

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

1.2 Delete everything after the enacting clause and insert:

1.3 **"ARTICLE 1**

1.4 **DISABILITY SERVICES**

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

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

1.9 (1) according to section 13.05;

1.10 (2) according to court order;

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

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

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

1.21 (6) to administer federal funds or programs;

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

1.23 (8) to the Department of Revenue to ~~assess parental contribution amounts for purposes~~
1.24 ~~of section 252.27, subdivision 2a~~, administer and evaluate tax refund or tax credit programs
1.25 and to identify individuals who may benefit from these programs, and prepare the databases
1.26 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section
1.27 6. The following information may be disclosed under this paragraph: an individual's and
1.28 their dependent's names, dates of birth, Social Security or individual taxpayer identification
1.29 numbers, income, addresses, and other data as required, upon request by the Department
1.30 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human
1.31 services for the purposes described in this clause are governed by section 270B.14,

subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent care credit under section 290.067, the Minnesota working family credit under section 290.0671, the property tax refund under section 290A.04, and the Minnesota education credit under section 290.0674;

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

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

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

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

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

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

(11) data maintained by residential programs as defined in section 245A.02 may be disclosed to the protection and advocacy system established in this state according to Part C of Public Law 98-527 to protect the legal and human rights of persons with developmental disabilities or other related conditions who live in residential facilities for these persons if the protection and advocacy system receives a complaint by or on behalf of that person and the person does not have a legal guardian or the state or a designee of the state is the legal guardian of the person;

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

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

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

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

3.13 (i) the participant:

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

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

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

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

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

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

3.28 (18) the address, Social Security or individual taxpayer identification number, and, if
3.29 available, photograph of any member of a household receiving SNAP benefits shall be made
3.30 available, on request, to a local, state, or federal law enforcement officer if the officer
3.31 furnishes the agency with the name of the member and notifies the agency that:

3.32 (i) the member:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subdivision 1. **Notice required.** Notwithstanding any law to the contrary, no private or public facility for the treatment, housing, or counseling of more than five persons with mental illness, physical disability, developmental disability, ~~as defined in section 252.27, subdivision 1a,~~ substance use disorder, or another form of dependency, nor any correctional facility for more than five persons, shall be established without 30 days' written notice to the affected municipality or other political subdivision.

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

Subdivision 1. **Rules governing aversive and deprivation procedures.** The commissioner of human services shall by October, 1983, promulgate rules governing the

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

Sec. 4. Minnesota Statutes 2022, section 245C.03, is amended by adding a subdivision to read:

Subd. 16. Out-of-home respite services for children in home and community-based services licensed programs. The commissioner shall conduct background studies initiated by home and community-based services license holders on volunteers living in a household providing out-of-home respite services for children under section 245D.13. For purposes of this subdivision, volunteers include household members 13 years of age or older. For purposes of the background study, the license holder must maintain documentation that all household members 13 years of age or older living in a home are volunteers for the program.

Sec. 5. **[245D.13] OUT-OF-HOME RESPITE SERVICES FOR CHILDREN.**

Subdivision 1. Licensed setting required. A license holder with a home and community-based services license providing out-of-home respite services for children must do so only in a licensed setting, unless exempt under subdivision 2.

Subd. 2. Exemption from licensed setting requirement. (a) A license holder with a home and community-based services license may provide out-of-home respite services for children in an unlicensed residential setting if:

(1) the child has not been placed in foster care under Minnesota Rules, part 9560.0529;

(2) all background studies are completed according to the requirements in section 245C.03, subdivision 16;

(3) a child's case manager conducts and documents an assessment of the residential setting and its environment before services are provided and at least once each calendar year thereafter if services continue to be provided at that residence. The assessment must ensure that the setting is suitable for the child receiving respite services. The assessment must be conducted and documented in the manner prescribed by the commissioner;

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

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

(6) the services are provided to no more than four children at any one time. Each child must have an individual bedroom, with the exception of two siblings who may share a bedroom;

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

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

(9) the license holder's license was not made conditional, suspended, or revoked during the previous 24 months.

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

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

Subd. 3. **Documentation requirements.** The license holder must maintain documentation of the following:

(1) background studies completed under section 245C.03, subdivision 16;

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

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

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

Sec. 6. Minnesota Statutes 2022, section 246.511, as amended by Laws 2024, chapter 79, article 2, section 39, is amended to read:

246.511 RELATIVE RESPONSIBILITY.

Except for substance use disorder services paid for with money provided under chapter 254B, the executive board must not require under section 246.51 a client's relatives to pay more than the following: (1) for services provided in a community-based service, the noncovered cost of care as determined under the ability to pay determination; and (2) for services provided at a regional treatment center operated by state-operated services, 20 percent of the cost of care, unless the relatives reside outside the state. The executive board must determine the responsibility of parents of children in state facilities to pay according to ~~section 252.27, subdivision 2, or in rules adopted under chapter 254B~~ if the cost of care is paid under chapter 254B. The executive board may accept voluntary payments in excess of 20 percent. The executive board may require full payment of the full per capita cost of care in state facilities for clients whose parent, parents, spouse, guardian, or conservator do not reside in Minnesota.

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

Subd. 2b. ~~Child's responsibility~~ **Parental or guardian reimbursement to counties.** (a) Parental or guardian responsibility of for the child for the child's cost of care incurred by counties shall be up to the maximum amount of the total income and resources attributed to the child except for the clothing and personal needs allowance as provided in section 256B.35, subdivision 1. Reimbursement by the parents ~~and child~~ or guardians residing outside of Minnesota shall be made to the county making any payments for services. The county board may require payment of the full cost of caring for children whose parents or guardians do not reside in this state.

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

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

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

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

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

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

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

(1) closure;

(2) relocation of services;

(3) downsizing; or

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

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

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

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

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

Sec. 10. Minnesota Statutes 2022, section 256B.02, subdivision 11, is amended to read:

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

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

11.4 (2) that meets all of the following criteria:

11.5 (i) is severe and chronic;

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

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

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

11.11 (v) is likely to continue indefinitely;

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

11.14 (A) self-care;

11.15 (B) understanding and use of language;

11.16 (C) learning;

11.17 (D) mobility;

11.18 (E) self-direction; or

11.19 (F) capacity for independent living; and

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

11.24 Sec. 11. Minnesota Statutes 2023 Supplement, section 256B.0911, subdivision 13, is
11.25 amended to read:

11.26 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The
11.27 commissioner shall develop and implement a curriculum and an assessor certification
11.28 process.

11.29 (b) MnCHOICES certified assessors must:

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

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

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

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

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

12.11 Sec. 12. Minnesota Statutes 2022, section 256B.0911, subdivision 20, is amended to read:

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

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

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

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

13.1 Sec. 13. Minnesota Statutes 2022, section 256B.0924, subdivision 3, is amended to read:

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

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

13.5 (1) be age 18 or older;

13.6 (2) be receiving medical assistance;

13.7 (3) have significant functional limitations; and

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

13.10 (b) The person must be a vulnerable adult in need of adult protection as defined in section
13.11 626.5572, or is an adult with a developmental disability as defined in section 252A.02,
13.12 subdivision 2, or a related condition as defined in section ~~252.27, subdivision 1a~~ 256B.02,
13.13 subdivision 11, and is not receiving home and community-based waiver services, or is an
13.14 adult who lacks a permanent residence and who has been without a permanent residence
13.15 for at least one year or on at least four occasions in the last three years.

