEVELOPMENT OF COMPREHENSIVE EIDBI LICENSE.**

138.3 (a) By October 1, 2025, the commissioner of human services must convene a working
138.4 group consisting of staff from the Department of Human Services with policy and clinical
138.5 expertise related to EIDBI services, and with expertise in licensing standards for other
138.6 licensed programs and settings, particularly other programs serving children; staff from the
138.7 Department of Children, Youth, and Families with expertise in the licensing standards for
138.8 home child care and child care centers; the Early Intensive Developmental and Behavioral
138.9 Advisory Council; families of individuals receiving EIDBI services; advocates for individuals
138.10 receiving EIDBI services; and other community partners and interested parties.

138.11 (b) The working group must advise the commissioner as the commissioner develops
138.12 comprehensive EIDBI licensing standards and a plan to transition EIDBI agencies from the
138.13 provisional license established under Minnesota Statutes, section 245A.142, to a newly
138.14 established comprehensive EIDBI license. The working group must provide the commissioner
138.15 with advice on at least the following topics:

138.16 (1) basic health and safety standards;

138.17 (2) basic physical plant standards;

138.18 (3) medication management and other ancillary services that might be provided by EIDBI
138.19 providers;

138.20 (4) privacy and the use of cameras in settings where EIDBI services are being provided;

138.21 (5) third-party billing procedures and requirements;

138.22 (6) billing standards and policies regarding duplicative, simultaneous, and mid-point
138.23 billing practices;

138.24 (7) measures of clinical effectiveness; and

138.25 (8) appropriate restrictions on the commissioner's authority under Minnesota Statutes,
138.26 section 256B.0949, subdivision 17, to issue exceptions to EIDBI provider qualifications,
138.27 medical assistance provider enrollment requirements, and EIDBI provider or agency standards
138.28 or requirements.

138.29 (c) By January 1, 2027, the commissioner must propose standards for a nonprovisional,
138.30 comprehensive EIDBI license or licenses, and submit proposed draft legislation to the chairs
138.31 and ranking minority members of the legislative committees with jurisdiction over EIDBI
138.32 services.

139.1 Sec. 87. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
139.2 **TEMPORARY MORATORIUM ON ENROLLMENT OF NEW EIDBI PROVIDERS.**

139.3 Upon federal approval and subject to continued federal approval, beginning July 1, 2025,
139.4 the commissioner must not enroll new EIDBI agencies to provide EIDBI services under

139.5 Minnesota Statutes, chapter 256B, unless the agency is licensed as an EIDBI agency under
139.6 Minnesota Statutes, chapter 245A, but may enroll new locations where EIDBI services are
139.7 provided by an agency that was enrolled prior to July 1, 2025.

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

139.9 Sec. 88. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
139.10 **INCREASE TO PAYMENTS FOR FAMILY RESIDENTIAL AND LIFE SHARING**
139.11 **SERVICES.**

139.12 Effective January 1, 2026, or upon federal approval, whichever is later, the commissioner
139.13 of human services must increase by 51.69 percent payment rates previously established
139.14 under Minnesota Statutes, section 256B.4914, subdivision 19, for family residential services.
139.15 Rates for life sharing services must be ten percent higher than the corresponding family
139.16 residential services rate established under this section.

139.17 Sec. 89. **COMMISSIONER OF HUMAN SERVICES; WAIVER CASE**
139.18 **MANAGEMENT EVALUATION AND RATE STUDY.**

139.19 Subdivision 1. **Reimbursement rate study.** The commissioner of human services must
139.20 issue a request for proposals to develop and model a proposed reimbursement rate
139.21 methodology for waiver case management services under Minnesota Statutes, sections
139.22 256B.0913, 256B.092, 256B.0922, and 256B.49, and Minnesota Statutes, chapter 256S.
139.23 The proposed methodology for waiver case management reimbursement rates must be
139.24 predicated on a methodology that is transparent, culturally responsive, and supportive of
139.25 lead agency staffing needed to provide high-quality, person-centered, and culturally
139.26 responsive case management services. The development of the rate methodology must
139.27 consider costs and workforce pressures that impact the delivery of case management services;
139.28 costs to provide culturally responsive case management services as described in Minnesota
139.29 Statutes, section 256B.076, subdivision 3; and compensation required to attract and retain
139.30 qualified case managers.

139.31 Subd. 2. **Evaluation of case management service delivery.** The commissioner must
139.32 conduct an evaluation of lead agency duties associated with waiver case management;
139.33 current caseloads; best practices related to caseloads and case mix; required professional
140.1 qualifications, experience, and training of case management professionals; and quality
140.2 assurance measures, and make recommendations to improve the quality, consistency, and
140.3 timeliness of the provision of waiver case management services.

