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ARTICLE 1

2.3

DEPARTMENT OF DIRECT CARE AND TREATMENT

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Sec. 3. Minnesota Statutes 2023 Supplement, section 246.0135, is amended to read:

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246.0135 OPERATION OF REGIONAL TREATMENT CENTERS.

3.3

(a) The ~~commissioner of human services~~ executive board is prohibited from closing any regional treatment center or state-operated nursing home or any program at any of the regional treatment centers or state-operated nursing homes, without specific legislative authorization.

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(b) Prior to closing or downsizing a regional treatment center, the ~~commissioner of human services~~ shall be 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.

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(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 ~~shall~~ must be paid from state ~~funds~~ money appropriated for purposes specified in section ~~246.013~~ 246C.11.

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Sec. 44. Minnesota Statutes 2023 Supplement, section 246.0135, is amended to read:

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246.0135 OPERATION OF REGIONAL TREATMENT CENTERS.

32.5

(a) The ~~commissioner of human services~~ executive board is prohibited from closing any regional treatment center or state-operated nursing home or any program at any of the regional treatment centers or state-operated nursing homes, without specific legislative authorization.

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(b) Prior to closing or downsizing a regional treatment center, the ~~commissioner of human services~~ shall be 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.

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(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 ~~shall~~ must be paid from state ~~funds~~ money appropriated for purposes specified in section ~~246.013~~ 246C.11.

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~~(d) The commissioner may not divert state funds 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.~~

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Sec. 45. Minnesota Statutes 2023 Supplement, section 246.0135, is amended to read:

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246.0135 OPERATION OF REGIONAL TREATMENT CENTERS.

32.23

~~(a) The commissioner of human services is prohibited from closing any regional treatment center or state-operated nursing home or any program at any of the regional treatment centers or state-operated nursing homes, without specific legislative authorization.~~

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~~(b) Prior to closing or downsizing a regional treatment center, the commissioner of human services shall be 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.~~

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~~(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 shall be paid from state funds appropriated for purposes specified in section 246.013.~~

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

8.19 Sec. 19. Minnesota Statutes 2023 Supplement, section 246C.02, is amended to read:

8.20 **246C.02 DEPARTMENT OF DIRECT CARE AND TREATMENT;**
8.21 **ESTABLISHMENT.**

8.22 Subdivision 1. Establishment. ~~(a)~~ The Department of Direct Care and Treatment is
8.23 created. An executive board shall head the Department of Direct Care and Treatment.

8.24 Subd. 2. **Mission.** (a) The executive board shall develop and maintain direct care and
8.25 treatment in a manner consistent with applicable law, including chapters 13, 245, 246, 246B,
8.26 252, 253, 253B, 253C, 253D, 254A, 254B, and 256.

8.27 (b) The Department of Direct Care and Treatment executive board shall provide direct
8.28 care and treatment services in coordination with the commissioner of human services,
8.29 counties, and other vendors.

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

1.25 Sec. 2. Minnesota Statutes 2023 Supplement, section 246C.02, is amended to read:

1.26 **246C.02 DEPARTMENT OF DIRECT CARE AND TREATMENT;**
1.27 **ESTABLISHMENT.**

1.28 ~~(a)~~ The Department of Direct Care and Treatment is created. An executive board shall
1.29 head the Department of Direct Care and Treatment. ~~The executive board shall develop and~~
1.30 ~~maintain direct care and treatment in a manner consistent with applicable law, including~~
1.31 ~~chapters 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256. The~~
2.1 ~~Department of Direct Care and Treatment shall provide direct care and treatment services~~
2.2 ~~in coordination with counties and other vendors. Direct care and treatment services shall~~
2.3 ~~include specialized inpatient programs at secure treatment facilities as defined in sections~~
2.4 ~~253B.02, subdivision 18a, and 253D.02, subdivision 13; community preparation services;~~
2.5 ~~regional treatment centers; enterprise services; consultative services; aftercare services;~~
2.6 ~~community-based services and programs; transition services; nursing home services; and~~
2.7 ~~other services consistent with the mission of the Department of Direct Care and Treatment.~~

2.8 ~~(b) "Community preparation services" means specialized inpatient or outpatient services~~
2.9 ~~or programs operated outside of a secure environment but administered by a secure treatment~~
2.10 ~~facility.~~

2.11 Sec. 3. Minnesota Statutes 2023 Supplement, section 246C.02, is amended to read:

2.12 **246C.02 DEPARTMENT OF DIRECT CARE AND TREATMENT;**
2.13 **ESTABLISHMENT.**

2.14 ~~(a) The Department of Direct Care and Treatment is created. An executive board shall~~
2.15 ~~head the Department of Direct Care and Treatment. The executive board shall develop and~~
2.16 ~~maintain direct care and treatment in a manner consistent with applicable law, including~~
2.17 ~~chapters 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256.~~

2.18 (b) The Department of Direct Care and Treatment executive board shall provide direct
2.19 care and treatment services in coordination with the commissioner of human services,
2.20 counties, and other vendors. Direct care and treatment services shall include specialized
2.21 inpatient programs at secure treatment facilities as defined in sections 253B.02, subdivision
2.22 18a, and 253D.02, subdivision 13; community preparation services; regional treatment
2.23 centers; enterprise services; consultative services; aftercare services; community-based
2.24 services and programs; transition services; nursing home services; and other services
2.25 consistent with the mission of the Department of Direct Care and Treatment.

8.30 Subd. 3. **Direct care and treatment services.** Direct care and treatment services shall
8.31 include specialized inpatient programs at secure treatment facilities ~~as defined in sections~~
9.1 ~~253B.02, subdivision 18a, and 253D.02, subdivision 13;~~ community preparation services;₂
9.2 regional treatment centers;₂ enterprise services;₂ consultative services;₂ aftercare services;₂
9.3 community-based services and programs;₂ transition services;₂ nursing home services;₂ and
9.4 other services consistent with the mission of the Department of Direct Care and Treatment.

9.5 ~~(b) "Community preparation services" means specialized inpatient or outpatient services~~
9.6 ~~or programs operated outside of a secure environment but administered by a secure treatment~~
9.7 ~~facility.~~

9.8 Subd. 4. **Statewide services.** (a) The administrative structure of state-operated services
9.9 must be statewide in character.

9.10 (b) The state-operated services staff may deliver services at any location throughout the
9.11 state.

2.26 ~~(b) "Community preparation services" means specialized inpatient or outpatient services~~
2.27 ~~or programs operated outside of a secure environment but administered by a secure treatment~~
2.28 ~~facility.~~

3.1 Sec. 4. Minnesota Statutes 2023 Supplement, section 246C.02, is amended to read:

3.2 **246C.02 DEPARTMENT OF DIRECT CARE AND TREATMENT;**
3.3 **ESTABLISHMENT.**

3.4 ~~(a) The Department of Direct Care and Treatment is created. An executive board shall~~
3.5 ~~head the Department of Direct Care and Treatment. The executive board shall develop and~~
3.6 ~~maintain direct care and treatment in a manner consistent with applicable law, including~~
3.7 ~~chapters 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256. The~~
3.8 ~~Department of Direct Care and Treatment shall provide direct care and treatment services~~
3.9 ~~in coordination with counties and other vendors. Direct care and treatment services shall~~
3.10 include specialized inpatient programs at secure treatment facilities ~~as defined in sections~~
3.11 ~~253B.02, subdivision 18a, and 253D.02, subdivision 13;~~ community preparation services;₂
3.12 regional treatment centers;₂ enterprise services;₂ consultative services;₂ aftercare services;₂
3.13 community-based services and programs;₂ transition services;₂ nursing home services;₂ and
3.14 other services consistent with the mission of the Department of Direct Care and Treatment.

3.15 ~~(b) "Community preparation services" means specialized inpatient or outpatient services~~
3.16 ~~or programs operated outside of a secure environment but administered by a secure treatment~~
3.17 ~~facility.~~

3.18 Sec. 5. Minnesota Statutes 2022, section 246.014, is amended to read:

3.19 **246.014 SERVICES.**

3.20 ~~The measure of services are:~~

3.21 ~~(a) The commissioner of human services shall develop and maintain state-operated~~
3.22 ~~services in a manner consistent with sections 245.461 and 245.487 and chapters 252, 254A,~~
3.23 ~~and 254B. State-operated services shall be provided in coordination with counties and other~~
3.24 ~~vendors. State-operated services shall include regional treatment centers, specialized inpatient~~
3.25 ~~or outpatient treatment programs, enterprise services, community-based services and~~
3.26 ~~programs, community preparation services, consultative services, and other services~~
3.27 ~~consistent with the mission of the Department of Human Services. These services shall~~
3.28 ~~include crisis beds, waived homes, intermediate care facilities, and day training and~~
3.29 ~~habilitation facilities. The administrative structure of state-operated services must be~~
3.30 statewide in character.

3.31 (b) The state-operated services staff may deliver services at any location throughout the
3.32 state.

4.1 ~~(b) The commissioner of human services shall create and maintain forensic services~~
4.2 ~~programs. Forensic services shall be provided in coordination with counties and other~~

9.12 Subd. 5. **Department of Human Services as state agency.** The commissioner of human
9.13 services continues to constitute the "state agency" as defined by the Social Security Act of
9.14 the United States and the laws of this state for all purposes relating to mental health and
9.15 mental hygiene.

4.3 ~~vendors. Forensic services shall include specialized inpatient programs at secure treatment~~
4.4 ~~facilities as defined in sections 253B.02, subdivision 18a, and 253D.02, subdivision 13,~~
4.5 ~~consultative services, aftercare services, community-based services and programs, transition~~
4.6 ~~services, nursing home services, or other services consistent with the mission of the~~
4.7 ~~Department of Human Services.~~

4.8 ~~(e) Community preparation services as identified in paragraphs (a) and (b) are defined~~
4.9 ~~as specialized inpatient or outpatient services or programs operated outside of a secure~~
4.10 ~~environment but are administered by a secured treatment facility.~~

4.11 ~~(d) The commissioner of human services may establish policies and procedures which~~
4.12 ~~govern the operation of the services and programs under the direct administrative authority~~
4.13 ~~of the commissioner.~~

4.14 Sec. 6. Minnesota Statutes 2022, section 246.01, is amended to read:

4.15 **246.01 POWERS AND DUTIES.**

4.16 ~~The commissioner of human services is hereby specifically constituted the guardian of~~
4.17 ~~all persons with developmental disabilities, the guardianship of whom has heretofore been~~
4.18 ~~vested in the State Board of Control or in the director of social welfare whether by operation~~
4.19 ~~of law or by an order of court without any further act or proceeding, and all the powers and~~
4.20 ~~duties vested in or imposed upon the State Board of Control or the director of social welfare,~~
4.21 ~~with reference to mental testing of persons with developmental disability, and with reference~~
4.22 ~~to the institutions of the state of Minnesota except correctional facilities administered and~~
4.23 ~~managed by the commissioner of corrections, are hereby transferred to, vested in, and~~
4.24 ~~imposed upon the commissioner of human services, and in relation thereto is hereby charged~~
4.25 ~~with and shall have the exclusive power of administration and management of all of the~~
4.26 ~~following state institutions: state hospitals for persons with developmental disability, mental~~
4.27 ~~illness, or substance use disorder. The commissioner shall have power and authority to~~
4.28 ~~determine all matters relating to the unified and continuous development of all of the~~
4.29 ~~foregoing institutions and of such other institutions, the supervision of which may, from~~
4.30 ~~time to time, be vested in the commissioner. It is intended that there be vested in the~~
4.31 ~~commissioner all of the powers, functions, and authority heretofore vested in the State Board~~
4.32 ~~of Control relative to such state institutions. The commissioner shall have the power and~~
4.33 ~~authority to accept, in behalf of the state, contributions and gifts of money and personal~~
4.34 ~~property for the use and benefit of the residents of the public institutions under the~~
5.1 ~~commissioner's control, and all money and securities so received shall be deposited in the~~
5.2 ~~state treasury subject to the order of the commissioner of human services. If the gift or~~
5.3 ~~contribution is designated by the donor for a certain institution or purpose, the commissioner~~
5.4 ~~of human services shall expend or use the same as nearly as may be in accordance with the~~
5.5 ~~conditions of the gift or contribution, compatible with the best interests of the inmates and~~
5.6 ~~the state. The commissioner of human services is hereby constituted continues to constitute~~
5.7 ~~the "state agency" as defined by the Social Security Act of the United States and the laws~~
5.8 ~~of this state for all purposes relating to mental health and mental hygiene.~~

10.9 Sec. 22. Minnesota Statutes 2023 Supplement, section 246C.04, is amended to read:

10.10 **246C.04 TRANSFER OF DUTIES.**

10.11 Subdivision 1. **Transfer of duties.** (a) Section 15.039 applies to the transfer of duties

10.12 required by this chapter.

10.13 (b) The commissioner of administration, with the governor's approval, shall issue

10.14 reorganization orders under section 16B.37 as necessary to carry out the transfer of duties

10.15 required by section 246C.03. The provision of section 16B.37, subdivision 1, stating that

10.16 transfers under section 16B.37 may only be to an agency that has existed for at least one

10.17 year does not apply to transfers to an agency created by this chapter.

10.18 (c) The initial salary for the health systems chief executive officer of the Department of

10.19 Direct Care and Treatment is the same as the salary for the health systems chief executive

10.20 officer of direct care and treatment at the Department of Human Services immediately before

10.21 July 1, 2024.

10.22 (d) This subdivision expires January 1, 2025.

10.23 Subd. 2. **Transfer of custody of civilly committed persons.** (a) Custody of persons

10.24 subject to civil commitment under chapter 253B or 253D and in the custody of the

10.25 commissioner of human services is hereby transferred to the executive board without any

10.26 further act or proceeding. Authority and responsibility for the commitment of such persons

10.27 is transferred to the executive board.

10.28 (b) This subdivision expires January 1, 2025.

5.9 ~~For the purpose of carrying out these duties, the commissioner of human services shall~~

5.10 ~~accept from wards with developmental disabilities for whom the commissioner is specifically~~

5.11 ~~appointed guardian a signed application for consent to the marriage of said ward. Upon~~

5.12 ~~receipt of such application the commissioner shall promptly conduct such investigation as~~

5.13 ~~the commissioner deems proper and determine if the contemplated marriage is for the best~~

5.14 ~~interest of the ward and the public. A signed copy of the commissioner's determination shall~~

5.15 ~~be mailed to the ward and to the court administrator of the district court of the county where~~

5.16 ~~the application for such marriage license was made.~~

5.17 ~~There is hereby appropriated to such persons or institutions as are entitled to such sums~~

5.18 ~~as are provided for in this section, from the fund or account in the state treasury to which~~

5.19 ~~the money was credited, an amount sufficient to make such payment.~~

6.12 Sec. 9. Minnesota Statutes 2023 Supplement, section 246C.04, is amended to read:

6.13 **246C.04 TRANSFER OF DUTIES.**

6.14 (a) Section 15.039 applies to the transfer of duties required by this chapter.

6.15 (b) The commissioner of administration, with the governor's approval, shall issue

6.16 reorganization orders under section 16B.37 as necessary to carry out the transfer of duties

6.17 required by section 246C.03. The provision of section 16B.37, subdivision 1, stating that

6.18 transfers under section 16B.37 may only be to an agency that has existed for at least one

6.19 year does not apply to transfers to an agency created by this chapter.