13.16 Sec. 14. Minnesota Statutes 2022, section 256B.49, subdivision 16, is amended to read:

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

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

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

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

13.30 ~~(e) A transitional supports allowance must be available to all persons under a home and~~
13.31 ~~community-based waiver who are moving from a licensed setting to a community setting.~~

14.1 ~~"Transitional supports allowance" means a onetime payment of up to \$3,000, to cover the~~
14.2 ~~costs, not covered by other sources, associated with moving from a licensed setting to a~~
14.3 ~~community setting. Covered costs include:~~

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

14.5 ~~(2) security deposits;~~

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

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

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

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

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

14.17 Sec. 15. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 10d, is
14.18 amended to read:

14.19 Subd. 10d. **Direct care staff; compensation.** (a) A provider paid with rates determined
14.20 under subdivision 6 must use a minimum of 66 percent of the revenue generated by rates
14.21 determined under that subdivision for direct care staff compensation and technology costs.

14.22 (b) A provider paid with rates determined under subdivision 7 must use a minimum of
14.23 45 percent of the revenue generated by rates determined under that subdivision for direct
14.24 care staff compensation and technology costs.

14.25 (c) A provider paid with rates determined under subdivision 8 or 9 must use a minimum
14.26 of 60 percent of the revenue generated by rates determined under those subdivisions for
14.27 direct care staff compensation and technology costs.

14.28 (d) Compensation under this subdivision includes:

14.29 (1) wages;

14.30 (2) taxes and workers' compensation;

14.31 (3) health insurance;

- 15.1 (4) dental insurance;
- 15.2 (5) vision insurance;
- 15.3 (6) life insurance;
- 15.4 (7) short-term disability insurance;
- 15.5 (8) long-term disability insurance;
- 15.6 (9) retirement spending;
- 15.7 (10) tuition reimbursement;
- 15.8 (11) wellness programs;
- 15.9 (12) paid vacation time;
- 15.10 (13) paid sick time; or
- 15.11 (14) other items of monetary value provided to direct care staff.

15.12 (e) Technology costs under this subdivision include:

- 15.13 (1) costs related to providing remote support, including payments made to third-party
- 15.14 vendors; or
- 15.15 (2) cost of technology to support individuals remotely.

15.16 Sec. 16. Minnesota Statutes 2022, section 256B.77, subdivision 7a, is amended to read:

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

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

- 15.23 (1) serious and persistent mental illness as defined in section 245.462, subdivision 20;
- 15.24 (2) severe emotional disturbance as defined in section 245.4871, subdivision 6; or
- 15.25 (3) developmental disability, or being a person with a developmental disability as defined
15.26 in section 252A.02, or a related condition as defined in section ~~252.27, subdivision 1a~~
15.27 256B.02, subdivision 11.

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

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

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

Sec. 17. Minnesota Statutes 2023 Supplement, section 270B.14, subdivision 1, is amended to read:

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

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

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

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

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

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

17.1 Services to maintain the confidentiality of the data, the commissioner may provide records
17.2 and information collected under sections 295.50 to 295.59 to the Centers for Medicare and
17.3 Medicaid Services section of the United States Department of Health and Human Services
17.4 for purposes of meeting federal reporting requirements.

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

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

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

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

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

17.31 Sec. 18. Minnesota Statutes 2022, section 447.42, subdivision 1, is amended to read:

17.32 Subdivision 1. **Establishment.** Notwithstanding any provision of Minnesota Statutes
17.33 to the contrary, any city, county, town, or nonprofit corporation approved by the

18.1 commissioner of human services, or any combination of them may establish and operate a
18.2 community residential facility for persons with developmental disabilities or related
18.3 conditions, as defined in section ~~252.27, subdivision 1a~~ 256B.02, subdivision 11.

18.4 Sec. 19. Laws 2021, First Special Session chapter 7, article 13, section 68, is amended to
18.5 read:

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

18.8 The commissioner of human services, in consultation with stakeholders, shall develop
18.9 a new covered state plan service under Minnesota Statutes, chapter 256B, or develop
18.10 modifications to existing covered state plan services, ~~that permits receipt of direct care~~
18.11 ~~services in an acute care hospital in a manner consistent with the requirements of~~ for people
18.12 eligible for home care services as identified in Minnesota Statutes, section 256B.0651, and
18.13 community first services and supports as identified in Minnesota Statutes, section 256B.85,
18.14 for the purposes of support during acute care hospital stays, as authorized under United
18.15 States Code, title 42, section 1396a(h). By ~~August 31, 2022~~ January 1, 2025, the
18.16 commissioner must provide to the chairs and ranking minority members of the house of
18.17 representatives and senate committees ~~and divisions~~ with jurisdiction over direct care services
18.18 any draft legislation as may be necessary to implement the new or modified covered state
18.19 plan service.

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

18.21 Sec. 20. Laws 2023, chapter 61, article 1, section 59, subdivision 2, is amended to read:

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

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

18.26 (2) serves, or will serve, as a connector for communities to available home and
18.27 community-based services; or

18.28 (3) conducts culturally specific outreach and education campaigns targeting existing
18.29 providers that might more appropriately serve their clients under a different home and
18.30 community-based services program or license.

19.1 Sec. 21. Laws 2023, chapter 61, article 1, section 59, subdivision 3, is amended to read:

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

19.4 (1) expanding existing services;

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

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

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

19.8 (5) building new or expanded infrastructure to access medical assistance reimbursement;

19.9 or

19.10 (6) conducting culturally specific outreach and education campaigns targeting existing
19.11 providers that might more appropriately serve their clients under a different home and
19.12 community-based services program or license.

19.13 Sec. 22. **ADVISORY TASK FORCE ON FAMILY RESIDENTIAL SERVICES.**

19.14 Subdivision 1. Establishment; purpose. The Advisory Task Force on Family Residential
19.15 Services is established to evaluate pending family residential services rate modifications
19.16 and the impact any pending payment methodology would have on existing family residential
19.17 services and licensed adult family foster care providers.

19.18 Subd. 2. Membership. (a) The Advisory Task Force on Family Residential Services
19.19 must consist of the members appointed as follows:

19.20 (1) two licensed adult family foster care providers, appointed by the commissioner of
19.21 human services;

19.22 (2) two licensed adult family foster care providers, appointed by ARRM;

19.23 (3) one member representing the Department of Human Services who has experience
19.24 with adult family foster care providers and family residential services, appointed by the
19.25 commissioner of human services;

19.26 (4) one additional member representing the Department of Human Services who has
19.27 experience with disability waiver rate setting, appointed by the commissioner of human
19.28 services;

19.29 (5) one member representing lead agencies, appointed by the Association of Minnesota
19.30 Counties;

- 20.1 (6) one member representing ARRM, appointed by ARRM;
- 20.2 (7) one person receiving family residential services; and
- 20.3 (8) one person receiving life sharing services.
- 20.4 (b) Appointments must be made no later than September 1, 2024.
- 20.5 (c) Notwithstanding Minnesota Statutes, section 15.059, subdivision 6, member
- 20.6 compensation and reimbursement for expenses are governed by Minnesota Statutes, section
- 20.7 15.059, subdivision 3.
- 20.8 Subd. 3. **Meetings.** (a) The commissioner of human services must convene the first
- 20.9 meeting of the advisory task force no later than October 1, 2024.
- 20.10 (b) Advisory task force meetings are subject to the Minnesota Open Meeting Law under
- 20.11 Minnesota Statutes, chapter 13D.
- 20.12 (c) Advisory task force meetings must be conducted by telephone or interactive
- 20.13 technology according to Minnesota Statutes, section 13D.015.
- 20.14 Subd. 4. **Administrative support.** (a) The commissioner of human services must provide
- 20.15 administrative support and staff assistance for the advisory task force.
- 20.16 (b) The commissioner of human services must provide the advisory task force with data,
- 20.17 fiscal estimates, rate models, draft waiver amendments, implementation updates, estimated
- 20.18 impacts, and other information the advisory task force requires to fulfill its duties under
- 20.19 subdivisions 5 and 6.
- 20.20 Subd. 5. **Duties.** (a) Prior to issuing the report required under subdivision 6, paragraph
- 20.21 (a), the advisory task force must evaluate multiple family residential service rate models
- 20.22 and the impact the proposed rate models would have on family residential services and adult
- 20.23 family foster care providers. The evaluations must include:
- 20.24 (1) case studies demonstrating rate changes adult family foster care providers would
- 20.25 experience under each rate model;
- 20.26 (2) an estimate of the median rate change for family residential services adult family
- 20.27 foster care providers will experience under each model;
- 20.28 (3) the number of adult family foster care providers operating in Minnesota; and
- 20.29 (4) the number of individuals receiving family residential services from licensed adult
- 20.30 family foster care providers.

