

1.1 Senator ..... moves to amend S.F. No. 5335 as follows:

1.2 Page 8, line 16, strike "(g)" and insert "(h)"

1.3 Page 10, line 9, before the period, insert "and grant variances to paragraph (b) to allow  
1.4 the facility to admit an individual under the age of 55 if the variance complies with section  
1.5 245A.04, subdivision 9, and approval of the variance is recommended by the county in  
1.6 which the licensed facility is located"

1.7 Page 10, line 14, delete "the day following final enactment" and insert "August 1, 2024"

1.8 Page 12, line 9, strike everything after the period

1.9 Page 12, strike lines 10 and 11

1.10 Page 12, line 12, strike everything before "The"

1.11 Page 18, delete section 17

1.12 Page 21, line 5, delete "Consumer-direct" and insert "Consumer-directed"

1.13 Page 26, delete section 31 and insert:

1.14 "Sec. 30. Minnesota Statutes 2023 Supplement, section 245A.03, subdivision 7, as amended  
1.15 by Laws 2024, chapter 80, article 2, section 37, and Laws 2024, chapter 85, section 53, is  
1.16 amended to read:

1.17 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license  
1.18 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult  
1.19 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter  
1.20 for a physical location that will not be the primary residence of the license holder for the  
1.21 entire period of licensure. If a family adult foster care home license is issued during this  
1.22 moratorium, and the license holder changes the license holder's primary residence away  
1.23 from the physical location of the foster care license, the commissioner shall revoke the  
1.24 license according to section 245A.07. The commissioner shall not issue an initial license  
1.25 for a community residential setting licensed under chapter 245D. When approving an  
1.26 exception under this paragraph, the commissioner shall consider the resource need  
1.27 determination process in paragraph (h), the availability of foster care licensed beds in the  
1.28 geographic area in which the licensee seeks to operate, the results of a person's choices  
1.29 during their annual assessment and service plan review, and the recommendation of the  
1.30 local county board. The determination by the commissioner is final and not subject to appeal.  
1.31 Exceptions to the moratorium include:

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

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

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

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

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

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

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

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

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

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

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

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

(i) The commissioner must notify a license holder when its corporate foster care or community residential setting licensed beds are reduced under this section. The notice of reduction of licensed beds must be in writing and delivered to the license holder by certified mail or personal service. The notice must state why the licensed beds are reduced and must inform the license holder of its right to request reconsideration by the commissioner. The license holder's request for reconsideration must be in writing. If mailed, the request for reconsideration must be postmarked and sent to the commissioner within 20 calendar days

after the license holder's receipt of the notice of reduction of licensed beds. If a request for reconsideration is made by personal service, it must be received by the commissioner within 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

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

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

Page 32, line 9, after the semicolon, insert "and"

Page 32, delete line 10

Page 32, line 11, delete "(5)" and insert "(4)" and delete "; or" and insert a period

Page 32, delete lines 12 and 13

Page 32, line 14, delete "prioritize" and insert "identify"

Page 32, line 16, delete everything after "256S" and insert a period

Page 32, delete lines 17 to 23

Page 32, line 27, delete everything after "efficiencies" and insert "for"

Page 32, line 28, delete everything before "service"

Page 32, line 29, delete everything before the comma

Page 33, delete section 34

Page 34, delete section 36

Page 36, after line 15, insert:

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

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

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

5.2 (1) providers of home care services licensed under chapter 144A;

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

5.4 (3) with an average daily census of medical assistance and MinnesotaCare enrollees of  
5.5 20 percent or higher in the 12 months prior to application.

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

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

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

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

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

5.16 (5) other activities approved by the commissioner.

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

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

5.23 Page 42, line 22, delete "\$4,000" and insert "\$4,114"

5.24 Page 43, line 18, delete "is" and insert "are"

5.25 Page 43, delete section 1

5.26 Page 54, delete section 13

5.27 Page 57, line 5, delete "\$145" and insert "\$141"

5.28 Page 62, delete section 3

5.29 Page 64, delete section 2 and insert:

"Sec. 2. Minnesota Statutes 2023 Supplement, section 246.0135, as amended by Laws 2024, chapter 79, article 1, section 3, is amended to read:

**246.0135 OPERATION OF REGIONAL TREATMENT CENTERS.**

(a) The executive board is prohibited from closing any regional treatment center or state-operated nursing home ~~or~~, from closing any program at any of the regional treatment centers or state-operated nursing homes, and from closing the community addiction recovery enterprise program located in Carlton or modifying the population served by the program, without specific legislative authorization.