6.20 (c) The initial salary for the health systems chief executive officer of the Department of

6.21 Direct Care and Treatment is the same as the salary for the ~~health systems~~ chief executive

6.22 officer of direct care and treatment at the Department of Human Services immediately before

6.23 July 1, 2024.

6.24 (d) This subdivision expires January 1, 2025.

6.25 Sec. 10. Minnesota Statutes 2023 Supplement, section 246C.04, is amended by adding a

6.26 subdivision to read:

6.27 Subd. 2. **Custody of civilly committed clients.** (a) Custody of clients subject to civil

6.28 commitment under chapter 253B or 253D and in the custody of the commissioner of human

6.29 services is hereby transferred to the executive board without any further act or proceeding.

6.30 Authority and responsibility for the commitment of such clients is transferred to the executive

6.31 board.

7.1 (b) This subdivision expires January 1, 2025.

10.29 Subd. 3. **Control of direct care and treatment.** (a) The powers and duties vested in or
10.30 imposed upon the commissioner of human services with reference to any state-operated
10.31 service, program, or facility are hereby transferred to, vested in, and imposed upon the
10.32 executive board according to this chapter. The executive board is hereby charged with and
11.1 has the exclusive power of administration and management of all state hospitals for persons
11.2 with a developmental disability, mental illness, or substance use disorder. The executive
11.3 board has the power and authority to determine all matters relating to the development of
11.4 all of the foregoing institutions and of such other institutions vested in the executive board.
11.5 The powers, functions, and authority vested in the commissioner of human services relative
11.6 to such state institutions are hereby transferred to the executive board according to this
11.7 chapter.

11.8 (b) This subdivision expires January 1, 2025.

7.2 Sec. 11. Minnesota Statutes 2022, section 246.01, is amended to read:

7.3 **246.01 POWERS AND DUTIES.**

7.4 The commissioner of human services is hereby specifically constituted the guardian of
7.5 all persons with developmental disabilities, the guardianship of whom has heretofore been
7.6 vested in the State Board of Control or in the director of social welfare whether by operation
7.7 of law or by an order of court without any further act or proceeding, and all the powers and
7.8 duties vested in or imposed upon the State Board of Control or the director of social welfare,
7.9 with reference to mental testing of persons with developmental disability, and with reference
7.10 to the institutions of the state of Minnesota except correctional facilities administered and
7.11 managed by the commissioner of corrections, are hereby transferred to, vested in, and
7.12 imposed upon the commissioner of human services, and in relation thereto All the powers
7.13 and duties vested in or imposed upon the commissioner of human services with reference
7.14 to any state-operated service, program, or facility are hereby transferred to, vested in, and
7.15 imposed upon the executive board. The executive board is hereby charged with and shall
7.16 have has the exclusive power of administration and management of all of the following
7.17 ~~state institutions:~~ state hospitals for persons with developmental disability, mental illness,
7.18 or substance use disorder. The ~~commissioner shall have~~ executive board has power and
7.19 authority to determine all matters relating to the unified and continuous development of all
7.20 of the foregoing institutions and of such other institutions, the supervision of which may,
7.21 from time to time, be vested in the commissioner. It is intended that there be vested in the
7.22 ~~commissioner~~ All of the powers, functions, and authority heretofore vested in the State
7.23 ~~Board of Control,~~ commissioner of human services relative to such state institutions are
7.24 hereby transferred to the executive board. The commissioner shall have the power and
7.25 authority to accept, in behalf of the state, contributions and gifts of money and personal
7.26 property for the use and benefit of the residents of the public institutions under the
7.27 commissioner's control, and all money and securities so received shall be deposited in the
7.28 state treasury subject to the order of the commissioner of human services. If the gift or
7.29 contribution is designated by the donor for a certain institution or purpose, the commissioner
7.30 of human services shall expend or use the same as nearly as may be in accordance with the
7.31 conditions of the gift or contribution, compatible with the best interests of the inmates and
7.32 the state. The commissioner of human services is hereby constituted the "state agency" as
7.33 defined by the Social Security Act of the United States and the laws of this state for all
7.34 purposes relating to mental health and mental hygiene.

8.1 For the purpose of carrying out these duties, the commissioner of human services shall
8.2 accept from wards with developmental disabilities for whom the commissioner is specifically
8.3 appointed guardian a signed application for consent to the marriage of said ward. Upon
8.4 receipt of such application the commissioner shall promptly conduct such investigation as
8.5 the commissioner deems proper and determine if the contemplated marriage is for the best
8.6 interest of the ward and the public. A signed copy of the commissioner's determination shall
8.7 be mailed to the ward and to the court administrator of the district court of the county where
8.8 the application for such marriage license was made.

8.9 There is hereby appropriated to such persons or institutions as are entitled to such sums
8.10 as are provided for in this section, from the fund or account in the state treasury to which
8.11 the money was credited, an amount sufficient to make such payment.

8.12 Sec. 12. Minnesota Statutes 2022, section 246.01, is amended to read:

8.13 **246.01 POWERS AND DUTIES.**

8.14 The commissioner of human services is hereby specifically constituted the guardian of
8.15 all persons with developmental disabilities, the guardianship of whom has heretofore been
8.16 vested in the State Board of Control or in the director of social welfare whether by operation
8.17 of law or by an order of court without any further act or proceeding, and all the powers and
8.18 duties vested in or imposed upon the State Board of Control or the director of social welfare,
8.19 with reference to mental testing of persons with developmental disability, and with reference
8.20 to the institutions of the state of Minnesota except correctional facilities administered and
8.21 managed by the commissioner of corrections, are hereby transferred to, vested in, and
8.22 imposed upon the commissioner of human services, and in relation thereto is hereby charged
8.23 with and shall have the exclusive power of administration and management of all of the
8.24 following state institutions: state hospitals for persons with developmental disability, mental
8.25 illness, or substance use disorder. The commissioner shall have power and authority to
8.26 determine all matters relating to the unified and continuous development of all of the
8.27 foregoing institutions and of such other institutions, the supervision of which may, from
8.28 time to time, be vested in the commissioner. It is intended that there be vested in the
8.29 commissioner all of the powers, functions, and authority heretofore vested in the State Board
8.30 of Control relative to such state institutions. The commissioner shall have the power and
8.31 authority to accept, in behalf of the state, contributions and gifts of money and personal
8.32 property for the use and benefit of the residents of the public institutions under the
8.33 commissioner's control, and all money and securities so received shall be deposited in the
8.34 state treasury subject to the order of the commissioner of human services. If the gift or
9.1 contribution is designated by the donor for a certain institution or purpose, the commissioner
9.2 of human services shall expend or use the same as nearly as may be in accordance with the
9.3 conditions of the gift or contribution, compatible with the best interests of the inmates and
9.4 the state. The commissioner of human services is hereby constituted the "state agency" as
9.5 defined by the Social Security Act of the United States and the laws of this state for all
9.6 purposes relating to mental health and mental hygiene.

9.7 For the purpose of carrying out these duties, the commissioner of human services shall
9.8 accept from wards with developmental disabilities for whom the commissioner is specifically
9.9 appointed guardian a signed application for consent to the marriage of said ward. Upon
9.10 receipt of such application the commissioner shall promptly conduct such investigation as
9.11 the commissioner deems proper and determine if the contemplated marriage is for the best
9.12 interest of the ward and the public. A signed copy of the commissioner's determination shall
9.13 be mailed to the ward and to the court administrator of the district court of the county where
9.14 the application for such marriage license was made.

11.9 Subd. 4. **Appropriations.** There is hereby appropriated to such persons or institutions
11.10 as are entitled to such sums as are provided for in this section, from the fund or account in
11.11 the state treasury to which the money was credited, an amount sufficient to make such
11.12 payment.

13.1 Sec. 24. **[246C.06] EXECUTIVE BOARD; POWERS AND DUTIES.**

13.2 Subdivision 1. **Establishment.** The executive board of the Department of Direct Care
13.3 and Treatment is established.

13.4 Subd. 2. **Membership of the executive board.** The executive board shall consist of no
13.5 more than five members, all appointed by the governor.

13.6 Subd. 3. **Qualifications of members.** An executive board member's qualifications must
13.7 be appropriate for overseeing a complex behavioral health system, such as experience
13.8 serving on a hospital or nonprofit board, serving as a public sector labor union representative,
13.9 delivering behavioral health services or care coordination, or working as a licensed health
13.10 care provider in an allied health profession or in health care administration.

9.15 There is hereby appropriated to such persons or institutions as are entitled to such sums
9.16 as are provided for in this section, from the fund or account in the state treasury to which
9.17 the money was credited, an amount sufficient to make such payment.

11.4 Sec. 14. **[246C.06] EXECUTIVE BOARD; POWERS AND DUTIES.**

11.5 Subdivision 1. **Establishment.** The executive board of the Department of Direct Care
11.6 and Treatment is established.

11.7 Sec. 15. Minnesota Statutes 2023 Supplement, section 246C.03, subdivision 2, is amended
11.8 to read:

11.9 Subd. 2. **Development of Department of Direct Care and Treatment Board.** (a) ~~The~~
11.10 ~~commissioner of human services shall prepare legislation for introduction during the 2024~~
11.11 ~~legislative session, with input from stakeholders the commissioner deems necessary,~~
11.12 ~~proposing legislation for the creation and implementation of the Direct Care and Treatment~~
11.13 ~~executive board and defining the responsibilities, powers, and function of the Department~~
11.14 ~~of Direct Care and Treatment executive board.~~

11.15 (b) ~~The Department of Direct Care and Treatment~~ executive board shall consist of no
11.16 more than five members, all appointed by the governor.

11.17 (c) ~~An executive board member's qualifications must be appropriate for overseeing a~~
11.18 ~~complex behavioral health system, such as experience serving on a hospital or non-profit~~
11.19 ~~board, serving as a public sector labor union representative, experience in delivery of~~
11.20 ~~behavioral health services or care coordination, or working as a licensed health care provider,~~
11.21 ~~in an allied health profession, or in health care administration.~~

11.22 Sec. 16. Minnesota Statutes 2023 Supplement, section 246C.03, subdivision 2, is amended
11.23 to read:

11.24 Subd. 2. **Development of Department of Direct Care and Treatment Board.** (a) ~~The~~
11.25 ~~commissioner of human services shall prepare legislation for introduction during the 2024~~
11.26 ~~legislative session, with input from stakeholders the commissioner deems necessary,~~
11.27 ~~proposing legislation for the creation and implementation of the Direct Care and Treatment~~
11.28 ~~executive board and defining the responsibilities, powers, and function of the Department~~
11.29 ~~of Direct Care and Treatment executive board.~~

11.30 (b) ~~The Department of Direct Care and Treatment~~ executive board shall consist of no
11.31 ~~more than five members, all appointed by the governor.~~

12.1 (e) An executive board member's qualifications must be appropriate for overseeing a
12.2 complex behavioral health system, such as experience serving on a hospital or non-profit
12.3 board, serving as a public sector labor union representative, experience in delivery of
12.4 behavioral health services or care coordination, or working as a licensed health care provider,
12.5 in an allied health profession, or in health care administration.

13.11 Subd. 4. Accepting contributions or gifts. (a) The executive board has the power and
13.12 authority to accept, on behalf of the state, contributions and gifts of money and personal
13.13 property for the use and benefit of the residents of the public institutions under the executive
13.14 board's control. All money and securities received must be deposited in the state treasury
13.15 subject to the order of the executive board.

13.16 (b) If the gift or contribution is designated by the donor for a certain institution or purpose,
13.17 the executive board shall expend or use the money as nearly in accordance with the conditions
13.18 of the gift or contribution, compatible with the best interests of the individuals under the
13.19 jurisdiction of the executive board and the state.

12.6 Sec. 17. Minnesota Statutes 2022, section 246.01, is amended to read:

12.7 **246.01 POWERS AND DUTIES.**

12.8 ~~The commissioner of human services is hereby specifically constituted the guardian of~~
12.9 ~~all persons with developmental disabilities, the guardianship of whom has heretofore been~~
12.10 ~~vested in the State Board of Control or in the director of social welfare whether by operation~~
12.11 ~~of law or by an order of court without any further act or proceeding, and all the powers and~~
12.12 ~~duties vested in or imposed upon the State Board of Control or the director of social welfare,~~
12.13 ~~with reference to mental testing of persons with developmental disability, and with reference~~
12.14 ~~to the institutions of the state of Minnesota except correctional facilities administered and~~
12.15 ~~managed by the commissioner of corrections, are hereby transferred to, vested in, and~~
12.16 ~~imposed upon the commissioner of human services, and in relation thereto is hereby charged~~
12.17 ~~with and shall have the exclusive power of administration and management of all of the~~
12.18 ~~following state institutions: state hospitals for persons with developmental disability, mental~~
12.19 ~~illness, or substance use disorder. The commissioner shall have power and authority to~~
12.20 ~~determine all matters relating to the unified and continuous development of all of the~~
12.21 ~~foregoing institutions and of such other institutions, the supervision of which may, from~~
12.22 ~~time to time, be vested in the commissioner. It is intended that there be vested in the~~
12.23 ~~commissioner all of the powers, functions, and authority heretofore vested in the State Board~~
12.24 ~~of Control relative to such state institutions. The commissioner shall have~~ (a) The executive
12.25 board has the power and authority to accept, in on behalf of the state, contributions and gifts
12.26 of money and personal property for the use and benefit of the residents of the public
12.27 institutions under the commissioner's executive board's control; and, All money and securities
12.28 ~~so~~ received ~~shall~~ must be deposited in the state treasury subject to the order of the
12.29 commissioner of human services executive board.

12.30 (b) If the gift or contribution is designated by the donor for a certain institution or purpose,
12.31 the ~~commissioner of human services~~ executive board shall expend or use the ~~same~~ money
12.32 as nearly ~~as may be~~ in accordance with the conditions of the gift or contribution, compatible
12.33 with the best interests of the ~~inmates~~ individuals under the jurisdiction of the direct care
12.34 and treatment executive board and the state. ~~The commissioner of human services is hereby~~
13.1 ~~constituted the "state agency" as defined by the Social Security Act of the United States~~
13.2 ~~and the laws of this state for all purposes relating to mental health and mental hygiene.~~

13.3 For the purpose of carrying out these duties, the commissioner of human services shall
13.4 accept from wards with developmental disabilities for whom the commissioner is specifically
13.5 appointed guardian a signed application for consent to the marriage of said ward. Upon
13.6 receipt of such application the commissioner shall promptly conduct such investigation as
13.7 the commissioner deems proper and determine if the contemplated marriage is for the best
13.8 interest of the ward and the public. A signed copy of the commissioner's determination shall
13.9 be mailed to the ward and to the court administrator of the district court of the county where
13.10 the application for such marriage license was made.

13.20 Subd. 5. **Federal aid or block grants.** The executive board may comply with all
13.21 conditions and requirements necessary to receive federal aid or block grants with respect
13.22 to the establishment, constructions, maintenance, equipment, or operation of adequate
13.23 facilities and services consistent with the mission of the Department of Direct Care and
13.24 Treatment.

13.11 ~~There is hereby appropriated to such persons or institutions as are entitled to such sums~~
13.12 ~~as are provided for in this section, from the fund or account in the state treasury to which~~
13.13 ~~the money was credited, an amount sufficient to make such payment.~~

15.3 Sec. 24. Minnesota Statutes 2022, section 245.71, subdivision 1, is amended to read:

15.4 Subdivision 1. **Federal aid or block grants.** The ~~commissioner of human services~~
15.5 executive board may comply with all conditions and requirements necessary to receive
15.6 federal aid or block grants with respect to the establishment, construction, maintenance,
15.7 equipment, or operation, ~~for all the people of this state,~~ of adequate facilities and services
15.8 ~~as specified in section 245.70~~ consistent with the mission of the Department of Direct Care
15.9 and Treatment.