21.1 (b) Prior to issuing the report required under subdivision 6, paragraph (b), the advisory
21.2 task force must monitor the development and implementation of the family residential
21.3 service rate methodology and the impact of the rate methodology on family residential
21.4 services and adult family foster care providers.

21.5 Subd. 6. **Reports.** (a) No later than March 15, 2025, the advisory task force must submit
21.6 to the chairs and ranking minority members of the legislative committees with jurisdiction
21.7 over licensed adult foster care providers and family residential services reimbursement rates
21.8 a written report that includes recommendations on:

21.9 (1) a payment rate methodology for family residential services;

21.10 (2) a payment rate methodology for life sharing services;

21.11 (3) any additional recommended changes to family residential services and life sharing
21.12 services;

21.13 (4) any legislative language required to implement the recommendations of the advisory
21.14 task force; and

21.15 (5) any legislative modifications to the duties or authorities of the advisory task force
21.16 required to adequately monitor the implementation of new rates for family residential
21.17 services and life sharing services.

21.18 (b) No later than June 30, 2027, the advisory task force must submit to the chairs and
21.19 ranking minority members of the legislative committees with jurisdiction over licensed
21.20 adult foster care providers and family residential services reimbursement rates a written
21.21 report that includes an assessment of the development and implementation of the family
21.22 residential service rate methodology and the impact of the rate methodology on family
21.23 residential services and adult family foster care providers.

21.24 Subd. 7. **Expiration.** The advisory task force expires June 30, 2027.

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

21.26 Sec. 23. **ASSISTIVE TECHNOLOGY LEAD AGENCY PARTNERSHIPS.**

21.27 (a) Lead agencies may establish partnerships with enrolled medical assistance providers
21.28 of home and community-based services under Minnesota Statutes, section 256B.0913,
21.29 256B.092, 256B.093, or 256B.49, or Minnesota Statutes, chapter 256S to evaluate the
21.30 benefits of informed choice in accessing the following existing assistive technology home
21.31 and community-based waiver services:

21.32 (1) assistive technology;

22.1 (2) specialized equipment and supplies;
22.2 (3) environmental accessibility adaptations;
22.3 (4) client and caregiver training;
22.4 (5) 24-hour emergency assistance; or
22.5 (6) Any other cost-effective, allowable waiver services and benefits related to assistive
22.6 technology.

22.7 (b) Lead agencies may prioritize eligible individuals who desire to participate in the
22.8 partnership authorized by this section, using existing home and community-based waiver
22.9 criteria under Minnesota Statutes, chapters 256B and 256S, which may include but are not
22.10 limited to:

22.11 (1) significant clinical acuity due to one or more chronic medical conditions;
22.12 (2) multiple emergency room visits or inpatient admissions during the prior 365 days;
22.13 (3) a diagnosis of a behavioral or complex chronic condition;
22.14 (4) challenges in finding nonemergency medical transportation in the individual's region;
22.15 or
22.16 (5) an inability to find available primary care providers.

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

22.20 (d) Lead agencies may identify efficiencies, as well as utilize an alternative,
22.21 evidence-based methodology that result in approval or denial of service authorizations
22.22 within 30 business days of the receipt of the initial request, provide evidence-based cost
22.23 data and quality analysis to the commissioner, and collect feedback on the use of technology
22.24 systems from home and community-based waiver services recipients, family caregivers,
22.25 and any other interested community partners.

22.26 **Sec. 24. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
22.27 **REIMBURSEMENT FOR PERSONAL CARE ASSISTANTS AND**
22.28 **COMMUNITY-FIRST SERVICES AND SUPPORTS WORKERS.**

22.29 By January 1, 2025, the commissioner of human services shall provide draft legislation
22.30 to the chairs and ranking minority members of the legislative committees with jurisdiction

23.1 over human services finance proposing the statutory changes needed to permit reimbursement
23.2 of personal care assistants and support workers to provide:

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

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

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

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

23.11 **Sec. 25. DISABILITY HOME AND COMMUNITY-BASED SERVICES**
23.12 **REIMBURSEMENT IN ACUTE CARE HOSPITAL STAYS.**

23.13 (a) The commissioner of human services must seek approval to amend Minnesota's
23.14 federally approved disability waiver plans under Minnesota Statutes, sections 256B.49 and
23.15 256B.092, to reimburse for delivery of unit-based services under Minnesota Statutes, section
23.16 256B.4914, in acute care hospital settings, as authorized under United States Code, title 42,
23.17 section 1396a(h).

23.18 (b) Reimbursed services must:

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

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

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

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

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

24.1 Sec. 26. **DISABILITY SERVICES CONTINUOUS IMPROVEMENT STUDY;**
24.2 **DIRECTION TO COMMISSIONER.**

24.3 (a) By August 1, 2024, the commissioner of human services shall issue a request for
24.4 proposals for the design, implementation, and administration of a continuous improvement
24.5 study of access to disability services.

24.6 (b) The continuous improvement study must assess access to the range of disability
24.7 services programs:

24.8 (1) in metropolitan, suburban, and rural counties; and

24.9 (2) by non-English-speaking communities and by various populations, including but not
24.10 limited to Black, Indigenous, and People of Color.

24.11 (c) To be eligible to respond to the request for proposals, an entity must demonstrate
24.12 that it has worked successfully with other organizations on continuous improvement studies
24.13 and journey mapping of processes from beginning to end.

24.14 (d) In developing the request for proposals, the commissioner shall consult with disability
24.15 services providers, county human services agencies, disability advocacy organizations, and
24.16 individuals with lived experience in accessing disability services.

24.17 (e) The commissioner shall report the results of the continuous improvement study and
24.18 any recommendations to improve access to disability services to the chairs and ranking
24.19 minority members of the legislative committees with jurisdiction over disability services
24.20 by December 15, 2026.