(b) Prior to closing or downsizing a regional treatment center, the executive board is responsible for assuring that community-based alternatives developed in response are adequate to meet the program needs identified by each county within the catchment area and do not require additional local county property tax expenditures.

(c) The nonfederal share of the cost of alternative treatment or care developed as the result of the closure of a regional treatment center, including costs associated with fulfillment of responsibilities under chapter 253B must be paid from state money appropriated for purposes specified in section 246C.11.

(d) The executive board must not divert state money used for providing for care or treatment of persons residing in a regional treatment center for purposes unrelated to the care and treatment of such persons.

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

Page 65, line 16, delete "OR" and insert "AND"

Page 70, line 23, after "amend" insert "Minnesota Statutes, section 253.10, subdivision 1,"

Page 98, delete subdivisions 5 and 6

Page 107, line 2, delete "serves" and insert "serve"

Page 109, delete section 36 and insert:

"Sec. 36. Minnesota Statutes 2023, section 246C.10, as added by Laws 2024, chapter 79, article 1, section 24, is amended to read:

**246C.10 FORENSIC SERVICES.**

Subdivision 1. **Maintenance of forensic services.** (a) The executive board shall create and maintain forensic services programs.

(b) The executive board must provide forensic services in coordination with counties and other vendors.

(c) Forensic services must include specialized inpatient programs at secure treatment facilities, consultive services, aftercare services, community-based services and programs, transition services, nursing home services, or other services consistent with the mission of the Department of Direct Care and Treatment.

(d) The executive board ~~shall~~ may adopt rules to carry out the provision of this section and to govern the operation of the services and programs under the direct administrative authority of the executive board.

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

Page 113, delete section 1 and insert:

"Section 1. **FREE COMMUNICATION SERVICES.**

Subdivision 1. Free communication services. (a) A facility must provide patients and clients with voice communication services. A facility may supplement voice communication services with other communication services, including but not limited to video communication and email or electronic messaging services. A facility must continue to offer the services the facility offered as of January 1, 2024.

(b) To the extent that voice or other communication services are provided, which must not be limited beyond program participation and routine facility policies and procedures, neither the individual initiating the communication nor the individual receiving the communication must be charged for the service.

Subd. 2. Communication services restrictions. Nothing in this section allows a patient or client to violate an active protection order, harassment restraining order, or other no-contact order or directive. Nothing in this section entitles a civilly committed person to communication services restricted or limited under section 253B.03, subdivision 3, or 253D.19.

Subd. 3. Revenue prohibited. Direct Care and Treatment must not receive revenue from the provision of voice communication services or any other communication services under this section.

Subd. 4. Visitation programs. (a) Facilities shall maintain in-person visits for patients or clients. Communication services, including video calls, must not be used to replace a

8.1 facility's in-person visitation program or be counted toward a patient's or client's in-person  
8.2 visitation limit.

8.3 (b) Notwithstanding paragraph (a), Direct Care and Treatment may waive the in-person  
8.4 visitation program requirement under this subdivision if there is:

8.5 (1) a declared emergency under section 12.31; or

8.6 (2) a local-, state-, or federal-declared natural disaster.

8.7 Subd. 5. **Reporting.** (a) By January 15, 2026, Direct Care and Treatment must report  
8.8 the information described in paragraph (b) to the commissioner of corrections. By March  
8.9 15, 2026, the commissioner of corrections must submit a summary of the information  
8.10 submitted under this paragraph to the chairs and ranking minority members of the legislative  
8.11 committees having jurisdiction over corrections and human services policy and finance.

8.12 (b) Direct Care and Treatment must include the following information covering fiscal  
8.13 year 2025 in its annual report to the commissioner of corrections required under paragraph  
8.14 (a):

8.15 (1) the status of all the agency's communication contracts; efforts to renegotiate the  
8.16 agency's communication contracts, including the rates the agency is paying or charging  
8.17 confined people or community members for any and all services in the contracts; and plans  
8.18 to consolidate the agency's communication contracts to maximize purchasing power;

8.19 (2) a complete and detailed accounting of how appropriated funds for communication  
8.20 services are spent, including spending on expenses previously covered by commissions;  
8.21 and

8.22 (3) summary data on usage of all communication services, including monthly call and  
8.23 message volume.

8.24 Subd. 6. **Definitions.** For the purposes of this section, the following terms have the  
8.25 meanings given:

8.26 (1) "voice communications" means real-time, audio-only communication services,  
8.27 namely phone calls made over wireline telephony, voice over Internet protocol, or any other  
8.28 technology infrastructure;

8.29 (2) "other communication services" means communication services other than voice  
8.30 communications, including but not limited to video calls and electronic messages; and

8.31 (3) "facility" means any facility, setting, or program owned, operated, or under the  
8.32 programmatic or fiscal control of Direct Care and Treatment.