15.10 Sec. 25. Minnesota Statutes 2022, section 256.01, subdivision 2, is amended to read:

15.11 Subd. 2. **Specific powers.** ~~Subject to the provisions of section 241.021, subdivision 2,~~
15.12 ~~the commissioner of human services shall carry out the specific duties in paragraphs (a)~~
15.13 ~~through (bb):~~

15.14 ~~(a) Administer and supervise all forms of public assistance provided for by state law~~
15.15 ~~and other welfare activities or services as are vested in the commissioner. Administration~~
15.16 ~~and supervision of human services activities or services includes, but is not limited to,~~
15.17 ~~assuring timely and accurate distribution of benefits, completeness of service, and quality~~
15.18 ~~program management. In addition to administering and supervising human services activities~~
15.19 ~~vested by law in the department, the commissioner shall have the authority to:~~

15.20 ~~(1) require county agency participation in training and technical assistance programs to~~
15.21 ~~promote compliance with statutes, rules, federal laws, regulations, and policies governing~~
15.22 ~~human services;~~

15.23 ~~(2) monitor, on an ongoing basis, the performance of county agencies in the operation~~
15.24 ~~and administration of human services, enforce compliance with statutes, rules, federal laws,~~
15.25 ~~regulations, and policies governing welfare services and promote excellence of administration~~
15.26 ~~and program operation;~~

15.27 ~~(3) develop a quality control program or other monitoring program to review county~~
15.28 ~~performance and accuracy of benefit determinations;~~

15.29 ~~(4) require county agencies to make an adjustment to the public assistance benefits issued~~
15.30 ~~to any individual consistent with federal law and regulation and state law and rule and to~~
15.31 ~~issue or recover benefits as appropriate;~~

16.1 ~~(5) delay or deny payment of all or part of the state and federal share of benefits and~~
16.2 ~~administrative reimbursement according to the procedures set forth in section 256.017;~~

16.3 ~~(6) make contracts with and grants to public and private agencies and organizations,~~
16.4 ~~both profit and nonprofit, and individuals, using appropriated funds; and~~

- 16.5 (7) enter into contractual agreements with federally recognized Indian tribes with a
 16.6 reservation in Minnesota to the extent necessary for the tribe to operate a federally approved
 16.7 family assistance program or any other program under the supervision of the commissioner.
 16.8 The commissioner shall consult with the affected county or counties in the contractual
 16.9 agreement negotiations, if the county or counties wish to be included, in order to avoid the
 16.10 duplication of county and tribal assistance program services. The commissioner may establish
 16.11 necessary accounts for the purposes of receiving and disbursing funds as necessary for the
 16.12 operation of the programs.
- 16.13 (b) Inform county agencies, on a timely basis, of changes in statute, rule, federal law,
 16.14 regulation, and policy necessary to county agency administration of the programs.
- 16.15 (c) Administer and supervise all child welfare activities; promote the enforcement of
 16.16 laws protecting children with a disability and children who are dependent, neglected, or
 16.17 delinquent, and children born to mothers who were not married to the children's fathers at
 16.18 the times of the conception nor at the births of the children; license and supervise child-caring
 16.19 and child-placing agencies and institutions; supervise the care of children in boarding and
 16.20 foster homes or in private institutions; and generally perform all functions relating to the
 16.21 field of child welfare now vested in the State Board of Control.
- 16.22 (d) Administer and supervise all noninstitutional service to persons with disabilities;
 16.23 including persons who have vision impairments, and persons who are deaf, deafblind, and
 16.24 hard of hearing or with other disabilities. The commissioner may provide and contract for
 16.25 the care and treatment of qualified indigent children in facilities other than those located
 16.26 and available at state hospitals when it is not feasible to provide the service in state hospitals.
- 16.27 (e) Assist and actively cooperate with other departments, agencies and institutions, local,
 16.28 state, and federal, by performing services in conformity with the purposes of Laws 1939,
 16.29 chapter 431.
- 16.30 (f) Act as the agent of and cooperate with the federal government in matters of mutual
 16.31 concern relative to and in conformity with the provisions of Laws 1939, chapter 431,
 16.32 including the administration of any federal funds granted to the state to aid in the performance
 16.33 of any functions of the commissioner as specified in Laws 1939, chapter 431, and including
 16.34 the promulgation of rules making uniformly available medical care benefits to all recipients
 17.1 of public assistance, at such times as the federal government increases its participation in
 17.2 assistance expenditures for medical care to recipients of public assistance, the cost thereof
 17.3 to be borne in the same proportion as are grants of aid to said recipients.
- 17.4 (g) Establish and maintain any administrative units reasonably necessary for the
 17.5 performance of administrative functions common to all divisions of the department.
- 17.6 (h) Act as designated guardian of both the estate and the person of all the wards of the
 17.7 state of Minnesota, whether by operation of law or by an order of court, without any further
 17.8 act or proceeding whatever, except as to persons committed as developmentally disabled.
 17.9 For children under the guardianship of the commissioner or a tribe in Minnesota recognized

17.10 by the Secretary of the Interior whose interests would be best served by adoptive placement;
17.11 the commissioner may contract with a licensed child-placing agency or a Minnesota tribal
17.12 social services agency to provide adoption services. A contract with a licensed child-placing
17.13 agency must be designed to supplement existing county efforts and may not replace existing
17.14 county programs or tribal social services, unless the replacement is agreed to by the county
17.15 board and the appropriate exclusive bargaining representative, tribal governing body, or the
17.16 commissioner has evidence that child placements of the county continue to be substantially
17.17 below that of other counties. Funds encumbered and obligated under an agreement for a
17.18 specific child shall remain available until the terms of the agreement are fulfilled or the
17.19 agreement is terminated.

17.20 (i) Act as coordinating referral and informational center on requests for service for newly
17.21 arrived immigrants coming to Minnesota.

17.22 (j) The specific enumeration of powers and duties as hereinabove set forth shall in no
17.23 way be construed to be a limitation upon the general transfer of powers herein contained.

17.24 (k) Establish county, regional, or statewide schedules of maximum fees and charges
17.25 which may be paid by county agencies for medical, dental, surgical, hospital, nursing and
17.26 nursing home care and medicine and medical supplies under all programs of medical care
17.27 provided by the state and for congregate living care under the income maintenance programs.

17.28 (l) Have the authority to conduct and administer experimental projects to test methods
17.29 and procedures of administering assistance and services to recipients or potential recipients
17.30 of public welfare. To carry out such experimental projects, it is further provided that the
17.31 commissioner of human services is authorized to waive the enforcement of existing specific
17.32 statutory program requirements, rules, and standards in one or more counties. The order
17.33 establishing the waiver shall provide alternative methods and procedures of administration,
17.34 shall not be in conflict with the basic purposes, coverage, or benefits provided by law, and
18.1 in no event shall the duration of a project exceed four years. It is further provided that no
18.2 order establishing an experimental project as authorized by the provisions of this section
18.3 shall become effective until the following conditions have been met:

18.4 (1) the secretary of health and human services of the United States has agreed, for the
18.5 same project, to waive state plan requirements relative to statewide uniformity; and

18.6 (2) a comprehensive plan, including estimated project costs, shall be approved by the
18.7 Legislative Advisory Commission and filed with the commissioner of administration.

18.8 (m) According to federal requirements, establish procedures to be followed by local
18.9 welfare boards in creating citizen advisory committees, including procedures for selection
18.10 of committee members.

18.11 (n) Allocate federal fiscal disallowances or sanctions which are based on quality control
18.12 error rates for the aid to families with dependent children program formerly codified in

18.13 ~~sections 256.72 to 256.87, medical assistance, or the Supplemental Nutrition Assistance~~
18.14 ~~Program (SNAP) in the following manner:~~

18.15 ~~(1) one-half of the total amount of the disallowance shall be borne by the county boards~~
18.16 ~~responsible for administering the programs. For the medical assistance and the AFDC~~
18.17 ~~program formerly codified in sections 256.72 to 256.87, disallowances shall be shared by~~
18.18 ~~each county board in the same proportion as that county's expenditures for the sanctioned~~
18.19 ~~program are to the total of all counties' expenditures for the AFDC program formerly codified~~
18.20 ~~in sections 256.72 to 256.87, and medical assistance programs. For SNAP, sanctions shall~~
18.21 ~~be shared by each county board, with 50 percent of the sanction being distributed to each~~
18.22 ~~county in the same proportion as that county's administrative costs for SNAP benefits are~~
18.23 ~~to the total of all SNAP administrative costs for all counties, and 50 percent of the sanctions~~
18.24 ~~being distributed to each county in the same proportion as that county's value of SNAP~~
18.25 ~~benefits issued are to the total of all benefits issued for all counties. Each county shall pay~~
18.26 ~~its share of the disallowance to the state of Minnesota. When a county fails to pay the amount~~
18.27 ~~due hereunder, the commissioner may deduct the amount from reimbursement otherwise~~
18.28 ~~due the county, or the attorney general, upon the request of the commissioner, may institute~~
18.29 ~~civil action to recover the amount due; and~~

18.30 ~~(2) notwithstanding the provisions of clause (1), if the disallowance results from knowing~~
18.31 ~~noncompliance by one or more counties with a specific program instruction, and that knowing~~
18.32 ~~noncompliance is a matter of official county board record, the commissioner may require~~
18.33 ~~payment or recover from the county or counties, in the manner prescribed in clause (1), an~~
19.1 ~~amount equal to the portion of the total disallowance which resulted from the noncompliance,~~
19.2 ~~and may distribute the balance of the disallowance according to clause (1).~~

19.3 ~~(e) Develop and implement special projects that maximize reimbursements and result~~
19.4 ~~in the recovery of money to the state. For the purpose of recovering state money, the~~
19.5 ~~commissioner may enter into contracts with third parties. Any recoveries that result from~~
19.6 ~~projects or contracts entered into under this paragraph shall be deposited in the state treasury~~
19.7 ~~and credited to a special account until the balance in the account reaches \$1,000,000. When~~
19.8 ~~the balance in the account exceeds \$1,000,000, the excess shall be transferred and credited~~
19.9 ~~to the general fund. All money in the account is appropriated to the commissioner for the~~
19.10 ~~purposes of this paragraph.~~

19.11 ~~(p) Have the authority to establish and enforce the following county reporting~~
19.12 ~~requirements:~~

19.13 ~~(1) the commissioner shall establish fiscal and statistical reporting requirements necessary~~
19.14 ~~to account for the expenditure of funds allocated to counties for human services programs.~~
19.15 ~~When establishing financial and statistical reporting requirements, the commissioner shall~~
19.16 ~~evaluate all reports, in consultation with the counties, to determine if the reports can be~~
19.17 ~~simplified or the number of reports can be reduced;~~

19.18 ~~(2) the county board shall submit monthly or quarterly reports to the department as~~
19.19 ~~required by the commissioner. Monthly reports are due no later than 15 working days after~~

19.20 the end of the month. Quarterly reports are due no later than 30 calendar days after the end
19.21 of the quarter, unless the commissioner determines that the deadline must be shortened to
19.22 20 calendar days to avoid jeopardizing compliance with federal deadlines or risking a loss
19.23 of federal funding. Only reports that are complete, legible, and in the required format shall
19.24 be accepted by the commissioner;

19.25 (3) if the required reports are not received by the deadlines established in clause (2), the
19.26 commissioner may delay payments and withhold funds from the county board until the next
19.27 reporting period. When the report is needed to account for the use of federal funds and the
19.28 late report results in a reduction in federal funding, the commissioner shall withhold from
19.29 the county boards with late reports an amount equal to the reduction in federal funding until
19.30 full federal funding is received;

19.31 (4) a county board that submits reports that are late, illegible, incomplete, or not in the
19.32 required format for two out of three consecutive reporting periods is considered
19.33 noncompliant. When a county board is found to be noncompliant, the commissioner shall
19.34 notify the county board of the reason the county board is considered noncompliant and
20.1 request that the county board develop a corrective action plan stating how the county board
20.2 plans to correct the problem. The corrective action plan must be submitted to the
20.3 commissioner within 45 days after the date the county board received notice of
20.4 noncompliance;

20.5 (5) the final deadline for fiscal reports or amendments to fiscal reports is one year after
20.6 the date the report was originally due. If the commissioner does not receive a report by the
20.7 final deadline, the county board forfeits the funding associated with the report for that
20.8 reporting period and the county board must repay any funds associated with the report
20.9 received for that reporting period;

20.10 (6) the commissioner may not delay payments, withhold funds, or require repayment
20.11 under clause (3) or (5) if the county demonstrates that the commissioner failed to provide
20.12 appropriate forms, guidelines, and technical assistance to enable the county to comply with
20.13 the requirements. If the county board disagrees with an action taken by the commissioner
20.14 under clause (3) or (5), the county board may appeal the action according to sections 14.57
20.15 to 14.69; and

20.16 (7) counties subject to withholding of funds under clause (3) or forfeiture or repayment
20.17 of funds under clause (5) shall not reduce or withhold benefits or services to clients to cover
20.18 costs incurred due to actions taken by the commissioner under clause (3) or (5);

20.19 (q) Allocate federal fiscal disallowances or sanctions for audit exceptions when federal
20.20 fiscal disallowances or sanctions are based on a statewide random sample in direct proportion
20.21 to each county's claim for that period.