24.21 Sec. 27. **EMERGENCY RELIEF GRANTS FOR RURAL EIDBI PROVIDERS.**

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

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

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

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

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

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

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

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

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

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

25.21 Sec. 28. **LEGISLATIVE TASK FORCE ON GUARDIANSHIP.**

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

25.24 (1) one member of the house of representatives appointed by the speaker of the house
25.25 of representatives;

25.26 (2) one member of the house of representatives appointed by the minority leader of the
25.27 house of representatives;

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

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

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

- 26.1 (6) two individuals presently or formerly under guardianship or emergency guardianship
26.2 appointed by the Minnesota Council on Disability;
- 26.3 (7) one private, professional guardian appointed by the Minnesota Council on Disability;
- 26.4 (8) one private, nonprofessional guardian appointed by the Minnesota Council on
26.5 Disability;
- 26.6 (9) one representative of the Department of Human Services with knowledge of public
26.7 guardianship issues appointed by the commissioner of human services;
- 26.8 (10) one member appointed by the Minnesota Council on Disability;
- 26.9 (11) two members of two different disability advocacy organizations selected by the
26.10 Minnesota Council on Disability;
- 26.11 (12) one member of a professional or advocacy group representing the interests of the
26.12 guardian who has experience working in the judicial system on guardianship cases appointed
26.13 by the Minnesota Council on Disability;
- 26.14 (13) one member of a professional or advocacy group representing the interests of persons
26.15 subject to guardianship who has experience working in the judicial system on guardianship
26.16 cases appointed by the Minnesota Council on Disability;
- 26.17 (14) two members of two different advocacy groups representing the interests of older
26.18 Minnesotans who are or may find themselves subject to guardianship selected by the
26.19 Minnesota Council on Disability;
- 26.20 (15) one employee of the Center for Health Equity, Disability Systems Planner, at the
26.21 Minnesota Department of Health, appointed by the commissioner;
- 26.22 (16) one member appointed by the Minnesota Indian Affairs Council;
- 26.23 (17) one member of the Commission of the Deaf, Deafblind, and Hard-of-Hearing
26.24 appointed by the executive director of the commission;
- 26.25 (18) one member of the Council on Developmental Disabilities appointed by the executive
26.26 director of the council;
- 26.27 (19) one member as an employee of the Office of Ombudsman for Mental Health and
26.28 Developmental Disabilities appointed by the ombudsman;
- 26.29 (20) one member as an employee of the Office of Ombudsman for Long Term Care
26.30 appointed by the ombudsman;

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

27.3 (22) one member as an employee of the Olmstead Implementation Office appointed by
27.4 the director of the office; and

27.5 (23) one member representing an organization that is dedicated to supported decision
27.6 making alternatives to guardianship appointed by the Minnesota Council on Disability.

27.7 (b) Appointees to the task force must be named by each appointing authority by June
27.8 30, 2025. Appointments made by an agency or commissioner may also be made by a
27.9 designee.

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

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

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

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

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

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

27.27 (4) establishing guardian certification or licensure;

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

27.30 (6) securing ongoing funding for the guardian and conservator administrative complaint
27.31 process;

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

28.4 (8) expanding supported decision making alternatives to guardianships and
28.5 conservatorships;

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

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

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

28.13 Subd. 4. **Compensation; expenses.** Members of the task force may receive compensation
28.14 and expense reimbursement as provided in Minnesota Statutes, section 15.059, subdivision
28.15 3.

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

28.22 Subd. 6. **Expiration.** The task force expires upon submission of its report, or January
28.23 16, 2027, whichever is earlier.

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

28.25 Sec. 29. **OWN HOME SERVICES PROVIDER CAPACITY-BUILDING GRANTS.**

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

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

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

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

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

(2) housing expenses related to moving an individual into their own home that are not covered by other housing services for which the individual is eligible;

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

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

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

(6) other activities approved by the commissioner.

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

Sec. 30. **PEDIATRIC HOSPITAL-TO-HOME TRANSITION PILOT PROGRAM.**

(a) The commissioner of human services shall establish a single competitive grant to a home care nursing provider to develop and implement in coordination with the commissioner of human services, Fairview Masonic Children's Hospital, Gillette Children's Specialty Healthcare, and Children's Minnesota of St. Paul and Minneapolis, a pilot program to expedite and facilitate pediatric hospital-to-home discharges for patients receiving services in this state under medical assistance, including under the community alternative care waiver, community access for disability inclusion waiver, and developmental disabilities waiver.

(b) Grant money awarded under this section must be used only to support the administrative, training, and auxiliary services necessary to reduce: (1) delayed discharge days due to unavailability of home care nursing staffing to accommodate complex pediatric patients; (2) avoidable rehospitalization days for pediatric patients; (3) unnecessary emergency department utilization by pediatric patients following discharge; (4) long-term nursing needs for pediatric patients; and (5) the number of school days missed by pediatric patients.

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

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

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

Sec. 31. PERSONAL CARE ASSISTANCE COMPENSATION FOR SERVICES PROVIDED BY A PARENT OR SPOUSE.

(a) Notwithstanding Minnesota Statutes, section 256B.0659, subdivision 3, paragraph (a), clause (1); subdivision 11, paragraph (c); and subdivision 19, paragraph (b), clause (3), beginning October 1, 2024, a parent, stepparent, or legal guardian of a minor who is a personal care assistance recipient or the spouse of a personal care assistance recipient may provide and be paid for providing personal care assistance services under medical assistance. The commissioner shall seek federal approval for these payments. The commissioner shall make payments for services rendered without federal financial participation until federal approval is obtained, and if federal approval is denied, until this section expires.

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

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

Sec. 32. TRANSITIONAL SUPPORTS ALLOWANCE INCREASE.

Upon federal approval, the commissioner of human services must increase to \$4,000 the transitional supports allowance under Minnesota's federally approved home and community-based service waiver plans authorized under Minnesota Statutes, sections 256B.092 and 256B.49.

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

Sec. 33. **TRIBAL VULNERABLE ADULT AND DEVELOPMENTAL DISABILITY TARGETED CASE MANAGEMENT MEDICAL ASSISTANCE BENEFIT.**

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

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

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

Sec. 34. **REPEALER.**

(a) Minnesota Statutes 2022, sections 252.021; 252.27, subdivisions 1a, 2, 3, 4a, 5, and 6; and 256B.0916, subdivision 10, are repealed.

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

EFFECTIVE DATE. The repeal of Minnesota Statutes, section 256B.0916, subdivision 10, is effective January 1, 2025.

ARTICLE 2
AGING SERVICES

Section 1. Minnesota Statutes 2022, section 144G.43, subdivision 3, is amended to read:

Subd. 3. **Contents of resident record.** Contents of a resident record include the following for each resident:

- 32.1 (1) identifying information, including the resident's name, date of birth, address, and
32.2 telephone number;
- 32.3 (2) the name, address, and telephone number of the resident's emergency contact, legal
32.4 representatives, and designated representative;
- 32.5 (3) names, addresses, and telephone numbers of the resident's health and medical service
32.6 providers, if known;
- 32.7 (4) health information, including medical history, allergies, and when the provider is
32.8 managing medications, treatments or therapies that require documentation, and other relevant
32.9 health records;
- 32.10 (5) the resident's advance directives, if any;
- 32.11 (6) copies of any health care directives, guardianships, powers of attorney, or
32.12 conservatorships;
- 32.13 (7) the facility's current and previous assessments ~~and~~ service plans, and medication
32.14 regimen reviews;
- 32.15 (8) all records of communications pertinent to the resident's services;
- 32.16 (9) documentation of significant changes in the resident's status and actions taken in
32.17 response to the needs of the resident, including reporting to the appropriate supervisor or
32.18 health care professional;
- 32.19 (10) documentation of incidents involving the resident and actions taken in response to
32.20 the needs of the resident, including reporting to the appropriate supervisor or health care
32.21 professional;
- 32.22 (11) documentation that services have been provided as identified in the service plan;
- 32.23 (12) documentation that the resident has received and reviewed the assisted living bill
32.24 of rights;
- 32.25 (13) documentation of complaints received and any resolution;
- 32.26 (14) a discharge summary, including service termination notice and related
32.27 documentation, when applicable; and
- 32.28 (15) other documentation required under this chapter and relevant to the resident's
32.29 services or status.