Subd. 7. **Expiration.** Subdivisions 1 to 4 expire June 30, 2025. Subdivisions 5 and 6 expire upon submission by Direct Care and Treatment of the report to the legislature required under subdivision 5."

Page 115, line 17, delete "PLANNING" and after "HUB" insert "PLANNING"

Page 117, delete section 1 and insert:

"Section 1. **HUMAN SERVICES APPROPRIATION.**

The sums shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2023, chapter 61, article 9; Laws 2023, chapter 70, article 20; and Laws 2023, chapter 74, section 6, to the agencies and for the purposes specified in this article. The appropriations are from the general fund or other named fund and are available for the fiscal years indicated for each purpose. The figures "2024" and "2025" used in this article mean that the addition to or subtraction from the appropriation listed under them is available for the fiscal year ending June 30, 2024, or June 30, 2025, respectively. Base adjustments mean the increase or decrease of the base level adjustment set in Laws 2023, chapter 61, article 9; Laws 2023, chapter 70, article 20; and Laws 2023, chapter 74, section 6. Supplemental appropriations and reductions to appropriations for the fiscal year ending June 30, 2024, are effective the day following final enactment unless a different effective date is explicit.

<b><u>APPROPRIATIONS</u></b>	
<b><u>Available for the Year</u></b>	
<b><u>Ending June 30</u></b>	
<b><u>2024</u></b>	<b><u>2025</u></b>

Page 117, line 23, delete "(4,872,000)" and insert "(5,261,000)" and delete "50,381,000" and insert "50,055,000"

Page 117, line 27, delete "2,485,000" and insert "2,165,000"

Page 117, line 30, delete "\$2,186,000" and insert "\$1,682,000"

Page 118, line 2, delete "\$25,000" and insert "\$175,000"

Page 118, line 3, delete "\$25,000" and insert "\$175,000"

Page 118, line 5, delete "(1,342,000)" and insert "(1,731,000)" and delete "4,846,000" and insert "5,435,000"

Page 118, line 17, delete "\$4,057,000" and insert "\$455,000 in fiscal year 2025 is available until June 30, 2026, and \$4,193,000"

- 10.1 Page 118, line 24, delete "935,000" and insert "1,265,000"
- 10.2 Page 118, line 30, delete "4,758,000" and insert "7,994,000"
- 10.3 Page 119, delete subdivisions 7 and 8 and insert:
- 10.4 "Subd. 7. Forecasted Programs; Behavioral
- 10.5 Health Fund -0- 1,519,000"
- 10.6 Page 120, delete lines 7 to 10
- 10.7 Page 120, line 26, delete everything after the period
- 10.8 Page 120, delete lines 27 to 29
- 10.9 Page 121, line 17, delete everything after the period
- 10.10 Page 121, delete lines 18 to 34
- 10.11 Page 122, line 2, delete "9,000,000" and insert "8,922,000"
- 10.12 Page 122, line 4, delete "\$4,000,000" and insert "\$3,922,000"
- 10.13 Page 122, delete lines 20 to 30
- 10.14 Page 122, line 31, delete "10,561,000" and insert "13,535,000"
- 10.15 Page 123, line 9, delete everything after the period
- 10.16 Page 123, delete lines 10 to 13
- 10.17 Page 123, line 21, delete everything after the period
- 10.18 Page 123, delete lines 22 to 24
- 10.19 Page 124, line 13, delete everything after the period
- 10.20 Page 124, delete lines 14 to 16
- 10.21 Page 124, delete lines 24 to 27
- 10.22 Page 125, line 4, delete everything after the period
- 10.23 Page 125, delete lines 5 to 7
- 10.24 Page 125, delete lines 12 to 15
- 10.25 Page 125, line 22, delete everything after the period
- 10.26 Page 125, delete lines 23 to 25
- 10.27 Page 125, line 31, delete "are" and insert "is"
- 10.28 Page 126, after line 5, insert:

11.1 **"(i) Electronic Visit Verification**

11.2 **Implementation Grants. \$1,596,000 in fiscal**  
11.3 **year 2025 is for electronic visit verification**  
11.4 **implementation grants. This is a onetime**  
11.5 **appropriation. Notwithstanding Minnesota**  
11.6 **Statutes, section 16A.28, subdivision 3, this**  
11.7 **appropriation is available until June 30, 2027.**