- 13.25 Subd. 6. Operation of a communication systems account. (a) The executive board
 13.26 may operate a communications systems account established in Laws 1993, First Special
 13.27 Session chapter 1, article 1, section 2, subdivision 2, to manage shared communication costs
 13.28 necessary for the operation of the regional treatment centers the executive board supervises.
- 13.29 (b) Each account must be used to manage shared communication costs necessary for the
 13.30 operations of the regional treatment centers the executive board supervises. The executive
 13.31 board may distribute the costs of operating and maintaining communication systems to
 13.32 participants in a manner that reflects actual usage. Costs may include acquisition, licensing,
 14.1 insurance, maintenance, repair, staff time, and other costs as determined by the executive
 14.2 board.
- 14.3 (c) Nonprofit organizations and state, county, and local government agencies involved
 14.4 in the operation of regional treatment centers the executive board supervises may participate
 14.5 in the use of the executive board's communication technology and share in the cost of
 14.6 operation.
- 14.7 (d) The executive board may accept on behalf of the state any gift, bequest, devise,
 14.8 personal property of any kind, or money tendered to the state for any lawful purpose
 14.9 pertaining to the communication activities under this section. Any money received for this
 14.10 purpose must be deposited into the executive board's communication systems account.
 14.11 Money collected by the executive board for the use of communication systems must be

- 20.22 ~~(r) Be responsible for ensuring the detection, prevention, investigation, and resolution~~
 20.23 ~~of fraudulent activities or behavior by applicants, recipients, and other participants in the~~
 20.24 ~~human services programs administered by the department.~~
- 20.25 ~~(s) Require county agencies to identify overpayments, establish claims, and utilize all~~
 20.26 ~~available and cost-beneficial methodologies to collect and recover these overpayments in~~
 20.27 ~~the human services programs administered by the department.~~
- 20.28 ~~(t) Have the authority to administer the federal drug rebate program for drugs purchased~~
 20.29 ~~under the medical assistance program as allowed by section 1927 of title XIX of the Social~~
 20.30 ~~Security Act and according to the terms and conditions of section 1927. Rebates shall be~~
 20.31 ~~collected for all drugs that have been dispensed or administered in an outpatient setting and~~
 20.32 ~~that are from manufacturers who have signed a rebate agreement with the United States~~
 20.33 ~~Department of Health and Human Services.~~
- 21.1 ~~(u) Have the authority to administer a supplemental drug rebate program for drugs~~
 21.2 ~~purchased under the medical assistance program. The commissioner may enter into~~
 21.3 ~~supplemental rebate contracts with pharmaceutical manufacturers and may require prior~~
 21.4 ~~authorization for drugs that are from manufacturers that have not signed a supplemental~~
 21.5 ~~rebate contract. Prior authorization of drugs shall be subject to the provisions of section~~
 21.6 ~~256B.0625, subdivision 13.~~
- 21.7 ~~(v) Operate the department's a communication systems account established in Laws~~
 21.8 ~~1993, First Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared~~
 21.9 ~~communication costs necessary for the operation of the programs regional treatment centers~~
 21.10 ~~the commissioner executive board supervises. A communications account may also be~~
 21.11 ~~established for each regional treatment center which operates communications systems.~~
 21.12 Each account must be used to manage shared communication costs necessary for the
 21.13 operations of the programs regional treatment centers the commissioner executive board
 21.14 supervises. The commissioner executive board may distribute the costs of operating and
 21.15 maintaining communication systems to participants in a manner that reflects actual usage.
 21.16 Costs may include acquisition, licensing, insurance, maintenance, repair, staff time and
 21.17 other costs as determined by the commissioner executive board. Nonprofit organizations
 21.18 and state, county, and local government agencies involved in the operation of programs
 21.19 regional treatment centers the commissioner executive board supervises may participate in
 21.20 the use of the department's communications technology and share in the cost of operation.
 21.21 The commissioner executive board may accept on behalf of the state any gift, bequest,
 21.22 devise, or personal property of any kind, or money tendered to the state for any lawful
 21.23 purpose pertaining to the communication activities of the department under this section.
 21.24 Any money received for this purpose must be deposited in the department's communication
 21.25 systems accounts account. Money collected by the commissioner executive board for the
 21.26 use of communication systems must be deposited in the state communication systems
 21.27 account and is appropriated to the commissioner executive board for purposes of this section.

14.12 deposited into the state communication systems account and is appropriated to the executive

14.13 board for purposes of this section.

21.28 (w) Receive any federal matching money that is made available through the medical

21.29 assistance program for the consumer satisfaction survey. Any federal money received for

21.30 the survey is appropriated to the commissioner for this purpose. The commissioner may

21.31 expend the federal money received for the consumer satisfaction survey in either year of

21.32 the biennium.

21.33 (x) Designate community information and referral call centers and incorporate cost

21.34 reimbursement claims from the designated community information and referral call centers

21.35 into the federal cost reimbursement claiming processes of the department according to

22.1 federal law, rule, and regulations. Existing information and referral centers provided by

22.2 Greater Twin Cities United Way or existing call centers for which Greater Twin Cities

22.3 United Way has legal authority to represent, shall be included in these designations upon

22.4 review by the commissioner and assurance that these services are accredited and in

22.5 compliance with national standards. Any reimbursement is appropriated to the commissioner

22.6 and all designated information and referral centers shall receive payments according to

22.7 normal department schedules established by the commissioner upon final approval of

22.8 allocation methodologies from the United States Department of Health and Human Services

22.9 Division of Cost Allocation or other appropriate authorities.

22.10 (y) Develop recommended standards for foster care homes that address the components

22.11 of specialized therapeutic services to be provided by foster care homes with those services.

22.12 (z) Authorize the method of payment to or from the department as part of the human

22.13 services programs administered by the department. This authorization includes the receipt

22.14 or disbursement of funds held by the department in a fiduciary capacity as part of the human

22.15 services programs administered by the department.

22.16 (aa) Designate the agencies that operate the Senior LinkAge Line under section 256.075,

22.17 subdivision 7, and the Disability Hub under subdivision 24 as the state of Minnesota Aging

22.18 and Disability Resource Center under United States Code, title 42, section 3001, the Older

22.19 Americans Act Amendments of 2006, and incorporate cost reimbursement claims from the

22.20 designated centers into the federal cost reimbursement claiming processes of the department

22.21 according to federal law, rule, and regulations. Any reimbursement must be appropriated

22.22 to the commissioner and treated consistent with section 256.011. All Aging and Disability

22.23 Resource Center designated agencies shall receive payments of grant funding that supports

22.24 the activity and generates the federal financial participation according to Board on Aging

22.25 administrative granting mechanisms.

14.14 Sec. 25. [246C.10] FORENSIC SERVICES.

24.1 Sec. 30. Minnesota Statutes 2022, section 246.014, is amended to read:

24.2 **246.014 SERVICES.**

24.3 The measure of services are:

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

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

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

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

14.26 Sec. 26. [246C.11] STATE-OPERATED, COMMUNITY-BASED PROGRAMS.

14.27 Subdivision 1. State-operated, community-based programs established. The executive
14.28 board shall establish and maintain a system of state-operated, community-based programs
14.29 for persons with developmental disabilities.

24.4 ~~(a) The commissioner of human services shall develop and maintain state-operated~~
24.5 ~~services in a manner consistent with sections 245.461 and 245.487 and chapters 252, 254A,~~
24.6 ~~and 254B. State-operated services shall be provided in coordination with counties and other~~
24.7 ~~vendors. State-operated services shall include regional treatment centers, specialized inpatient~~
24.8 ~~or outpatient treatment programs, enterprise services, community-based services and~~
24.9 ~~programs, community preparation services, consultative services, and other services~~
24.10 ~~consistent with the mission of the Department of Human Services. These services shall~~
24.11 ~~include crisis beds, waived homes, intermediate care facilities, and day training and~~
24.12 ~~habilitation facilities. The administrative structure of state-operated services must be~~
24.13 ~~statewide in character. The state-operated services staff may deliver services at any location~~
24.14 ~~throughout the state.~~

24.15 ~~(b)~~ (a) The ~~commissioner of human services~~ executive board shall create and maintain
24.16 forensic services programs.

24.17 (b) The executive board must provide forensic services ~~shall be provided~~ in coordination
24.18 with counties and other vendors.

24.19 (c) Forensic services ~~shall~~ must include specialized inpatient programs at secure treatment
24.20 facilities ~~as defined in sections 253B.02, subdivision 18a, and 253D.02, subdivision 13,~~
24.21 consultative services, aftercare services, community-based services and programs, transition
24.22 services, nursing home services, or other services consistent with the mission of the
24.23 Department of ~~Human Services~~ Direct Care and Treatment.

24.24 ~~(e) Community preparation services as identified in paragraphs (a) and (b) are defined~~
24.25 ~~as specialized inpatient or outpatient services or programs operated outside of a secure~~
24.26 ~~environment but are administered by a secured treatment facility.~~

24.27 (d) The ~~commissioner of human services~~ may establish policies and procedures which
24.28 executive board shall adopt rules to carry out the provision of this section and to govern the
24.29 operation of the services and programs under the direct administrative authority of the
24.30 ~~commissioner~~ executive board.

25.26 Sec. 33. Minnesota Statutes 2022, section 252.50, subdivision 1, is amended to read:

25.27 Subdivision 1. **Community-based programs established.** The ~~commissioner~~ executive
25.28 board shall establish and maintain a system of state-operated, community-based programs
25.29 for persons with developmental disabilities. For purposes of this section, "state-operated,
25.30 community-based program" means a program administered by the state to provide treatment
25.31 and habilitation in noninstitutional community settings to persons with developmental
25.32 disabilities. Employees of the programs, except clients who work within and benefit from
26.1 these treatment and habilitation programs, must be state employees under chapters 43A and
26.2 179A. Although any clients who work within and benefit from these treatment and
26.3 habilitation programs are not employees under chapters 43A and 179A, the Department of
26.4 Human Services may consider clients who work within and benefit from these programs
26.5 employees for federal tax purposes. The establishment of state-operated, community-based

14.30 Subd. 2. **State-operated, community-based program definition.** For purposes of this
14.31 section, "state-operated, community-based program" means a program administered by the
15.1 state to provide treatment and habilitation in noninstitutional community settings to a person
15.2 with a developmental disability.

26.6 ~~programs must be within the context of a comprehensive definition of the role of~~
26.7 ~~state-operated services in the state. The role of state-operated services must be defined~~
26.8 ~~within the context of a comprehensive system of services for persons with developmental~~
26.9 ~~disabilities. State-operated, community-based programs may include, but are not limited~~
26.10 ~~to, community group homes, foster care, supportive living services, day training and~~
26.11 ~~habilitation programs, and respite care arrangements. The commissioner may operate the~~
26.12 ~~pilot projects established under Laws 1985, First Special Session chapter 9, article 1, section~~
26.13 ~~2, subdivision 6, and shall, within the limits of available appropriations, establish additional~~
26.14 ~~state-operated, community-based programs for persons with developmental disabilities.~~
26.15 ~~State-operated, community-based programs may accept admissions from regional treatment~~
26.16 ~~centers, from the person's own home, or from community programs. State-operated,~~
26.17 ~~community-based programs offering day program services may be provided for persons~~
26.18 ~~with developmental disabilities who are living in state-operated, community-based residential~~
26.19 ~~programs until July 1, 2000. No later than 1994, the commissioner, together with family~~
26.20 ~~members, counties, advocates, employee representatives, and other interested parties, shall~~
26.21 ~~begin planning so that by July 1, 2000, state-operated, community-based residential facilities~~
26.22 ~~will be in compliance with section 252.41, subdivision 9.~~

26.23 Sec. 34. Minnesota Statutes 2022, section 252.50, subdivision 1, is amended to read:

26.24 Subdivision 1. **Community-based programs established.** ~~The commissioner shall~~
26.25 ~~establish a system of state-operated, community-based programs for persons with~~
26.26 ~~developmental disabilities. For purposes of this section, "state-operated, community-based~~
26.27 ~~program" means a program administered by the state to provide treatment and habilitation~~
26.28 ~~in noninstitutional community settings to persons with developmental disabilities. Employees~~
26.29 ~~of the programs, except clients who work within and benefit from these treatment and~~
26.30 ~~habilitation programs, must be state employees under chapters 43A and 179A. Although~~
26.31 ~~any clients who work within and benefit from these treatment and habilitation programs are~~
26.32 ~~not employees under chapters 43A and 179A, the Department of Human Services may~~
26.33 ~~consider clients who work within and benefit from these programs employees for federal~~
26.34 ~~tax purposes. The establishment of state-operated, community-based programs must be~~
26.35 ~~within the context of a comprehensive definition of the role of state-operated services in~~
27.1 ~~the state. The role of state-operated services must be defined within the context of a~~
27.2 ~~comprehensive system of services for persons with developmental disabilities. State-operated,~~
27.3 ~~community-based programs may include, but are not limited to, community group homes,~~
27.4 ~~foster care, supportive living services, day training and habilitation programs, and respite~~
27.5 ~~care arrangements. The commissioner may operate the pilot projects established under Laws~~
27.6 ~~1985, First Special Session chapter 9, article 1, section 2, subdivision 6, and shall, within~~
27.7 ~~the limits of available appropriations, establish additional state-operated, community-based~~
27.8 ~~programs for persons with developmental disabilities. State-operated, community-based~~
27.9 ~~programs may accept admissions from regional treatment centers, from the person's own~~
27.10 ~~home, or from community programs. State-operated, community-based programs offering~~
27.11 ~~day program services may be provided for persons with developmental disabilities who are~~
27.12 ~~living in state-operated, community-based residential programs until July 1, 2000. No later~~

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		27.13	than 1994, the commissioner, together with family members, counties, advocates, employee
		27.14	representatives, and other interested parties, shall begin planning so that by July 1, 2000,
		27.15	state-operated, community-based residential facilities will be in compliance with section
		27.16	252.41, subdivision 9.
		27.17	Sec. 35. Minnesota Statutes 2022, section 252.50, subdivision 1, is amended to read:
		27.18	Subdivision 1. Community-based programs established. The commissioner shall
		27.19	establish a system of state-operated, community-based programs for persons with
		27.20	developmental disabilities. For purposes of this section, "state-operated, community-based
		27.21	program" means a program administered by the state to provide treatment and habilitation
		27.22	in noninstitutional community settings to persons with developmental disabilities. Employees
		27.23	of the programs, except clients who work within and benefit from these treatment and
		27.24	habilitation programs, must be state employees under chapters 43A and 179A. Although
		27.25	any clients who work within and benefit from these treatment and habilitation programs are
		27.26	not employees under chapters 43A and 179A, the Department of Human Services may
		27.27	consider clients who work within and benefit from these programs employees for federal
		27.28	tax purposes. The establishment of state-operated, community-based programs must be
		27.29	within the context of a comprehensive definition of the role of state-operated services in
		27.30	the state. The role of state-operated services must be defined within the context of a
		27.31	comprehensive system of services for persons with developmental disabilities. State-operated,
		27.32	community-based programs may include, but are not limited to, community group homes,
		27.33	foster care, supportive living services, day training and habilitation programs, and respite
		27.34	care arrangements. The commissioner may operate the pilot projects established under Laws
		27.35	1985, First Special Session chapter 9, article 1, section 2, subdivision 6, and shall, within
		28.1	the limits of available appropriations, establish additional state-operated, community-based
		28.2	programs for persons with developmental disabilities. State-operated, community-based
		28.3	programs may accept admissions from regional treatment centers, from the person's own
		28.4	home, or from community programs. State-operated, community-based programs offering
		28.5	day program services may be provided for persons with developmental disabilities who are
		28.6	living in state-operated, community-based residential programs until July 1, 2000. No later
		28.7	than 1994, the commissioner, together with family members, counties, advocates, employee
		28.8	representatives, and other interested parties, shall begin planning so that by July 1, 2000,
		28.9	state-operated, community-based residential facilities will be in compliance with section
		28.10	252.41, subdivision 9.
		28.11	Sec. 36. Minnesota Statutes 2022, section 252.50, subdivision 1, is amended to read:
		28.12	Subdivision 1. Community-based programs established. The commissioner shall
		28.13	establish a system of state-operated, community-based programs for persons with
		28.14	developmental disabilities. For purposes of this section, "state-operated, community-based
		28.15	program" means a program administered by the state to provide treatment and habilitation
		28.16	in noninstitutional community settings to persons with developmental disabilities. Employees
		28.17	of the programs, except clients who work within and benefit from these treatment and
		28.18	habilitation programs, must be state employees under chapters 43A and 179A. Although
<u>the establishment of state-operated,</u> <u>text of a comprehensive definition of</u> <u>role of state-operated services must be</u> <u>m of services with developmental</u>			
<u>-based programs. State-operated,</u> <u>limited to community group homes,</u> <u>and habilitation programs, and respite</u>			

15.12 Subd. 5. **Technical training; community-based programs.** (a) In conjunction with the
15.13 discharge of persons from regional treatment centers and their admission to state-controlled
15.14 and privately operated community-based programs, the executive board may provide
15.15 technical training assistance to the community-based programs. The executive board may
15.16 apply for and accept money from any source including reimbursement charges from the
15.17 community-based programs for reasonable costs of training. Money received must be
15.18 deposited in the general fund and is appropriated annually to the executive board for training
15.19 under this section.