33.1 Sec. 2. Minnesota Statutes 2022, section 144G.63, subdivision 4, is amended to read:

33.2 Subd. 4. **Training required relating to dementia, mental illness, and de-escalation.** All
33.3 direct care staff and supervisors providing direct services must demonstrate an understanding
33.4 of the training specified in ~~section~~ sections 144G.64 and 144G.65.

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

33.6 Sec. 3. **[144G.65] TRAINING IN MENTAL ILLNESS AND DE-ESCALATION.**

33.7 **Subdivision 1. Training for supervisors.** (a) Within 120 working hours of the
33.8 employment start date, all supervisors of direct care staff must complete at least eight hours
33.9 of initial training on the topics specified in subdivision 6.

33.10 (b) New supervisors may satisfy the training required under this subdivision by producing
33.11 written proof of previously completed required training within the past 18 months.

33.12 **Subd. 2. Training for direct care staff.** (a) Within 120 working hours of the employment
33.13 start date, all direct care staff must complete at least eight hours of initial training on the
33.14 topics specified in subdivision 6. Until the initial training is complete, a direct care staff
33.15 member must not provide direct care unless someone is available who can act as a resource,
33.16 assist if issues arise, and is either another direct care staff member who has completed the
33.17 eight hours of required training and is on-site or a supervisor.

33.18 (b) New direct care employees may satisfy the training required under this subdivision
33.19 by producing written proof of previously completed required training within the past 18
33.20 months.

33.21 **Subd. 3. Training for staff who do not provide direct care.** (a) Within 160 working
33.22 hours of the employment start date, all assisted living facility employees who do not provide
33.23 direct care, including maintenance, housekeeping, and food service staff, must complete at
33.24 least four hours of initial training on all the topics specified in subdivision 6.

33.25 (b) New staff members may satisfy the training required under this subdivision by
33.26 producing written proof of previously completed required training within the past 18 months.

33.27 **Subd. 4. Annual training for all staff.** All assisted living staff required to complete
33.28 initial training under subdivisions 1 to 3 must complete at least two hours of additional
33.29 training for each year of employment following completion of the initial training. Annual
33.30 training must cover some, but not necessarily all, of the topics listed under subdivision 6.

33.31 **Subd. 5. New staff members.** A supervisor who has completed the training required
33.32 under subdivision 1 or a person who conducts the initial training must be available for

34.1 consultation with a new staff member on issues related to mental illness and de-escalation
34.2 during the first 160 hours of the new staff member's employment start date.

34.3 Subd. 6. **Content of training.** The initial training on mental illness and de-escalation
34.4 required under this section must include:

34.5 (1) an explanation of the principles of trauma-informed care;

34.6 (2) instruction on incorporating knowledge about trauma into care plans, policies,
34.7 procedures, and practices to avoid retraumatization;

34.8 (3) de-escalation techniques and communication;

34.9 (4) crisis resolution, including a procedure for contacting county crisis response teams;

34.10 (5) suicide prevention, including use of the 988 suicide and crisis lifeline;

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

34.14 (7) creating and executing person-centered care plans for residents with mental illness;

34.15 (8) information on medications and their side effects, the risks of overmedication or
34.16 improper use of medications, and nonpharmacological interventions; and

34.17 (9) support strategies, resources, and referral sources for residents experiencing diagnoses
34.18 co-occurring with mental illness, including dementia.

34.19 Subd. 7. **Information to prospective residents.** The facility must provide to prospective
34.20 residents in written or electronic form a description of its training program on mental illness
34.21 and de-escalation, the categories of staff trained, the frequency and amount of training, and
34.22 the basic topics covered.

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

34.24 Sec. 4. Minnesota Statutes 2022, section 144G.71, is amended by adding a subdivision to
34.25 read:

34.26 Subd. 2a. **Medication regimen review for residents requesting or receiving medication**
34.27 **management services.** (a) An assisted living facility must have a pharmacist conduct
34.28 medication regimen reviews for each resident who requests or is receiving medication
34.29 management services at the facility. A medication regimen review must be conducted each
34.30 time the resident experiences a significant change in condition and at least quarterly.

(b) In a medication regimen review, the pharmacist must identify any current or potential medication-related problems, including but not limited to:

(1) the lack of clinical indication for the use of a medication;

(2) the use of a subtherapeutic dose of a medication;

(3) a medication administered in an excessive dosage, including duplicate therapy;

(4) a medication administered for an excessive duration;

(5) an adverse reaction to medication; and

(6) any medication interactions.

(c) After a medication regimen review, the pharmacist conducting the review must provide the facility's director of health services with a written report of findings from the review and any medication-related problems. The director of health services must provide the medication regimen review report to the resident's attending provider. The director of health services and the resident's attending provider must sign the report and accept or reject the report and any problems noted in the report by the attending provider's next visit to the resident, or sooner if indicated by the pharmacist who conducted the review.

Sec. 5. Minnesota Statutes 2022, section 144G.71, is amended by adding a subdivision to read:

Subd. 2b. Medication regimen review for residents not requesting or receiving medication management services. (a) An assisted living facility must offer a medication regimen review to each resident who does not request or is not receiving medication management services at the facility. A medication regimen review must be offered when the resident is admitted to the facility and each time the resident experiences a significant change in condition. The facility must document the resident's decision in the resident record.

(b) If a resident consents to a medication regimen review, the review must be conducted according to subdivision 2a, paragraphs (b) and (c).

Sec. 6. Minnesota Statutes 2022, section 144G.71, is amended by adding a subdivision to read:

Subd. 24. Annual reviews of facility medication practices. At least annually, an assisted living facility that provides medication management services must have a pharmacist or nurse conduct an on-site review of the facility's medication storage, medication setup, and medication administration practices. The pharmacist or nurse conducting the review must

36.1 provide the results of the review and any recommendations for improvements to the facility's
36.2 director of health services.

36.3 Sec. 7. Minnesota Statutes 2023 Supplement, section 256B.0913, subdivision 5, is amended
36.4 to read:

36.5 Subd. 5. **Services covered under alternative care.** Alternative care funding may be
36.6 used for payment of costs of:

36.7 (1) adult day services and adult day services bath;

36.8 (2) home care;

36.9 (3) homemaker services;

36.10 (4) personal care;

36.11 (5) case management and conversion case management;

36.12 (6) respite care;

36.13 (7) specialized supplies and equipment;

36.14 (8) home-delivered meals;

36.15 (9) nonmedical transportation;

36.16 (10) nursing services;

36.17 (11) chore services;

36.18 (12) companion services;

36.19 (13) nutrition services;

36.20 (14) family caregiver training and education;

36.21 (15) coaching and counseling;

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

36.24 (17) consumer-directed community supports;

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

36.26 (19) transitional services; and

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

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

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

Sec. 8. Minnesota Statutes 2022, section 256B.0913, subdivision 5a, is amended to read:

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

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

(c) Personal care services must meet the service standards defined in the federally approved elderly waiver plan, except that a lead agency may authorize services to be provided by a client's relative who meets the relative hardship waiver requirements or a relative who meets the criteria and is also the responsible party under an individual service plan that ensures the client's health and safety and supervision of the personal care services by a qualified professional as defined in section 256B.0625, subdivision 19c. Relative hardship

is established by the lead agency when the client's care causes a relative caregiver to do any of the following: resign from a paying job, reduce work hours resulting in lost wages, obtain a leave of absence resulting in lost wages, incur substantial client-related expenses, provide services to address authorized, unstaffed direct care time, or meet special needs of the client unmet in the formal service plan.