11.8 **(j) SEWA-AIFW. \$500,000 in fiscal year**  
11.9 **2025 is for a grant to SEWA-AIFW. Of this**  
11.10 **amount, \$150,000 is for SEWA-AIFW's South**  
11.11 **Asian persons of neurodiverse abilities**  
11.12 **(SAPNA) program and \$350,000 is for**  
11.13 **SEWA-AIFW's senior program. This is a**  
11.14 **onetime appropriation. Notwithstanding**  
11.15 **Minnesota Statutes, section 16A.28,**  
11.16 **subdivision 3, this appropriation is available**  
11.17 **until June 30, 2027.**

11.18 **(k) Base Level Adjustment. The general fund**  
11.19 **base is increased by \$1,811,000 in fiscal year**  
11.20 **2026 and \$1,811,000 in fiscal year 2027."**

11.21 Page 126, line 14, delete everything after the period

11.22 Page 126, delete lines 15 to 17, and insert:

11.23 **"Base Level Adjustment. The general fund**  
11.24 **base is decreased by \$1,811,000 in fiscal year**  
11.25 **2026 and \$1,811,000 in fiscal year 2027."**

11.26 Page 126, delete lines 22 to 24

11.27 Page 126, line 31, delete "606,000" and insert "898,000"

11.28 Page 126, line 35, delete "Minnesota Statutes, section 246.0142" and insert "article 6,  
11.29 section 1"

11.30 Page 127, line 4, delete "2027" and insert "2026"

11.31 Page 127, after line 7, insert:

- 12.1     **"Subd. 15. Grant Administration Costs**
- 12.2     Notwithstanding Minnesota Statutes, section
- 12.3     16B.98, subdivision 14, the commissioner of
- 12.4     human services must not use any of the grant
- 12.5     amounts appropriated under this section for
- 12.6     administrative costs."
- 12.7         Renumber the subdivisions in sequence
- 12.8         Page 127, line 9, delete everything after "HEALTH"
- 12.9         Page 127, delete subdivision 1 and insert:
- 12.10    **"Subdivision 1. Total Appropriation**                                 -0-                 986,000
- 12.11                         Appropriations by Fund
- 12.12   2024                 2025
- 12.13    General                                 -0-                 724,000
- 12.14    State Government
- 12.15    Special Revenue                                 -0-                 262,000
- 12.16    The amounts that may be spent for each
- 12.17    purpose are specified in the following
- 12.18    subdivisions.
- 12.19    **Subd. 2. Health Improvement**                                 -0-                 554,000
- 12.20    **(a) Community Care Hub Grant. \$500,000**
- 12.21    in fiscal year 2025 is from the general fund
- 12.22    for the community care hub planning grant.
- 12.23    Notwithstanding Minnesota Statutes, section
- 12.24    16A.28, subdivision 3, this appropriation is
- 12.25    available until June 30, 2027. This is a onetime
- 12.26    appropriation.
- 12.27    **(b) Carryforward Authority.**
- 12.28    Notwithstanding Minnesota Statutes, section
- 12.29    16A.28, subdivision 3, \$54,000 in fiscal year
- 12.30    2025 is available for administration expenses
- 12.31    until June 30, 2026."
- 12.32         Page 127, line 13, delete "262,000" and insert "432,000"
- 12.33         Page 127, after line 13, insert:

13.1 "Appropriations by Fund

13.2	<u>General</u>	-0-	<u>170,000</u>
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### 13.3 State Government

13.4	<u>Special Revenue</u>	<u>-0-</u>	<u>262,000"</u>
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13.5 Page 127, line 18, after the third comma, insert "and \$170,000 in fiscal year 2025 is  
13.6 from the general fund"

13.6 from the general fund"

13.7 Page 127, line 26, delete everything after the period

13.8 Page 127, delete lines 27 to 29

13.9 Page 127, after line 33, insert:

13.10 "Subd. 4. **Grant Administration Costs**

13.11 Notwithstanding Minnesota Statutes, section

13.12 16B.98, subdivision 14, the commissioner of

13.13 health must not use any of the grant amounts

13.14 appropriated under this section for

13.15 administrative costs."

13.16 Renumber the subdivisions in sequence

13.17 Page 128, delete section 5

13.18 Page 142, after line 16, insert:

13.19 "Sec. 8. EXPIRATION OF UNCODIFIED LANGUAGE.

13.20 All uncoded language contained in this article expires on June 30, 2025, unless a

13.21 different expiration date is explicit."

13.22 Renumber the sections in sequence and correct the internal references

13.23 Correct the subdivision and section totals and the appropriations by fund

13.24 Amend the title accordingly