15.20 (b) The executive board must coordinate with the commissioner of human services to
15.21 provide technical training assistance to community-based programs under this section and
15.22 section 245.073.

28.19 ~~any clients who work within and benefit from these treatment and habilitation programs are~~
28.20 ~~not employees under chapters 43A and 179A, the Department of Human Services may~~
28.21 ~~consider clients who work within and benefit from these programs employees for federal~~
28.22 ~~tax purposes. The establishment of state-operated, community-based programs must be~~
28.23 ~~within the context of a comprehensive definition of the role of state-operated services in~~
28.24 ~~the state. The role of state-operated services must be defined within the context of a~~
28.25 ~~comprehensive system of services for persons with developmental disabilities. State-operated,~~
28.26 ~~community-based programs may include; but are not limited to; community group homes,~~
28.27 ~~foster care, supportive living services, day training and habilitation programs, and respite~~
28.28 ~~care arrangements. The commissioner may operate the pilot projects established under Laws~~
28.29 ~~1985, First Special Session chapter 9, article 1, section 2, subdivision 6, and shall, within~~
28.30 ~~the limits of available appropriations, establish additional state-operated, community-based~~
28.31 ~~programs for persons with developmental disabilities. State-operated, community-based~~
28.32 ~~programs may accept admissions from regional treatment centers, from the person's own~~
28.33 ~~home, or from community programs. State-operated, community-based programs offering~~
28.34 ~~day program services may be provided for persons with developmental disabilities who are~~
28.35 ~~living in state-operated, community-based residential programs until July 1, 2000. No later~~
29.1 ~~than 1994, the commissioner, together with family members, counties, advocates, employee~~
29.2 ~~representatives, and other interested parties, shall begin planning so that by July 1, 2000,~~
29.3 ~~state-operated, community-based residential facilities will be in compliance with section~~
29.4 ~~252.41, subdivision 9.~~

29.5 Sec. 37. Minnesota Statutes 2022, section 245.073, is amended to read:

29.6 **245.073 TECHNICAL TRAINING; COMMUNITY-BASED PROGRAMS.**

29.7 (a) In conjunction with the discharge of persons from regional treatment centers and
29.8 their admission to state-operated and privately operated community-based programs, the
29.9 ~~commissioner~~ executive board may provide technical training assistance to the
29.10 community-based programs. The ~~commissioner~~ executive board may apply for and accept
29.11 money from any source including reimbursement charges from the community-based
29.12 programs for reasonable costs of training. Money received must be deposited in the general
29.13 fund and is appropriated annually to the ~~commissioner of human services~~ executive board
29.14 for training under this section.

29.15 (b) The executive board must coordinate with the commissioner of human services to
29.16 provide technical training assistance to community-based programs under this section and
29.17 section 245.073.

ARTICLE 2

DIRECT CARE AND TREATMENT SERVICES

Sec. 2. Minnesota Statutes 2022, section 246.0141, is amended to read:

246.0141 TOBACCO USE PROHIBITED.

Subdivision 1. General prohibition on tobacco use. ~~No~~ A patient, staff, guest, or visitor on the grounds or in a state regional treatment center, the Minnesota Security Hospital, or the Minnesota Sex Offender Program ~~may~~ must not possess or use tobacco or a tobacco-related device.

Subd. 2. Exception to prohibition on tobacco use. For the purposes of this section, "tobacco" and "tobacco-related device" have the meanings given in section 609.685, subdivision 1. This section does not prohibit the possession or use of tobacco or a tobacco-related device by an adult as part of a traditional Indian spiritual or cultural ceremony. For purposes of this section, an Indian is a person who is a member of an Indian tribe as defined in section 260.755, subdivision 12.

Sec. 3. Minnesota Statutes 2022, section 246.13, subdivision 1, is amended to read:

Subdivision 1. ~~Commissioner's~~ Executive board's responsibilities. (a) The ~~commissioner of human services' office~~ chief executive officer or a designee shall have, accessible only by consent of the ~~commissioner~~ executive board or on the order of a judge or court of record, a record showing:

(1) the residence, sex, age, nativity, occupation, civil condition, and date of entrance or commitment of every person, in the state-operated services facilities as defined under section 246.014 under exclusive control of the ~~commissioner~~ executive board;

(2) the date of discharge of any such person and whether such discharge was final;

(3) the condition of the person when the person left the state-operated services facility;

(4) the vulnerable adult abuse prevention associated with the person; and

(5) the date and cause of ~~all deaths~~ any death of such person.

Sec. 2. Minnesota Statutes 2022, section 246.0141, is amended to read:

246.0141 TOBACCO USE PROHIBITED.

No ~~A~~ patient, staff, guest, or visitor on the grounds or in a state regional treatment center, the Minnesota Security Hospital, or the Minnesota Sex Offender Program may must not possess or use tobacco or a tobacco-related device. ~~For the purposes of this section, "tobacco" and "tobacco-related device" have the meanings given in section 609.685, subdivision 1. This section does not prohibit the possession or use of tobacco or a tobacco-related device by an adult as part of a traditional Indian spiritual or cultural ceremony. For purposes of this section, an Indian is a person who is a member of an Indian tribe as defined in section 260.755, subdivision 12.~~

Sec. 3. Minnesota Statutes 2022, section 246.0141, is amended to read:

246.0141 TOBACCO USE PROHIBITED.

~~No patient, staff, guest, or visitor on the grounds or in a state regional treatment center, the Minnesota Security Hospital, or the Minnesota Sex Offender Program may possess or use tobacco or a tobacco-related device. For the purposes of this section, "tobacco" and "tobacco-related device" have the meanings given in section 609.685, subdivision 1. This section does not prohibit the possession or use of tobacco or a tobacco-related device by an adult as part of a traditional Indian spiritual or cultural ceremony. For purposes of this section, an Indian is a person who is a member of an Indian tribe as defined in section 260.755, subdivision 12.~~

Sec. 4. Minnesota Statutes 2022, section 246.13, subdivision 1, is amended to read:

Subdivision 1. ~~Commissioner's~~ Executive board's responsibilities. (a) The ~~commissioner of human services' office~~ chief executive officer or a designee shall have, accessible only by consent of the ~~commissioner~~ executive board or on the order of a judge or court of record, a record showing:

(1) the residence, sex, age, nativity, occupation, civil condition, and date of entrance or commitment of every person, in the state-operated services facilities as defined under section 246.014 under exclusive control of the ~~commissioner~~ executive board;

(2) the date of discharge of any such person and whether such discharge was final;

(3) the condition of the person when the person left the state-operated services facility;

(4) the vulnerable adult abuse prevention associated with the person; and

~~(5) the date and cause of all deaths. The record shall state every transfer from one state operated services facility to another, naming each state operated services facility. This~~

18.29 (b) The record ~~shall~~ in paragraph (a) must state every transfer of a person from one
18.30 state-operated services facility to another, naming each state-operated services facility. ~~This~~
19.1 ~~information shall be furnished to the commissioner of human services by each public agency.~~
19.2 The head of each facility or a designee must provide this transfer information to the executive
19.3 board, along with other obtainable facts as the commissioner may require executive board
19.4 requests. When a patient or resident in a state-operated services facility is discharged,
19.5 transferred, or dies,

19.6 (c) The head of the state-operated services facility or designee shall inform the
19.7 ~~commissioner of human services of these events~~ executive board of any discharge, transfer,
19.8 ~~or death of a person in that facility~~ within ten days ~~on forms furnished by the commissioner~~
19.9 ~~of the date of discharge, transfer, or death in a manner determined by the executive board.~~

2.5 information shall be furnished to the commissioner of human services by each public agency;
2.6 along with other obtainable facts as the commissioner may require. When a patient or
2.7 resident in a state-operated services facility is discharged, transferred, or dies, the head of
2.8 the state-operated services facility or designee shall inform the commissioner of human
2.9 services of these events within ten days on forms furnished by the commissioner any death
2.10 of such person.

2.11 (b) The commissioner of human services shall cause to be devised, installed, and operated
2.12 an adequate system of records and statistics which shall consist of all basic record forms;
2.13 including patient personal records and medical record forms, and the manner of their use
2.14 shall be precisely uniform throughout all state-operated services facilities.

2.15 Sec. 5. Minnesota Statutes 2022, section 246.13, subdivision 1, is amended to read:

2.16 Subdivision 1. **Commissioner's Executive board's responsibilities.** (a) ~~The~~
2.17 ~~commissioner of human services' office shall have, accessible only by consent of the~~
2.18 ~~commissioner or on the order of a judge or court of record, a record showing the residence,~~
2.19 ~~sex, age, nativity, occupation, civil condition, and date of entrance or commitment of every~~
2.20 ~~person, in the state-operated services facilities as defined under section 246.014 under~~
2.21 ~~exclusive control of the commissioner; the date of discharge and whether such discharge~~
2.22 ~~was final; the condition of the person when the person left the state-operated services facility;~~
2.23 ~~the vulnerable adult abuse prevention associated with the person; and the date and cause of~~
2.24 ~~all deaths. The record shall~~ (b) The record in paragraph (a) must state every transfer of a
2.25 person from one state-operated services facility to another, naming each state-operated
2.26 services facility. This information shall be furnished to the commissioner of human services
2.27 by each public agency The head of each facility or a designee must provide this transfer
2.28 information to the executive board, along with other obtainable facts ~~as the commissioner~~
2.29 ~~may require. When a patient or resident in a state-operated services facility is discharged,~~
2.30 ~~transferred, or dies, the head of the state-operated services facility or designee shall inform~~
2.31 ~~the commissioner of human services of these events within ten days on forms furnished by~~
2.32 ~~the commissioner~~ the executive board requests.

2.33 (b) The commissioner of human services shall cause to be devised, installed, and operated
2.34 an adequate system of records and statistics which shall consist of all basic record forms;
3.1 including patient personal records and medical record forms, and the manner of their use
3.2 shall be precisely uniform throughout all state-operated services facilities.

3.3 Sec. 6. Minnesota Statutes 2022, section 246.13, subdivision 1, is amended to read:

3.4 Subdivision 1. **Commissioner's Executive board's responsibilities.** (a) ~~The~~
3.5 ~~commissioner of human services' office shall have, accessible only by consent of the~~
3.6 ~~commissioner or on the order of a judge or court of record, a record showing the residence,~~
3.7 ~~sex, age, nativity, occupation, civil condition, and date of entrance or commitment of every~~
3.8 ~~person, in the state-operated services facilities as defined under section 246.014 under~~
3.9 ~~exclusive control of the commissioner; the date of discharge and whether such discharge~~
3.10 ~~was final; the condition of the person when the person left the state-operated services facility;~~

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		3.11 the vulnerable adult abuse prevention associated with the person; and the date and cause of	
		3.12 all deaths. The record shall state every transfer from one state-operated services facility to	
		3.13 another, naming each state-operated services facility. This information shall be furnished	
		3.14 to the commissioner of human services by each public agency, along with other obtainable	
		3.15 facts as the commissioner may require. When a patient or resident in a state-operated services	
		3.16 facility is discharged, transferred, or dies; (c) The head of the state-operated services facility	
		3.17 or designee shall inform the commissioner of human services of these events <u>executive</u>	
		3.18 board of any discharge, transfer, or death of a person in that facility within ten days <u>on forms</u>	
		3.19 <u>furnished by the commissioner</u> in a manner determined by the executive board.	
		3.20 (b) The commissioner of human services shall cause to be devised, installed, and operated	
		3.21 an adequate system of records and statistics which shall consist of all basic record forms;	
		3.22 including patient personal records and medical record forms, and the manner of their use	
		3.23 shall be precisely uniform throughout all state-operated services facilities.	
		3.24 Sec. 7. Minnesota Statutes 2022, section 246.13, subdivision 1, is amended to read:	
		3.25 Subdivision 1. <u>Commissioner's Executive board's responsibilities.</u> (a) The	
		3.26 commissioner of human services' office shall have, accessible only by consent of the	
		3.27 commissioner or on the order of a judge or court of record, a record showing the residence,	
		3.28 sex, age, nativity, occupation, civil condition, and date of entrance or commitment of every	
		3.29 person, in the state-operated services facilities as defined under section 246.014 under	
		3.30 exclusive control of the commissioner; the date of discharge and whether such discharge	
		3.31 was final; the condition of the person when the person left the state-operated services facility;	
		3.32 the vulnerable adult abuse prevention associated with the person; and the date and cause of	
		3.33 all deaths. The record shall state every transfer from one state-operated services facility to	
		4.1 another, naming each state-operated services facility. This information shall be furnished	
		4.2 to the commissioner of human services by each public agency, along with other obtainable	
		4.3 facts as the commissioner may require. When a patient or resident in a state-operated services	
		4.4 facility is discharged, transferred, or dies, the head of the state-operated services facility or	
		4.5 designee shall inform the commissioner of human services of these events within ten days	
		4.6 on forms furnished by the commissioner.	
19.10 (b) (d) The commissioner of human services executive board shall cause to be devised,		4.7	
19.11 installed, and operated maintain an adequate system of records and statistics which shall		4.8 installed, and operated maintain an adequate system of records and statistics which shall	
19.12 consist of for all basic record forms, including patient personal records and medical record		4.9 consist of for all basic record forms, including patient personal records and medical record	
19.13 forms, and the manner of their use shall be precisely uniform. The use and maintenance of		4.10 forms, and the manner of their use shall be precisely uniform. The use and maintenance of	
19.14 such records must be consistent throughout all state-operated services facilities.		4.11 such records must be consistent throughout all state-operated services facilities.	
24.1 Sec. 12. Minnesota Statutes 2022, section 246.16, is amended to read:		9.1 Sec. 16. Minnesota Statutes 2022, section 246.16, subdivision 1, is amended to read:	
24.2 246.16 UNCLAIMED MONEY OR PERSONAL PROPERTY.			
24.3 Subdivision 1. Unclaimed money. When money has accumulated in the hands of the		9.2 Subdivision 1. Unclaimed money. When money has accumulated in the hands of the	
24.4 head of the state-operated services facility or designee a patient or resident in a state-operated		9.3 head of the state-operated services facility or designee a patient or resident in a state-operated	
24.5 services facility under the jurisdiction of the commissioner of human services money		9.4 services facility under the jurisdiction of the commissioner of human services money	

24.6 ~~belonging to patients or residents of the institution who have died there, or disappeared~~
24.7 ~~from there, and for which~~ executive board dies or is absent without authorization leaving
24.8 money in the control of the head of the facility or a designee, and there is no claimant or
24.9 person entitled to the money known to the head of the state-operated services facility or
24.10 designee the money may; at the discretion of the head of the state-operated services facility
24.11 or designee, be expended under the direction of the head of the state-operated services
24.12 facility or designee for the benefit of the patients or residents of the institution facility. No
24.13 ~~money shall be used~~ The head of the facility or designee must not spend any such unclaimed
24.14 money until it has remained unclaimed for at least five years. If, at any time after the
24.15 expiration of the five years, the legal heirs of the patients or residents appear and make
24.16 proper proof of heirship, they shall be are entitled to receive from the state the sum of money
24.17 expended by the head of the state-operated services facility or designee belonging to the
24.18 patient or resident.