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

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

Sec. 9. Minnesota Statutes 2022, section 256B.434, is amended by adding a subdivision to read:

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

(b) The commissioner shall increase the property rate of a nursing facility located in the city of St. Paul at 1415 Almond Avenue in Ramsey County by \$10.65 on July 1, 2024.

(c) The commissioner shall increase the property rate of a nursing facility located in the city of Duluth at 3111 Church Place in St. Louis County by \$20.81 on July 1, 2024.

(d) The commissioner shall increase the property rate of a nursing facility located in the city of Chatfield at 1102 Liberty Street SE in Fillmore County by \$21.35 on July 1, 2024.

(e) Effective July 1, 2024, through June 30, 2025, the commissioner shall increase the property rate of a nursing facility located in the city of Fergus Falls at 1131 South Mabelle Avenue in Ottertail County by \$38.56.

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

Sec. 10. **[256S.191] ELDERLY WAIVER BUDGET AND RATE EXCEPTIONS;
HIGH-NEED PARTICIPANTS.**

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

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

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

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

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

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

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

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

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

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

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

Sec. 11. Minnesota Statutes 2022, section 256S.205, subdivision 5, is amended to read:

Subd. 5. **Rate adjustment; rate floor.** (a) Notwithstanding the 24-hour customized living monthly service rate limits under section 256S.202, subdivision 2, and the component service rates established under section 256S.201, subdivision 4, the commissioner must establish a rate floor equal to ~~\$119~~ \$145 per resident per day for 24-hour customized living services provided to an elderly waiver participant in a designated disproportionate share facility.

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

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

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

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

Sec. 12. **DIRECTION TO COMMISSIONER; HOME AND COMMUNITY-BASED SERVICES SYSTEM REFORM ANALYSIS.**

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

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

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

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

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

ARTICLE 3**SUBSTANCE USE DISORDER SERVICES**

Section 1. Minnesota Statutes 2023 Supplement, section 256.042, subdivision 2, is amended to read:

Subd. 2. **Membership.** (a) The council shall consist of the following 20 voting members, appointed by the commissioner of human services except as otherwise specified, and ~~three~~ four nonvoting members:

(1) two members of the house of representatives, appointed in the following sequence: the first from the majority party appointed by the speaker of the house and the second from the minority party appointed by the minority leader. Of these two members, one member must represent a district outside of the seven-county metropolitan area, and one member must represent a district that includes the seven-county metropolitan area. The appointment by the minority leader must ensure that this requirement for geographic diversity in appointments is met;

(2) two members of the senate, appointed in the following sequence: the first from the majority party appointed by the senate majority leader and the second from the minority party appointed by the senate minority leader. Of these two members, one member must represent a district outside of the seven-county metropolitan area and one member must represent a district that includes the seven-county metropolitan area. The appointment by the minority leader must ensure that this requirement for geographic diversity in appointments is met;

(3) one member appointed by the Board of Pharmacy;

(4) one member who is a physician appointed by the Minnesota Medical Association;

(5) one member representing opioid treatment programs, sober living programs, or substance use disorder programs licensed under chapter 245G;

(6) one member appointed by the Minnesota Society of Addiction Medicine who is an addiction psychiatrist;

(7) one member representing professionals providing alternative pain management therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;

(8) one member representing nonprofit organizations conducting initiatives to address the opioid epidemic, with the commissioner's initial appointment being a member representing the Steve Rummeler Hope Network, and subsequent appointments representing this or other organizations;

(9) one member appointed by the Minnesota Ambulance Association who is serving with an ambulance service as an emergency medical technician, advanced emergency medical technician, or paramedic;

(10) one member representing the Minnesota courts who is a judge or law enforcement officer;

(11) one public member who is a Minnesota resident and who is in opioid addiction recovery;

(12) two members representing Indian tribes, one representing the Ojibwe tribes and one representing the Dakota tribes;

(13) one member representing an urban American Indian community;

(14) one public member who is a Minnesota resident and who is suffering from chronic pain, intractable pain, or a rare disease or condition;

(15) one mental health advocate representing persons with mental illness;

(16) one member appointed by the Minnesota Hospital Association;

(17) one member representing a local health department; ~~and~~

(18) the commissioners of human services, health, and corrections, or their designees, who shall be ex officio nonvoting members of the council; and

(19) the director of the Office of Addiction and Recovery, as specified under section 4.046, subdivision 6, or their designee, who shall be an ex officio nonvoting member of the council.

(b) The commissioner of human services shall coordinate the commissioner's appointments to provide geographic, racial, and gender diversity, and shall ensure that at least one-third of council members appointed by the commissioner reside outside of the seven-county metropolitan area. Of the members appointed by the commissioner, to the extent practicable, at least one member must represent a community of color disproportionately affected by the opioid epidemic.

(c) The council is governed by section 15.059, except that members of the council shall serve three-year terms and shall receive no compensation other than reimbursement for expenses. Notwithstanding section 15.059, subdivision 6, the council shall not expire.

(d) The chair shall convene the council at least quarterly, and may convene other meetings as necessary. The chair shall convene meetings at different locations in the state to provide

43.1 geographic access, and shall ensure that at least one-half of the meetings are held at locations
43.2 outside of the seven-county metropolitan area.

43.3 (e) The commissioner of human services shall provide staff and administrative services
43.4 for the advisory council.

43.5 (f) The council is subject to chapter 13D.

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

43.7 Sec. 2. Minnesota Statutes 2023 Supplement, section 256.043, subdivision 3, is amended
43.8 to read:

43.9 Subd. 3. **Appropriations from registration and license fee account.** (a) The
43.10 appropriations in paragraphs (b) to (n) shall be made from the registration and license fee
43.11 account on a fiscal year basis in the order specified.

43.12 (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs
43.13 (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be
43.14 made accordingly.

43.15 (c) \$100,000 is appropriated to the commissioner of human services for grants for opiate
43.16 antagonist distribution. Grantees may utilize funds for opioid overdose prevention,
43.17 community asset mapping, education, and opiate antagonist distribution.

43.18 (d) \$2,000,000 is appropriated to the commissioner of human services for grants to Tribal
43.19 nations and five urban Indian communities for traditional healing practices for American
43.20 Indians and to increase the capacity of culturally specific providers in the behavioral health
43.21 workforce.

43.22 (e) \$400,000 is appropriated to the commissioner of human services for competitive
43.23 grants for opioid-focused Project ECHO programs.

43.24 (f) \$277,000 in fiscal year 2024 and \$321,000 each year thereafter is appropriated to the
43.25 commissioner of human services to administer the funding distribution and reporting
43.26 requirements in paragraph (o).

43.27 (g) \$3,000,000 in fiscal year 2025 and \$3,000,000 each year thereafter is appropriated
43.28 to the commissioner of human services for safe recovery sites start-up and capacity building
43.29 grants under section 254B.18.

43.30 (h) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated to
43.31 the commissioner of human services for the opioid overdose surge alert system under section
43.32 245.891.

(i) \$300,000 is appropriated to the commissioner of management and budget for evaluation activities under section 256.042, subdivision 1, paragraph (c).

(j) \$261,000 is appropriated to the commissioner of human services for the provision of administrative services to the Opiate Epidemic Response Advisory Council and for the administration of the grants awarded under paragraph (n).

(k) \$126,000 is appropriated to the Board of Pharmacy for the collection of the registration fees under section 151.066.