140.4 Subd. 3. **Community engagement.** (a) The commissioner must consult with interested
140.5 parties from across each region of the state including, but not limited to, lead agencies,
140.6 contracted waiver case management service providers, culturally responsive providers,
140.7 individuals receiving services and their families, advocacy organizations, and relevant
140.8 experts in the development of the request for proposals under subdivision 1.

140.9 (b) The commissioner must collaborate with interested parties from across each region
140.10 of the state including, but not limited to, lead agencies, contracted waiver case management

140.11 service providers, culturally responsive providers, individuals receiving services and their
140.12 families, advocacy organizations, and relevant experts in the evaluation of the delivery of
140.13 waiver case management services.

140.14 Subd. 4. **Recommendations and reports.** By December 15, 2025, the commissioner
140.15 of human services must submit a preliminary report to the chairs and ranking minority
140.16 members of the legislative committees with jurisdiction over human services policy and
140.17 finance on the initial results of the rate study and service delivery evaluation. By December
140.18 15, 2026, the commissioner of human services must submit to the chairs and ranking minority
140.19 members of committees with jurisdiction over health and human services a report detailing
140.20 (1) the waiver rate methodology, including all rate components, and modeled rates; and (2)
140.21 findings and recommendations of the evaluation of case management service delivery. The
140.22 report must include (1) legislative language necessary to modify existing or implement new
140.23 rate methodologies and a detailed fiscal analysis of the proposed rate methodology; and (2)
140.24 legislative language necessary to implement recommendations to improve wavier case
140.25 management service delivery.

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

140.27 Sec. 90. **CHAPTER 245D PROVIDER LICENSING TIMELINESS IMPROVEMENT**
140.28 **INITIATIVE.**

140.29 (a) The commissioner of human services must conduct a comprehensive business process
140.30 analysis and redesign of the provider licensing system with a particular focus on Minnesota
140.31 Statutes, chapter 245D, licensing activities.

140.32 (b) The commissioner's business process analysis must include at least the following
140.33 elements:

141.1 (1) a full mapping of the current provider licensing process, including provider inquiry,
141.2 application intake, documentation requirements, inspections, background checks, approval
141.3 or denial, and renewal processes;

141.4 (2) identification of all bottlenecks, backlogs, batches, redundancies, and inefficiencies;

141.5 (3) engagement with providers, people receiving services, lead agencies, and advocates
141.6 and other stakeholders to gather feedback on process challenges and recommendations for
141.7 improvement; and

141.8 (4) analysis of opportunities to incorporate digital and tech solutions or workflow
141.9 automation.

141.10 (c) When developing a proposal to redesign Minnesota Statutes, chapter 245D, licensing
141.11 processes to better service individuals and providers, the commissioner must work directly
141.12 with licensing staff, managers, and leadership and develop revised performance metrics and
141.13 timelines, including a target average time frame for initial license decisions and renewals
141.14 with the creation of a dashboard assuring transparency and ongoing accountability.

80.9 Sec. 64. **REPEALER.**

80.10 (a) Laws 2021, First Special Session chapter 7, article 13, section 75, subdivision 3, as
80.11 amended by Laws 2024, chapter 108, article 1, section 28, is repealed effective the day
80.12 following final enactment.

80.13 (b) Laws 2021, First Special Session chapter 7, article 13, section 75, subdivision 6, as
80.14 amended by Laws 2024, chapter 108, article 1, section 28, is repealed effective the day
80.15 following final enactment.

141.15 (d) By January 1, 2026, the commissioner must submit to the chairs and ranking minority
141.16 members of the legislative committees with jurisdiction over human services licensing and
141.17 over long-term services and supports a report that includes:

141.18 (1) the findings of the analysis of current Minnesota Statutes, chapter 245D, provider
141.19 licensing processes;

141.20 (2) the proposed redesign of Minnesota Statutes, chapter 245D, provider licensing
141.21 processes;

141.22 (3) an implementation plan of agreed upon improvements with timelines and required
141.23 resources; and

141.24 (4) recommended statutory or regulatory changes, if any, necessary to support
141.25 implementation.

141.26 Sec. 91. **REPEALER.**

141.27 Subdivision 1. **Obsolete home and community-based services licensing**
141.28 **provisions.** Minnesota Statutes 2024, section 245A.042, subdivisions 2, 3, and 4, are
141.29 repealed.

141.30 Subd. 2. **Direct care provider premiums.** Laws 2023, chapter 59, article 3, section 11,
141.31 is repealed.

142.1 Subd. 3. **Legislative Task Force on Guardianship.** Laws 2024, chapter 127, article
142.2 46, section 39, is repealed.

142.3 Subd. 4. **Revision of treatment modalities.** Minnesota Statutes 2024, section 256B.0949,
142.4 subdivision 9, is repealed.

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