24.19 Subd. 2. **Unclaimed personal property.** When ~~any~~ a patient or resident of a
24.20 state-operated services facility under the jurisdiction of the ~~commissioner of human services~~
24.21 ~~executive board dies or disappears from the state-operated services facility~~ is absent without
24.22 authorization, leaving personal property exclusive of money in the custody of the head of
24.23 the state-operated services facility or designee and the property remains unclaimed for a
24.24 period of two years, with no person entitled to the property known to the head of the
24.25 state-operated services or designee, the head of the state-operated services facility or designee
24.26 may sell the property at public auction. Notice of the sale ~~shall~~ must be published for two
24.27 consecutive weeks in a legal newspaper in the county where the state-operated services
24.28 facility is located and ~~shall~~ must state the time and place of the sale. The proceeds of the
24.29 sale, after deduction of the costs of publication and auction, may be expended, at the
24.30 discretion of the head of the state-operated services facility or designee, for the benefit of
24.31 the patients or residents of the state-operated services facility. Any patient or resident, or
24.32 heir or representative of the patient or resident, may file with, and make proof of ownership
24.33 to, the head of the state-operated services facility or designee of the state-operated services
24.34 facility disposing of the personal property within four years after the sale, ~~and~~. Upon
24.35 satisfactory proof to the head of the state-operated services or designee, the head of the
25.1 state-operated services or designee shall certify for payment to the commissioner of
25.2 management and budget the amount received by the sale of the property.

25.3 Subd. 3. **Legal action.** No suit shall be brought for damages consequent to the disposal
25.4 of personal property or use of money in accordance with this section against the state or
25.5 any official, employee, or agent thereof.

9.5 ~~belonging to patients or residents of the institution who have died there, or disappeared~~
9.6 ~~from there, and for which~~ executive board dies or is absent without authorization leaving
9.7 money in the control of the head of the facility or a designee, and there is no claimant or
9.8 person entitled to the money known to the head of the state-operated services facility or
9.9 designee the money may; at the discretion of the head of the state-operated services facility
9.10 or designee; be expended under the direction of the head of the state-operated services
9.11 facility or designee for the benefit of the patients or residents of the institution facility. No
9.12 ~~money shall be used~~ The head of the facility or designee must not spend any such unclaimed
9.13 money until it has remained unclaimed for at least five years. If, at any time after the
9.14 expiration of the five years, the legal heirs of the patients or residents appear and make
9.15 proper proof of heirship, they shall be are entitled to receive from the state the sum of money
9.16 expended by the head of the state-operated services facility or designee belonging to the
9.17 patient or resident.

9.18 Sec. 17. Minnesota Statutes 2022, section 246.16, subdivision 2, is amended to read:

9.19 Subd. 2. **Unclaimed personal property.** When any patient or resident of a state-operated
9.20 services facility under the jurisdiction of the ~~commissioner of human services~~ executive
9.21 ~~board dies or disappears from the state-operated services facility, or is absent without~~
9.22 authorization leaving personal property exclusive of money in the custody of the head of
9.23 the state-operated services facility or designee and the property remains unclaimed for a
9.24 period of two years, with no person entitled to the property known to the head of the
9.25 state-operated services or designee, the head of the state-operated services facility or designee
9.26 may sell the property at public auction. Notice of the sale ~~shall~~ must be published for two
9.27 consecutive weeks in a legal newspaper in the county where the state-operated services
9.28 facility is located and ~~shall~~ must state the time and place of the sale. The proceeds of the
9.29 sale, after deduction of the costs of publication and auction, may be expended, at the
9.30 discretion of the head of the state-operated services facility or designee, for the benefit of
9.31 the patients or residents of the state-operated services facility. Any patient or resident, or
9.32 heir or representative of the patient or resident, may file with; and make proof of ownership
9.33 to; the head of the state-operated services facility or designee of the state-operated services
9.34 facility disposing of the personal property within four years after the sale, ~~and~~. Upon
9.35 satisfactory proof to the head of the state-operated services or designee, the head of the
10.1 state-operated services or designee shall certify for payment to the commissioner of
10.2 management and budget the amount received by the sale of the property. ~~No suit shall be~~
10.3 ~~brought for damages consequent to the disposal of personal property or use of money in~~
10.4 ~~accordance with this section against the state or any official, employee, or agent thereof.~~

10.5 Sec. 18. Minnesota Statutes 2022, section 246.16, subdivision 2, is amended to read:

10.6 Subd. 2. **Unclaimed personal property.** When any patient or resident of a state-operated
10.7 services facility under the jurisdiction of the ~~commissioner of human services~~ dies or
10.8 ~~disappears from the state-operated services facility, leaving personal property exclusive of~~
10.9 ~~money in the custody of the head of the state-operated services facility or designee and the~~
10.10 ~~property remains unclaimed for a period of two years, with no person entitled to the property~~

27.8 Sec. 18. Minnesota Statutes 2022, section 246.23, is amended to read:

27.9 **246.23 PERSONS ADMISSIBLE TO REGIONAL TREATMENT CENTERS.**

27.10 Subdivision 1. **Residence.** No person who has not a settlement in a county, as defined
27.11 in section 256G.02, subdivision 4, shall be admitted to a regional treatment center for persons
27.12 with mental illness, developmental disability, or substance use disorder, except that the
27.13 commissioner of human services may authorize admission thereto when the residence cannot
27.14 be ascertained, or when the circumstances in the judgment of the commissioner make it
27.15 advisable. When application is made to a judge exercising probate jurisdiction for admission
27.16 to any of the regional treatment centers above named for admission thereto, if the judge
27.17 finds that the person for whom application is made has not such residence, or that residence
27.18 cannot be ascertained, the judge shall so report to the commissioner; and may recommend
27.19 that such person be admitted notwithstanding, giving reasons therefor. The commissioner
27.20 of human services shall thereupon investigate the question of residence and, if the
27.21 commissioner finds that such person has not such residence and has a legal residence in
27.22 another state or country, the commissioner may cause the person to be returned thereto at
27.23 the expense of this state.

27.24 Subd. 2. **State-operated substance use disorder treatment.** The ~~commissioner~~
27.25 executive board shall maintain a regionally based, state-administered system of substance
27.26 use disorder programs. Counties may refer individuals who are eligible for services under
27.27 chapter 254B to the substance use disorder units in the regional treatment centers.

10.11 ~~known to the head of the state-operated services or designee, the head of the state-operated~~
10.12 ~~services facility or designee may sell the property at public auction. Notice of the sale shall~~
10.13 ~~be published for two consecutive weeks in a legal newspaper in the county where the~~
10.14 ~~state-operated services facility is located and shall state the time and place of the sale. The~~
10.15 ~~proceeds of the sale, after deduction of the costs of publication and auction, may be expended,~~
10.16 ~~at the discretion of the head of the state-operated services facility or designee, for the benefit~~
10.17 ~~of the patients or residents of the state-operated services facility. Any patient or resident,~~
10.18 ~~or heir or representative of the patient or resident, may file with, and make proof of ownership~~
10.19 ~~to, the head of the state-operated services facility or designee of the state-operated services~~
10.20 ~~facility disposing of the personal property within four years after the sale, and, upon~~
10.21 ~~satisfactory proof to the head of the state-operated services or designee, shall certify for~~
10.22 ~~payment to the commissioner of management and budget the amount received by the sale~~
10.23 ~~of the property. No suit shall be brought for damages consequent to the disposal of personal~~
10.24 ~~property or use of money in accordance with this section against the state or any official,~~
10.25 ~~employee, or agent thereof.~~

21.5 Sec. 53. Minnesota Statutes 2022, section 246.23, subdivision 2, is amended to read:

21.6 Subd. 2. **Substance use disorder treatment.** The ~~commissioner~~ executive board shall
21.7 maintain a regionally based, state-administered system of substance use disorder programs.
21.8 Counties may refer individuals who are eligible for services under chapter 254B to the
21.9 substance use disorder units in the regional treatment centers. ~~A 15 percent county share of~~
21.10 ~~the per diem cost of treatment is required for individuals served within the treatment capacity~~
21.11 ~~funded by direct legislative appropriation. By July 1, 1991, the commissioner shall establish~~
21.12 ~~criteria for admission to the substance use disorder units that will maximize federal and~~
21.13 ~~private funding sources, fully utilize the regional treatment center capacity, and make~~
21.14 ~~state-funded treatment capacity available to counties on an equitable basis. The admission~~
21.15 ~~criteria may be adopted without rulemaking. Existing rules governing placements under~~

27.28 Subd. 3. **County per diem cost.** A 15 percent county share of the per diem cost of
27.29 treatment is required for individuals served within the treatment capacity funded by direct
27.30 legislative appropriation.

27.31 Subd. 4. **Criteria.** ~~By July 1, 1991, the commissioner~~ The executive board shall establish
27.32 criteria for admission to the substance use disorder units ~~that will~~ to maximize federal and
27.33 private funding sources, fully utilize the regional treatment center capacity, and make
28.1 state-funded treatment capacity available to counties on an equitable basis. The admission
28.2 criteria may be adopted without rulemaking. Existing rules governing placements under
28.3 chapters 254A and 254B do not apply to admissions to the capacity funded by direct
28.4 appropriation.

21.16 ~~chapters 254A and 254B do not apply to admissions to the capacity funded by direct~~
21.17 ~~appropriation. Private and third-party collections and payments are appropriated to the~~
21.18 ~~commissioner for the operation of the substance use disorder units. In addition to the chemical~~
21.19 ~~dependency treatment capacity funded by direct legislative appropriation, the regional~~
21.20 ~~treatment centers may provide treatment to additional individuals whose treatment is paid~~
21.21 ~~for out of the behavioral health fund under chapter 254B, in which case placement rules~~
21.22 ~~adopted under chapter 254B apply; to those individuals who are ineligible but committed~~
21.23 ~~for treatment under chapter 253B as provided in section 254B.05, subdivision 4; or to~~
21.24 ~~individuals covered through other nonstate payment sources.~~

21.25 Sec. 54. Minnesota Statutes 2022, section 246.23, subdivision 2, is amended to read:

21.26 Subd. 2. **Substance use disorder treatment.** ~~The commissioner shall maintain a~~
21.27 ~~regionally based, state-administered system of substance use disorder programs. Counties~~
21.28 ~~may refer individuals who are eligible for services under chapter 254B to the substance use~~
21.29 ~~disorder units in the regional treatment centers. A 15 percent county share of the per diem~~
21.30 ~~cost of treatment is required for individuals served within the treatment capacity funded by~~
21.31 ~~direct legislative appropriation. By July 1, 1991, the commissioner shall establish criteria~~
21.32 ~~for admission to the substance use disorder units that will maximize federal and private~~
21.33 ~~funding sources, fully utilize the regional treatment center capacity, and make state-funded~~
21.34 ~~treatment capacity available to counties on an equitable basis. The admission criteria may~~
22.1 ~~be adopted without rulemaking. Existing rules governing placements under chapters 254A~~
22.2 ~~and 254B do not apply to admissions to the capacity funded by direct appropriation. Private~~
22.3 ~~and third-party collections and payments are appropriated to the commissioner for the~~
22.4 ~~operation of the substance use disorder units. In addition to the chemical dependency~~
22.5 ~~treatment capacity funded by direct legislative appropriation, the regional treatment centers~~
22.6 ~~may provide treatment to additional individuals whose treatment is paid for out of the~~
22.7 ~~behavioral health fund under chapter 254B, in which case placement rules adopted under~~
22.8 ~~chapter 254B apply; to those individuals who are ineligible but committed for treatment~~
22.9 ~~under chapter 253B as provided in section 254B.05, subdivision 4; or to individuals covered~~
22.10 ~~through other nonstate payment sources.~~

22.11 Sec. 55. Minnesota Statutes 2022, section 246.23, subdivision 2, is amended to read:

22.12 Subd. 2. **Substance use disorder treatment.** ~~The commissioner shall maintain a~~
22.13 ~~regionally based, state-administered system of substance use disorder programs. Counties~~
22.14 ~~may refer individuals who are eligible for services under chapter 254B to the substance use~~
22.15 ~~disorder units in the regional treatment centers. A 15 percent county share of the per diem~~
22.16 ~~cost of treatment is required for individuals served within the treatment capacity funded by~~
22.17 ~~direct legislative appropriation. By July 1, 1991, the commissioner~~ The executive board
22.18 shall establish criteria for admission to the substance use disorder units that will to maximize
22.19 federal and private funding sources, fully utilize the regional treatment center capacity, and
22.20 make state-funded treatment capacity available to counties on an equitable basis. The
22.21 admission criteria may be adopted without rulemaking. Existing rules governing placements
22.22 under chapters 254A and 254B do not apply to admissions to the capacity funded by direct

28.5 Subd. 5. **Private and third-party payments.** Private and third-party collections and
28.6 payments are appropriated to the commissioner for the operation of the substance use
28.7 disorder units.

28.8 Subd. 6. **Treatment of additional individuals.** In addition to the ~~chemical dependency~~,
28.9 substance use disorder treatment capacity funded by direct legislative appropriation, the
28.10 regional treatment centers may also provide treatment to ~~additional~~.

22.23 appropriation. ~~Private and third-party collections and payments are appropriated to the~~
22.24 ~~commissioner for the operation of the substance use disorder units. In addition to the chemical~~
22.25 ~~dependency treatment capacity funded by direct legislative appropriation, the regional~~
22.26 ~~treatment centers may provide treatment to additional individuals whose treatment is paid~~
22.27 ~~for out of the behavioral health fund under chapter 254B, in which case placement rules~~
22.28 ~~adopted under chapter 254B apply; to those individuals who are ineligible but committed~~
22.29 ~~for treatment under chapter 253B as provided in section 254B.05, subdivision 4; or to~~
22.30 ~~individuals covered through other nonstate payment sources.~~

22.31 Sec. 56. Minnesota Statutes 2022, section 246.23, subdivision 2, is amended to read:

22.32 Subd. 2. **Substance use disorder treatment.** ~~The commissioner shall maintain a~~
22.33 ~~regionally based, state-administered system of substance use disorder programs. Counties~~
22.34 ~~may refer individuals who are eligible for services under chapter 254B to the substance use~~
23.1 ~~disorder units in the regional treatment centers. A 15 percent county share of the per diem~~
23.2 ~~cost of treatment is required for individuals served within the treatment capacity funded by~~
23.3 ~~direct legislative appropriation. By July 1, 1991, the commissioner shall establish criteria~~
23.4 ~~for admission to the substance use disorder units that will maximize federal and private~~
23.5 ~~funding sources, fully utilize the regional treatment center capacity, and make state-funded~~
23.6 ~~treatment capacity available to counties on an equitable basis. The admission criteria may~~
23.7 ~~be adopted without rulemaking. Existing rules governing placements under chapters 254A~~
23.8 ~~and 254B do not apply to admissions to the capacity funded by direct appropriation. Private~~
23.9 ~~and third-party collections and payments are appropriated to the commissioner executive~~
23.10 ~~board for the operation of the substance use disorder units. In addition to the chemical~~
23.11 ~~dependency treatment capacity funded by direct legislative appropriation, the regional~~
23.12 ~~treatment centers may provide treatment to additional individuals whose treatment is paid~~
23.13 ~~for out of the behavioral health fund under chapter 254B, in which case placement rules~~
23.14 ~~adopted under chapter 254B apply; to those individuals who are ineligible but committed~~
23.15 ~~for treatment under chapter 253B as provided in section 254B.05, subdivision 4; or to~~
23.16 ~~individuals covered through other nonstate payment sources.~~

23.17 Sec. 57. Minnesota Statutes 2022, section 246.23, subdivision 2, is amended to read:

23.18 Subd. 2. **Substance use disorder treatment.** ~~The commissioner shall maintain a~~
23.19 ~~regionally based, state-administered system of substance use disorder programs. Counties~~
23.20 ~~may refer individuals who are eligible for services under chapter 254B to the substance use~~
23.21 ~~disorder units in the regional treatment centers. A 15 percent county share of the per diem~~
23.22 ~~cost of treatment is required for individuals served within the treatment capacity funded by~~
23.23 ~~direct legislative appropriation. By July 1, 1991, the commissioner shall establish criteria~~
23.24 ~~for admission to the substance use disorder units that will maximize federal and private~~
23.25 ~~funding sources, fully utilize the regional treatment center capacity, and make state-funded~~
23.26 ~~treatment capacity available to counties on an equitable basis. The admission criteria may~~
23.27 ~~be adopted without rulemaking. Existing rules governing placements under chapters 254A~~
23.28 ~~and 254B do not apply to admissions to the capacity funded by direct appropriation. Private~~
23.29 ~~and third-party collections and payments are appropriated to the commissioner for the~~

28.11 (1) individuals whose treatment is paid for out of the behavioral health fund under chapter
28.12 254B, in which case placement rules adopted under chapter 254B apply; ~~to these~~

28.13 (2) individuals who are ineligible under the behavioral health fund but who are committed
28.14 for treatment under chapter 253B as provided in section 254B.05, subdivision 4; ~~or to and~~

28.15 (3) individuals who are covered through other nonstate payment sources.
38.14 Sec. 52. **[246.581] STATE-OPERATED, COMMUNITY-BASED PROGRAMS.**

38.15 Subdivision 1. **Employees of state-operated, community-based programs.** Employees
38.16 of state-operated, community-based programs, except clients who work within and benefit
38.17 from these treatment and habilitation programs, must be state employees under chapters
38.18 43A and 179A.