(l) \$672,000 is appropriated to the commissioner of public safety for the Bureau of Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

(m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining amount is appropriated to the commissioner of human services for distribution to county social service agencies and Tribal social service agency initiative projects authorized under section 256.01, subdivision 14b, to provide prevention and child protection services to children and families who are affected by addiction. The commissioner shall distribute this money proportionally to county social service agencies and Tribal social service agency initiative projects through a formula based on intake data from the previous three calendar years related to substance use and out-of-home placement episodes where parental drug abuse is ~~the primary~~ a reason for the out-of-home placement ~~using data from the previous calendar year~~. County social service agencies and Tribal social service agency initiative projects receiving funds from the opiate epidemic response fund must annually report to the commissioner on how the funds were used to provide prevention and child protection services, including measurable outcomes, as determined by the commissioner. County social service agencies and Tribal social service agency initiative projects must not use funds received under this paragraph to supplant current state or local funding received for child protection services for children and families who are affected by addiction.

(n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in the account is appropriated to the commissioner of human services to award grants as specified by the Opiate Epidemic Response Advisory Council in accordance with section 256.042, unless otherwise appropriated by the legislature.

(o) Beginning in fiscal year 2022 and each year thereafter, funds for county social service agencies and Tribal social service agency initiative projects under paragraph (m) and grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph (n) may be distributed on a calendar year basis.

(p) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs (c), (d), (e), (g), (m), and (n) are available for three years after the funds are appropriated.

ARTICLE 4

PRIORITY ADMISSIONS AND CIVIL COMMITMENT

Section 1. Minnesota Statutes 2023 Supplement, section 253B.10, subdivision 1, is amended to read:

Subdivision 1. **Administrative requirements.** (a) When a person is committed, the court shall issue a warrant or an order committing the patient to the custody of the head of the treatment facility, state-operated treatment program, or community-based treatment program. The warrant or order shall state that the patient meets the statutory criteria for civil commitment.

(b) The commissioner shall prioritize patients being admitted from jail or a correctional institution ~~who are~~ for admission to a medically appropriate direct care and treatment program based on the decisions of physicians in the executive medical director's office, using a priority admissions framework. The framework must account for a range of factors for priority admission, including but not limited to:

~~(1) ordered confined in a state-operated treatment program for an examination under Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and 20.02, subdivision 2~~ the length of time the person has been on a waiting list for admission to a direct care and treatment program since the date of the order under paragraph (a);

~~(2) under civil commitment for competency treatment and continuing supervision under Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7~~ the intensity of the treatment the person needs, based on medical acuity;

~~(3) found not guilty by reason of mental illness under Minnesota Rules of Criminal Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be detained in a state-operated treatment program pending completion of the civil commitment proceedings; or~~ the person's revoked provisional discharge status;

~~(4) committed under this chapter to the commissioner after dismissal of the patient's criminal charges;~~ the person's safety and safety of others in the person's current environment;

(5) whether the person has access to necessary or court-ordered treatment;

(6) distinct and articulable negative impacts of an admission delay on the facility referring the individual for treatment; and

46.1 (7) any relevant federal prioritization requirements.

46.2 Patients described in this paragraph must be admitted to a state-operated treatment program
46.3 within 48 hours. The commitment must be ordered by the court as provided in section
46.4 253B.09, subdivision 1, paragraph (d).

46.5 (c) Upon the arrival of a patient at the designated treatment facility, state-operated
46.6 treatment program, or community-based treatment program, the head of the facility or
46.7 program shall retain the duplicate of the warrant and endorse receipt upon the original
46.8 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must
46.9 be filed in the court of commitment. After arrival, the patient shall be under the control and
46.10 custody of the head of the facility or program.

46.11 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
46.12 of law, the court order committing the patient, the report of the court examiners, and the
46.13 prepetition report, and any medical and behavioral information available shall be provided
46.14 at the time of admission of a patient to the designated treatment facility or program to which
46.15 the patient is committed. Upon a patient's referral to the commissioner of human services
46.16 for admission pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment
46.17 facility, jail, or correctional facility that has provided care or supervision to the patient in
46.18 the previous two years shall, when requested by the treatment facility or commissioner,
46.19 provide copies of the patient's medical and behavioral records to the Department of Human
46.20 Services for purposes of preadmission planning. This information shall be provided by the
46.21 head of the treatment facility to treatment facility staff in a consistent and timely manner
46.22 and pursuant to all applicable laws.

46.23 (e) Patients described in paragraph (b) must be admitted to a state-operated treatment
46.24 program within 48 hours of the Office of Medical Director, under section 246.018, or a
46.25 designee determining that a medically appropriate bed is available. This paragraph expires
46.26 on June 30, 2025.

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

46.28 Sec. 2. Laws 2024, chapter 79, article 1, section 3, is amended to read:

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

46.30 **246.0135 OPERATION OF REGIONAL TREATMENT CENTERS.**

46.31 (a) The executive board is prohibited from closing any regional treatment center or
46.32 state-operated nursing home ~~or~~, from closing any program at any of the regional treatment

centers or state-operated nursing homes, and from closing the community addiction recovery enterprise program located in Carlton or modifying the population served by the program, without specific legislative authorization.

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

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

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

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

**Sec. 3. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;
REIMBURSEMENT TO BELTRAMI COUNTY OR TODD COUNTY FOR CERTAIN
COST OF CARE PAYMENTS.**

(a) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivisions 1a and 1b; Minnesota Statutes 2022, section 246.54, subdivisions 1a and 1b; or any other law to the contrary, the commissioner of human services must not sanction or otherwise seek payment from Beltrami County or Todd County for outstanding debts for the cost of care provided between July 1, 2022, and June 30, 2023, under:

(1) Minnesota Statutes, section 246.54, subdivision 1a, paragraph (a), clause (3), to a person committed as a person who has a mental illness and is dangerous to the public under Minnesota Statutes, section 253B.18, and who was awaiting transfer from Anoka-Metro Regional Treatment Center to another state-operated facility or program; or

(2) Minnesota Statutes, section 246.54, subdivision 1b, paragraph (a), clause (1), to a person committed as a person who has a mental illness and is dangerous to the public under Minnesota Statutes, section 253B.18, and who was awaiting transfer from a state-operated community-based behavioral health hospital to another state-operated facility or program.

(b) The commissioner must reimburse Beltrami County and Todd County with state-only money any amount previously paid to the state or otherwise recovered by the commissioner from Beltrami County or Todd County for the cost of care identified in paragraph (a).

(c) Nothing in this section prohibits the commissioner from seeking reimbursement from Beltrami County or from Todd County for the cost of care provided in Anoka-Metro Regional Treatment Center or a state-operated community-based behavioral health hospital for care not described in paragraph (a).

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

Sec. 4. **ENGAGEMENT SERVICES PILOT PROJECT.**

Subdivision 1. **Creation.** The commissioner of human services shall provide a grant to Otter Tail county to conduct a pilot project involving the provision of engagement services under Minnesota Statutes, section 253B.041.

Subd. 2. **Allowable grant activities.** (a) The grantee must use grant funding to:

(1) develop a system to respond to requests for engagement services;

(2) provide the following engagement services, taking into account an individual's preferences for treatment services and supports:

(i) assertive attempts to engage an individual in voluntary treatment for mental illness for at least 90 days;

(ii) efforts to engage an individual's existing support systems and interested persons, including but not limited to providing education on restricting means of harm and suicide prevention, when the provider determines that such engagement would be helpful; and

(iii) collaboration with the individual to meet the individual's immediate needs, including but not limited to housing access, food and income assistance, disability verification, medication management, and medical treatment;

(3) conduct outreach to families and providers; and

(4) evaluate the impact of engagement services on decreasing civil commitments, increasing engagement in treatment, decreasing police involvement with individuals exhibiting symptoms of serious mental illness, and other measures.