23.30 ~~operation of the substance use disorder units.~~ In addition to the ~~chemical dependency~~
23.31 substance use disorder treatment capacity funded by direct legislative appropriation, the
23.32 regional treatment centers may also provide treatment to ~~additional individuals;~~

23.33 (1) individuals whose treatment is paid for out of the behavioral health fund under chapter
23.34 254B, in which case placement rules adopted under chapter 254B apply; ~~to these individuals~~

24.1 (2) individuals who are ineligible under the behavioral health fund but who are committed
24.2 for treatment under chapter 253B as provided in section 254B.05, subdivision 4; ~~or to~~
24.3 individuals and

24.4 (3) individuals who are covered through other nonstate payment sources.

26.6 Sec. 63. Minnesota Statutes 2022, section 252.50, subdivision 1, is amended to read:

26.7 Subdivision 1. **Community-based programs established.** ~~The commissioner shall~~
26.8 ~~establish a system of state-operated, community-based programs for persons with~~
26.9 ~~developmental disabilities. For purposes of this section, "state-operated, community-based~~
26.10 ~~program" means a program administered by the state to provide treatment and habilitation~~
26.11 ~~in noninstitutional community settings to persons with developmental disabilities. Employees~~
26.12 ~~of the state-operated, community-based programs, except clients who work within and~~
26.13 ~~benefit from these treatment and habilitation programs, must be state employees under~~
26.14 ~~chapters 43A and 179A. Although any clients who work within and benefit from these~~
26.15 ~~treatment and habilitation programs are not employees under chapters 43A and 179A, the~~
26.16 ~~Department of Human Services may consider clients who work within and benefit from~~
26.17 ~~these programs employees for federal tax purposes. The establishment of state-operated,~~
26.18 ~~community-based programs must be within the context of a comprehensive definition of~~
26.19 ~~the role of state-operated services in the state. The role of state-operated services must be~~
26.20 ~~defined within the context of a comprehensive system of services for persons with~~
26.21 ~~developmental disabilities. State-operated, community-based programs may include, but~~
26.22 ~~are not limited to, community group homes, foster care, supportive living services, day~~
26.23 ~~training and habilitation programs, and respite care arrangements. The commissioner may~~
26.24 ~~operate the pilot projects established under Laws 1985, First Special Session chapter 9,~~
26.25 ~~article 1, section 2, subdivision 6, and shall, within the limits of available appropriations,~~
26.26 ~~establish additional state-operated, community-based programs for persons with~~
26.27 ~~developmental disabilities. State-operated, community-based programs may accept~~
26.28 ~~admissions from regional treatment centers, from the person's own home, or from community~~
26.29 ~~programs. State-operated, community-based programs offering day program services may~~
26.30 ~~be provided for persons with developmental disabilities who are living in state-operated,~~
26.31 ~~community-based residential programs until July 1, 2000. No later than 1994, the~~
26.32 ~~commissioner, together with family members, counties, advocates, employee representatives,~~
26.33 ~~and other interested parties, shall begin planning so that by July 1, 2000, state-operated,~~
26.34 ~~community-based residential facilities will be in compliance with section 252.41, subdivision~~
26.35 ~~9.~~

38.19 Subd. 2. **Employment of clients by state-operated, community-based programs.** Any
38.20 clients who work within and benefit from these treatment and habilitation programs are not
38.21 state employees under chapters 43A and 179A. The executive board may consider clients
38.22 who work within and benefit from these programs employees for federal tax purposes.

38.23 Subd. 3. **Admissions to state-operated, community-based programs.** State-operated,
38.24 community-based programs may accept admissions from regional treatment centers, from
38.25 the person's own home, or from community programs.

27.1 Sec. 64. Minnesota Statutes 2022, section 252.50, subdivision 1, is amended to read:

27.2 Subdivision 1. **Community-based programs established.** ~~The commissioner shall~~
27.3 ~~establish a system of state-operated, community-based programs for persons with~~
27.4 ~~developmental disabilities. For purposes of this section, "state-operated, community-based~~
27.5 ~~program" means a program administered by the state to provide treatment and habilitation~~
27.6 ~~in noninstitutional community settings to persons with developmental disabilities. Employees~~
27.7 ~~of the programs, except clients who work within and benefit from these treatment and~~
27.8 ~~habilitation programs, must be state employees under chapters 43A and 179A. Although~~
27.9 ~~Any clients who work within and benefit from these treatment and habilitation programs~~
27.10 ~~are not state employees under chapters 43A and 179A; The Department of Human Services~~
27.11 ~~executive board may consider clients who work within and benefit from these programs~~
27.12 ~~employees for federal tax purposes. The establishment of state-operated, community-based~~
27.13 ~~programs must be within the context of a comprehensive definition of the role of~~
27.14 ~~state-operated services in the state. The role of state-operated services must be defined~~
27.15 ~~within the context of a comprehensive system of services for persons with developmental~~
27.16 ~~disabilities. State-operated, community-based programs may include, but are not limited~~
27.17 ~~to, community group homes, foster care, supportive living services, day training and~~
27.18 ~~habilitation programs, and respite care arrangements. The commissioner may operate the~~
27.19 ~~pilot projects established under Laws 1985, First Special Session chapter 9, article 1, section~~
27.20 ~~2, subdivision 6, and shall, within the limits of available appropriations, establish additional~~
27.21 ~~state-operated, community-based programs for persons with developmental disabilities.~~
27.22 ~~State-operated, community-based programs may accept admissions from regional treatment~~
27.23 ~~centers, from the person's own home, or from community programs. State-operated,~~
27.24 ~~community-based programs offering day program services may be provided for persons~~
27.25 ~~with developmental disabilities who are living in state-operated, community-based residential~~
27.26 ~~programs until July 1, 2000. No later than 1994, the commissioner, together with family~~
27.27 ~~members, counties, advocates, employee representatives, and other interested parties, shall~~
27.28 ~~begin planning so that by July 1, 2000, state-operated, community-based residential facilities~~
27.29 ~~will be in compliance with section 252.41, subdivision 9.~~

27.30 Sec. 65. Minnesota Statutes 2022, section 252.50, subdivision 1, is amended to read:

27.31 Subdivision 1. **Community-based programs established.** ~~The commissioner shall~~
27.32 ~~establish a system of state-operated, community-based programs for persons with~~
27.33 ~~developmental disabilities. For purposes of this section, "state-operated, community-based~~
27.34 ~~program" means a program administered by the state to provide treatment and habilitation~~
27.35 ~~in noninstitutional community settings to persons with developmental disabilities. Employees~~
28.1 ~~of the programs, except clients who work within and benefit from these treatment and~~
28.2 ~~habilitation programs, must be state employees under chapters 43A and 179A. Although~~
28.3 ~~any clients who work within and benefit from these treatment and habilitation programs are~~
28.4 ~~not employees under chapters 43A and 179A, the Department of Human Services may~~
28.5 ~~consider clients who work within and benefit from these programs employees for federal~~
28.6 ~~tax purposes. The establishment of state-operated, community-based programs must be~~
28.7 ~~within the context of a comprehensive definition of the role of state-operated services in~~

38.26 Sec. 53. [246.599] SERVICES TO COURTS AND STATE WELFARE AGENCIES.
38.27 Subdivision 1. Consultation services. The executive board may provide on a
38.28 fee-for-service basis consultive services to courts and state welfare agencies.

39.1 Subd. 2. Aftercare. The executive board may provide to court and state welfare agencies
39.2 on a fee-for-service basis supervision and aftercare of patients provisionally or otherwise
39.3 discharged from a state-operated services facility.

39.4 Subd. 3. Education programs. The executive board may promote and conduct
39.5 educational programs relating to mental health to court and state welfare agencies.

28.8 ~~the state. The role of state-operated services must be defined within the context of a~~
28.9 ~~comprehensive system of services for persons with developmental disabilities. State-operated,~~
28.10 ~~community-based programs may include, but are not limited to, community group homes,~~
28.11 ~~foster care, supportive living services, day training and habilitation programs, and respite~~
28.12 ~~care arrangements. The commissioner may operate the pilot projects established under Laws~~
28.13 ~~1985, First Special Session chapter 9, article 1, section 2, subdivision 6, and shall, within~~
28.14 ~~the limits of available appropriations, establish additional state-operated, community-based~~
28.15 ~~programs for persons with developmental disabilities. State-operated, community-based~~
28.16 ~~programs may accept admissions from regional treatment centers, from the person's own~~
28.17 ~~home, or from community programs. State-operated, community-based programs offering~~
28.18 ~~day program services may be provided for persons with developmental disabilities who are~~
28.19 ~~living in state-operated, community-based residential programs until July 1, 2000. No later~~
28.20 ~~than 1994, the commissioner, together with family members, counties, advocates, employee~~
28.21 ~~representatives, and other interested parties, shall begin planning so that by July 1, 2000,~~
28.22 ~~state-operated, community-based residential facilities will be in compliance with section~~
28.23 ~~252.41, subdivision 9.~~

28.24 Sec. 66. Minnesota Statutes 2022, section 246.015, subdivision 3, is amended to read:

28.25 Subd. 3. **Authorization.** ~~The commissioner of human services may authorize~~
28.26 ~~state-operated services to executive board may provide on a fee-for-service basis consultative~~
28.27 ~~services for to courts; and state welfare agencies, and supervise the placement and aftercare~~
28.28 ~~of patients, on a fee-for-service basis as defined in section 246.50, provisionally or otherwise~~
28.29 ~~discharged from a state-operated services facility. State-operated services may also promote~~
28.30 ~~and conduct programs of education relating to mental health. The commissioner shall~~
28.31 ~~administer, expend, and distribute federal funds which may be made available to the state~~
28.32 ~~and other funds not appropriated by the legislature, which may be made available to the~~
28.33 ~~state for mental health purposes.~~

29.1 Sec. 67. Minnesota Statutes 2022, section 246.015, subdivision 3, is amended to read:

29.2 Subd. 3. **Authorization.** ~~The commissioner of human services may authorize~~
29.3 ~~state-operated services to provide consultative services for courts, state welfare agencies,~~
29.4 ~~and supervise the placement~~ The executive board may provide to court and state welfare
29.5 agencies on a fee-for-service basis supervision and aftercare of patients, ~~on a fee-for-service~~
29.6 ~~basis as defined in section 246.50, clients~~ provisionally or otherwise discharged from a
29.7 state-operated services facility. ~~State-operated services may also promote and conduct~~
29.8 ~~programs of education relating to mental health. The commissioner shall administer, expend,~~
29.9 ~~and distribute federal funds which may be made available to the state and other funds not~~
29.10 ~~appropriated by the legislature, which may be made available to the state for mental health~~
29.11 ~~purposes.~~

29.12 Sec. 68. Minnesota Statutes 2022, section 246.015, subdivision 3, is amended to read:

29.13 Subd. 3. **Authorization.** ~~The commissioner of human services may authorize~~
29.14 ~~state-operated services to provide consultative services for courts, state welfare agencies,~~

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Subd. 4. **Federal and other funds.** The executive board shall administer, expend, and distribute federal funds and other funds not appropriated by the legislature that are made available to the state for the mental health purposes in this section.

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~~and supervise the placement and aftercare of patients, on a fee-for-service basis as defined in section 246.50, provisionally or otherwise discharged from a state-operated services facility. State-operated services executive board may also promote and conduct educational programs of education relating to mental health to court and state welfare agencies. The commissioner shall administer, expend, and distribute federal funds which may be made available to the state and other funds not appropriated by the legislature, which may be made available to the state for mental health purposes.~~
Sec. 69. Minnesota Statutes 2022, section 246.015, subdivision 3, is amended to read:
Subd. 3. **Authorization.** The ~~commissioner of human services may authorize state-operated services to provide consultative services for courts, state welfare agencies, and supervise the placement and aftercare of patients, on a fee-for-service basis as defined in section 246.50, provisionally or otherwise discharged from a state-operated services facility. State-operated services may also promote and conduct programs of education relating to mental health. The commissioner~~ executive board shall administer, expend, and distribute federal funds ~~which may be made available to the state and other funds not appropriated by the legislature, which may be~~ that are made available to the state for the mental health purposes in this section.

60.13

ARTICLE 5

60.14

CIVIL COMMITMENT

64.1 Sec. 9. Minnesota Statutes 2022, section 253B.17, subdivision 1, is amended to read:

64.2 Subdivision 1. **Petition for release from commitment.** Any patient, except one
64.3 committed as a sexually dangerous person or a person with a sexual psychopathic personality
64.4 or as a person who has a mental illness and is dangerous to the public as provided in section
64.5 253B.18, subdivision 3, or any interested person may petition the committing court or the
64.6 court to which venue has been transferred for an order that the patient is not in need of
64.7 continued care and treatment under commitment or for an order that an individual is no
64.8 longer a person who poses a risk of harm due to mental illness, or a person who has a
64.9 developmental disability or chemical dependency, or for any other relief. ~~A patient committed~~
64.10 ~~as a person who poses a risk of harm due to mental illness, a person who has a mental illness~~
64.11 ~~and is dangerous to the public, a sexually dangerous person, or a person with a sexual~~
64.12 ~~psychopathic personality may petition the committing court or the court to which venue has~~
64.13 ~~been transferred for a hearing concerning the administration of neuroleptic medication.~~

64.14 Sec. 10. Minnesota Statutes 2022, section 253B.17, is amended by adding a subdivision
64.15 to read:

64.16 Subd. 1a. **Petition for hearing concerning administration of neuroleptic medication.** A
64.17 patient committed as a person who poses a risk of harm due to mental illness, a person who
64.18 has a mental illness and is dangerous to the public, a sexually dangerous person, or a person
64.19 with a sexual psychopathic personality may petition the committing court or the court to
64.20 which venue has been transferred for a hearing concerning the administration of neuroleptic
64.21 medication.

4.17 Sec. 9. Minnesota Statutes 2022, section 253B.17, subdivision 1, is amended to read:

4.18 Subdivision 1. **Petition for release from commitment.** Any patient, except one
4.19 committed as a sexually dangerous person or a person with a sexual psychopathic personality
4.20 or as a person who has a mental illness and is dangerous to the public as provided in section
4.21 253B.18, subdivision 3, or any interested person may petition the committing court or the
4.22 court to which venue has been transferred for an order that the patient is not in need of
4.23 continued care and treatment under commitment or for an order that an individual is no
4.24 longer a person who poses a risk of harm due to mental illness, or a person who has a
4.25 developmental disability or chemical dependency, or for any other relief. ~~A patient committed~~
4.26 ~~as a person who poses a risk of harm due to mental illness, a person who has a mental illness~~
4.27 ~~and is dangerous to the public, a sexually dangerous person, or a person with a sexual~~
4.28 ~~psychopathic personality may petition the committing court or the court to which venue has~~
4.29 ~~been transferred for a hearing concerning the administration of neuroleptic medication.~~

4.30 Sec. 10. Minnesota Statutes 2022, section 253B.17, subdivision 1, is amended to read:

4.31 Subdivision 1. **Petition.** ~~Any patient, except one committed as a sexually dangerous~~
4.32 ~~person or a person with a sexual psychopathic personality or as a person who has a mental~~
5.1 ~~illness and is dangerous to the public as provided in section 253B.18, subdivision 3, or any~~
5.2 ~~interested person may petition the committing court or the court to which venue has been~~
5.3 ~~transferred for an order that the patient is not in need of continued care and treatment under~~
5.4 ~~commitment or for an order that an individual is no longer a person who poses a risk of~~
5.5 ~~harm due to mental illness, or a person who has a developmental disability or chemical~~
5.6 ~~dependency, or for any other relief.~~ A patient committed as a person who poses a risk of
5.7 harm due to mental illness, a person who has a mental illness and is dangerous to the public,
5.8 a sexually dangerous person, or a person with a sexual psychopathic personality may petition
5.9 the committing court or the court to which venue has been transferred for a hearing
5.10 concerning the administration of neuroleptic medication.

79.23

ARTICLE 7

79.24

MINNESOTA SEX OFFENDER PROGRAM

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Sec. 4. Minnesota Statutes 2022, section 246B.04, subdivision 1, is amended to read:

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Subdivision 1. ~~Program rules and evaluation.~~ The ~~commissioner of human services~~ executive board shall adopt rules to govern the operation, and maintenance, and licensure of secure treatment facilities operated by the Minnesota Sex Offender Program or at any other facility operated by the ~~commissioner~~, executive board for a person committed as a sexual psychopathic personality or a sexually dangerous person. ~~The commissioner shall establish an evaluation process to measure outcomes and behavioral changes as a result of treatment compared with incarceration without treatment, to determine the value, if any, of treatment in protecting the public.~~

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Sec. 5. Minnesota Statutes 2022, section 246B.04, is amended by adding a subdivision to read:

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Subd. 1a. **Program evaluation.** The executive board shall establish an evaluation process to measure outcomes and behavioral changes as a result of treatment compared with incarceration without treatment to determine the value, if any, of treatment in protecting the public.

1.21

Sec. 4. Minnesota Statutes 2022, section 246B.04, subdivision 1, is amended to read:

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Subdivision 1. ~~Program rules and evaluation.~~ The ~~commissioner of human services~~ executive board shall adopt rules to govern the operation, and maintenance, and licensure of secure treatment facilities operated by the Minnesota Sex Offender Program or at any other facility operated by the ~~commissioner~~, executive board for a person committed as a sexual psychopathic personality or a sexually dangerous person. ~~The commissioner shall establish an evaluation process to measure outcomes and behavioral changes as a result of treatment compared with incarceration without treatment, to determine the value, if any, of treatment in protecting the public.~~

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Sec. 5. Minnesota Statutes 2022, section 246B.04, subdivision 1, is amended to read:

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Subdivision 1. **Program rules and evaluation.** The ~~commissioner of human services~~ shall adopt rules to govern the operation, maintenance, and licensure of secure treatment facilities operated by the Minnesota Sex Offender Program or at any other facility operated by the commissioner, for a person committed as a sexual psychopathic personality or a sexually dangerous person. The ~~commissioner~~ executive board shall establish an evaluation process to measure outcomes and behavioral changes as a result of treatment compared with incarceration without treatment, to determine the value, if any, of treatment in protecting the public.

99.22

ARTICLE 9

99.23

CONFORMING CHANGES

102.13 Sec. 4. **[198.267] VETERANS IN STATE-OPERATED FACILITIES.**

102.14 Subdivision 1. **Compensation.** Notwithstanding any law to the contrary, the
102.15 commissioner of veterans affairs is authorized to provide the payment to residents of veterans
102.16 homes under the commissioner's management and control of such pecuniary compensation
102.17 as required by the United States Department of Labor. Payment of subminimum wages shall
102.18 meet all requirements of United States Department of Labor Regulations, Code of Federal
102.19 Regulations, title 29, part 525. The amount of compensation depends upon the quality and
102.20 character of the work performed as determined by the commissioner pursuant to section
102.21 177.24.

102.22 Subd. 2. **Imprest cash fund.** The commissioner of veterans affairs may establish an
102.23 imprest cash fund for each of the state-operated residential facilities to be utilized for payment
102.24 to veteran residents participating in on-campus work programs.

103.11 Sec. 6. **[245A.0951] ADOPTION OF RULES FOR LICENSURE OF SECURE**
103.12 **TREATMENT FACILITIES.**

103.13 The commissioner of human services shall adopt rules to govern the licensure of secure
103.14 treatment facilities operated by the Minnesota Sex Offender Program or any other facility
103.15 operated by the executive board for a person committed as a sexual psychopathic personality
103.16 or a sexually dangerous person.

107.13 Sec. 10. Minnesota Statutes 2022, section 251.043, is amended to read:

107.14 **251.043 FINDINGS, PAYMENT OF MEDICAL CARE AND COMPENSATION.**

107.15 Subdivision 1. **Duty to seek treatment.** If upon the evidence mentioned in ~~the preceding~~
107.16 section 176.871, the workers' compensation division finds that an employee is suffering
107.17 from tuberculosis contracted in the institution or department by contact with inmates or
107.18 patients therein or by contact with tuberculosis contaminated material therein, it shall order
107.19 the employee to seek the services of a physician, advanced practice registered nurse,
107.20 physician assistant, or medical care facility.

6.17 Sec. 11. Minnesota Statutes 2022, section 246.151, subdivision 1, is amended to read:

6.18 Subdivision 1. **Compensation.** Notwithstanding any law to the contrary, the
6.19 ~~commissioners of human services and commissioner of veterans affairs are~~ is authorized
6.20 to provide for the payment to ~~patients or residents of state institutions~~ veterans homes under
6.21 ~~their~~ the commissioner's management and control of such pecuniary compensation as required
6.22 by the United States Department of Labor. Payment of subminimum wages shall meet all
6.23 requirements of United States Department of Labor Regulations, Code of Federal
6.24 Regulations, title 29, part 525. The amount of compensation depends upon the quality and
6.25 character of the work performed as determined by the commissioner ~~and the chief executive~~
6.26 ~~officer~~ pursuant to section 177.24.

6.27 Sec. 12. Minnesota Statutes 2022, section 246.151, subdivision 2, is amended to read:

6.28 Subd. 2. **Imprest cash fund.** The ~~commissioners~~ commissioner of human services and
6.29 veterans affairs may establish an imprest cash fund at ~~for~~ each of the state-operated residential
6.30 facilities to be utilized for payment to veteran residents participating in on-campus work
6.31 programs.

7.19 Sec. 14. Minnesota Statutes 2022, section 246B.04, subdivision 1, is amended to read:

7.20 Subdivision 1. **Program rules and evaluation licensure.** The commissioner of human
7.21 services shall adopt rules to govern the ~~operation, maintenance, and~~ licensure of secure
7.22 treatment facilities operated by the Minnesota Sex Offender Program or at any other facility
7.23 operated by the ~~commissioner~~ executive board, for a person committed as a sexual
7.24 psychopathic personality or a sexually dangerous person. ~~The commissioner shall establish~~
7.25 ~~an evaluation process to measure outcomes and behavioral changes as a result of treatment~~
7.26 ~~compared with incarceration without treatment, to determine the value, if any, of treatment~~
7.27 ~~in protecting the public.~~

4.21 Sec. 6. Minnesota Statutes 2022, section 251.043, subdivision 1, is amended to read:

4.22 Subdivision 1. **Duty to seek treatment.** If upon the evidence mentioned in ~~the preceding~~
4.23 section 176.871, the workers' compensation division finds that an employee is suffering
4.24 from tuberculosis contracted in the institution or department by contact with inmates or
4.25 patients therein or by contact with tuberculosis contaminated material therein, it shall order
4.26 the employee to seek the services of a physician, advanced practice registered nurse,
4.27 physician assistant, or medical care facility. ~~There shall be paid to the physician, advanced~~
4.28 ~~practice registered nurse, physician assistant, or facility where the employee may be received,~~
4.29 ~~the same fee for the maintenance and care of the person as is received by the institution for~~

107.21 Subd. 1a. **Payment for medical care.** There shall be paid to The physician, advanced
107.22 practice registered nurse, physician assistant, or facility where the employee may be received;
107.23 must be paid the same fee for the maintenance and care of the person as is received by the
107.24 institution for the maintenance and care of a nonresident patient. If the employee worked
107.25 in a state hospital or nursing home, ~~payment~~ the direct care and treatment executive board
107.26 must pay for the care ~~shall be made by the commissioner of human services~~. If employed
107.27 in any other institution or department the payment ~~shall~~ must be made from funds allocated
107.28 or appropriated for the operation of the institution or department.

107.29 Subd. 1b. **Payment of compensation.** If the employee dies from the effects of the disease
107.30 of tuberculosis and if the tuberculosis was the primary infection and the authentic cause of
107.31 death, the workers' compensation division shall order payment to dependents as provided
107.32 for under the general provisions of the workers' compensation law.

4.30 ~~the maintenance and care of a nonresident patient. If the employee worked in a state hospital~~
4.31 ~~or nursing home, payment for the care shall be made by the commissioner of human services.~~
4.32 ~~If employed in any other institution or department the payment shall be made from funds~~
4.33 ~~allocated or appropriated for the operation of the institution or department. If the employee~~
4.34 ~~dies from the effects of the disease of tuberculosis and if the tuberculosis was the primary~~
5.1 ~~infection and the authentic cause of death, the workers' compensation division shall order~~
5.2 ~~payment to dependents as provided for under the general provisions of the workers'~~
5.3 ~~compensation law.~~

5.4 Sec. 7. Minnesota Statutes 2022, section 251.043, subdivision 1, is amended to read:

5.5 Subdivision 1. **Duty to seek treatment.** ~~If upon the evidence mentioned in the preceding~~
5.6 ~~section, the workers' compensation division finds that an employee is suffering from~~
5.7 ~~tuberculosis contracted in the institution or department by contact with inmates or patients~~
5.8 ~~therein or by contact with tuberculosis contaminated material therein, it shall order the~~
5.9 ~~employee to seek the services of a physician, advanced practice registered nurse, physician~~
5.10 ~~assistant, or medical care facility. There shall be paid to The physician, advanced practice~~
5.11 ~~registered nurse, physician assistant, or facility where the employee may be received; must~~
5.12 ~~be paid the same fee for the maintenance and care of the person as is received by the~~
5.13 ~~institution for the maintenance and care of a nonresident patient. If the employee worked~~
5.14 ~~in a state hospital or nursing home, payment the direct care and treatment executive board~~
5.15 ~~must pay for the care ~~shall be made by the commissioner of human services~~. If employed~~
5.16 ~~in any other institution or department the payment ~~shall~~ must be made from funds allocated~~
5.17 ~~or appropriated for the operation of the institution or department. ~~If the employee dies from~~~~
5.18 ~~the effects of the disease of tuberculosis and if the tuberculosis was the primary infection~~
5.19 ~~and the authentic cause of death, the workers' compensation division shall order payment~~
5.20 ~~to dependents as provided for under the general provisions of the workers' compensation~~
5.21 ~~law.~~

5.22 Sec. 8. Minnesota Statutes 2022, section 251.043, subdivision 1, is amended to read:

5.23 Subdivision 1. **Duty to seek treatment.** ~~If upon the evidence mentioned in the preceding~~
5.24 ~~section, the workers' compensation division finds that an employee is suffering from~~
5.25 ~~tuberculosis contracted in the institution or department by contact with inmates or patients~~
5.26 ~~therein or by contact with tuberculosis contaminated material therein, it shall order the~~
5.27 ~~employee to seek the services of a physician, advanced practice registered nurse, physician~~
5.28 ~~assistant, or medical care facility. There shall be paid to the physician, advanced practice~~
5.29 ~~registered nurse, physician assistant, or facility where the employee may be received, the~~
5.30 ~~same fee for the maintenance and care of the person as is received by the institution for the~~
5.31 ~~maintenance and care of a nonresident patient. If the employee worked in a state hospital~~
5.32 ~~or nursing home, payment for the care shall be made by the commissioner of human services.~~
5.33 ~~If employed in any other institution or department the payment shall be made from funds~~
5.34 ~~allocated or appropriated for the operation of the institution or department. If the employee~~
6.1 ~~dies from the effects of the disease of tuberculosis and if the tuberculosis was the primary~~
6.2 ~~infection and the authentic cause of death, the workers' compensation division shall order~~

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Subd. 2. **Presumption of risk.** Whenever it appears that any employee subject to the provisions of sections ~~251.041 to 251.044~~ 176.87 to 176.873 has come into contact with persons who are afflicted with tuberculosis or with tuberculosis contaminated material in connection with the employment and has subsequently contracted tuberculosis it shall be presumed that such employee contracted tuberculosis by such contact and while working within the scope of employment.

Subd. 3. **Date of contracting tuberculosis.** When an employee has contracted tuberculosis within the meaning of subdivision 1, the periods of time specified in section 176.141 shall be computed from the date that a confirmed diagnosis of tuberculosis is first communicated to the employee.

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payment to dependents as provided for under the general provisions of the workers' compensation law.

Sec. 9. Minnesota Statutes 2022, section 251.043, subdivision 2, is amended to read:

Subd. 2. **Presumption of risk.** Whenever it appears that any employee subject to the provisions of sections ~~251.041 to 251.044~~ 176.87 to 176.873 has come into contact with persons who are afflicted with tuberculosis or with tuberculosis contaminated material in connection with the employment and has subsequently contracted tuberculosis it shall be presumed that such employee contracted tuberculosis by such contact and while working within the scope of employment.

Sec. 10. Minnesota Statutes 2022, section 251.043, subdivision 3, is amended to read:

Subd. 3. **Date of contracting tuberculosis.** When an employee has contracted tuberculosis within the meaning of subdivision 1, the periods of time specified in section 176.141 shall be computed from the date that a confirmed diagnosis of tuberculosis is first communicated to the employee.