(b) Engagement services staff must have completed training on person-centered care. Staff may include but are not limited to mobile crisis providers under Minnesota Statutes,

49.1 section 256B.0624, certified peer specialists under Minnesota Statutes, section 256B.0615,
49.2 community-based treatment programs staff, and homeless outreach workers.

49.3 **Sec. 5. HOSPITAL ADMISSION EXCEPTION TO CURRENT PRIORITY**
49.4 **ADMISSION.**

49.5 (a) Notwithstanding Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b),
49.6 the commissioner must admit to a medically appropriate state-operated treatment program
49.7 ten civilly committed patients who are awaiting admission in hospital settings. Admissions
49.8 of patients awaiting admission in hospital settings must be managed according to the priority
49.9 admissions framework under Minnesota Statutes, section 253B.10, subdivision 1, paragraph
49.10 (b).

49.11 (b) This section expires upon admission of the tenth patient who has been civilly
49.12 committed and is awaiting admission in a hospital setting.

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

49.14 **Sec. 6. MENTALLY ILL AND DANGEROUS CIVIL COMMITMENT REFORM**
49.15 **TASK FORCE.**

49.16 Subdivision 1. Establishment; purpose. The Mentally Ill and Dangerous Civil
49.17 Commitment Reform Task Force is established to evaluate current statutes related to mentally
49.18 ill and dangerous civil commitments and develop recommendations to optimize the use of
49.19 state-operated mental health resources and increase equitable access and outcomes for
49.20 patients.

49.21 Subd. 2. Membership. (a) The Mentally Ill and Dangerous Civil Commitment Reform
49.22 Task Force consists of the members appointed as follows:

49.23 (1) the commissioner of human services or a designee;

49.24 (2) two members representing the Department of Direct Care and Treatment who have
49.25 experience with mentally ill and dangerous civil commitments, appointed by the
49.26 commissioner of human services;

49.27 (3) the ombudsman for mental health and developmental disabilities;

49.28 (4) a judge with experience presiding over mentally ill and dangerous civil commitments,
49.29 appointed by the state court administrator;

49.30 (5) a court examiner with experience participating in mentally ill and dangerous civil
49.31 commitments, appointed by the state court administrator;

- 50.1 (6) a member of the Special Review Board, appointed by the state court administrator;
- 50.2 (7) a county representative, appointed by the Association of Minnesota Counties;
- 50.3 (8) a representative appointed by the Minnesota Association of County Social Service
- 50.4 Administrators;
- 50.5 (9) a county attorney with experience participating in mentally ill and dangerous civil
- 50.6 commitments, appointed by the Minnesota County Attorneys Association;
- 50.7 (10) an attorney with experience representing respondents in mentally ill and dangerous
- 50.8 civil commitments, appointed by the governor;
- 50.9 (11) a member appointed by the Minnesota Association of Community Mental Health
- 50.10 Programs;
- 50.11 (12) a member appointed by the National Alliance on Mental Illness Minnesota;
- 50.12 (13) a licensed independent practitioner with experience treating individuals subject to
- 50.13 a mentally ill and dangerous civil commitment; and
- 50.14 (14) an individual with lived experience under civil commitment as mentally ill and
- 50.15 dangerous and is on a provisional discharge or has been discharged from commitment.
- 50.16 (b) A member of the legislature may not serve as a member of the task force.
- 50.17 (c) Appointments to the task force must be made no later than July 30, 2024.
- 50.18 Subd. 3. **Compensation; removal; vacancy.** (a) Notwithstanding Minnesota Statutes,
- 50.19 section 15.059, subdivision 6, members of the task force may be compensated as provided
- 50.20 under Minnesota Statutes, section 15.059, subdivision 3.
- 50.21 (b) A member may be removed by the appointing authority at any time at the pleasure
- 50.22 of the appointing authority. In the case of a vacancy on the task force, the appointing authority
- 50.23 shall appoint an individual to fill the vacancy for the remainder of the unexpired term.
- 50.24 Subd. 4. **Officers; meetings.** (a) The commissioner of human services shall convene
- 50.25 the first meeting of the task force no later than September 1, 2024.
- 50.26 (b) The task force must elect a chair and vice-chair from among its members and may
- 50.27 elect other officers as necessary.
- 50.28 (c) The task force is subject to Minnesota Statutes, chapter 13D.
- 50.29 Subd. 5. **Staff.** The commissioner of human services must provide staff assistance to
- 50.30 support the work of the task force.

51.1 Subd. 6. **Data usage and privacy.** Any data provided by executive agencies as part of
51.2 the work and report of the task force are subject to the requirements of Minnesota Statutes,
51.3 chapter 13, and all other applicable data privacy laws.

51.4 Subd. 7. **Duties.** The task force must:

51.5 (1) analyze current trends in mentally ill and dangerous civil commitments, including
51.6 but not limited to the length of stay for individuals committed in Minnesota as compared
51.7 to other jurisdictions;

51.8 (2) review national practices and criteria for civil commitment of individuals who have
51.9 a mental illness and represent a danger to the public;

51.10 (3) develop recommended statutory changes necessary to provide services to the high
51.11 number of mentally ill and dangerous civilly committed individuals;

51.12 (4) develop funding and statutory recommendations for alternatives to the current mentally
51.13 ill and dangerous civil commitment process;

51.14 (5) identify what types of placements and services are necessary to serve individuals
51.15 civilly committed as mentally ill and dangerous in the community;

51.16 (6) make recommendations to reduce barriers to discharge from the forensic mental
51.17 health program for individuals civilly committed as mentally ill and dangerous;

51.18 (7) develop recommended plain language statutory changes to clarify operational
51.19 definitions for terms used within Minnesota Statutes, section 253B.18;

51.20 (8) develop recommended statutory changes to provide clear direction to the
51.21 commissioner of human services and facilities to which individuals are civilly committed
51.22 to address situations in which an individual is committed as mentally ill and dangerous and
51.23 is later determined to not have an organic disorder of the brain or a substantial psychiatric
51.24 disorder of thought, mood, perception, orientation, or memory; and

51.25 (9) evaluate and make statutory and funding recommendations for the voluntary return
51.26 of individuals civilly committed as mentally ill and dangerous to community facilities.

51.27 Subd. 8. **Report required.** By August 1, 2025, the task force shall submit to the chairs
51.28 and ranking minority members of the legislative committees with jurisdiction over mentally
51.29 ill and dangerous civil commitments a written report that includes the outcome of the duties
51.30 in subdivision 7, including but not limited to recommended statutory changes.

51.31 Subd. 9. **Expiration.** The task force expires January 1, 2026.

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

52.1 Sec. 7. **PRIORITY ADMISSIONS REVIEW PANEL.**

52.2 (a) The commissioner shall appoint all members who served on the Task Force on Priority
52.3 Admissions to State-Operated Treatment Programs under Laws 2023, chapter 61, article 8,
52.4 section 13, subdivision 2, to the priority admissions review panel. The panel must:

52.5 (1) evaluate the requirement under Minnesota Statutes, section 253B.10, subdivision 1,
52.6 paragraph (b), that patients being admitted from jail or a correctional institution be admitted
52.7 to a state-operated treatment program within 48 hours;

52.8 (2) develop policy and legislative proposals related to the eventual expiration of the
52.9 48-hour timeline, prioritizing individuals based on medical need for admission into
52.10 state-operated treatment programs, minimizing litigation costs, maximizing capacity in and
52.11 access to state-operated treatment programs in order to implement admissions criteria passed
52.12 on medical need, and addressing issues related to individuals awaiting admission to
52.13 state-operated treatment programs in jails, correctional institutions, community hospitals,
52.14 and community settings; and

52.15 (3) develop a plan to expand direct care and treatment capacity. The plan must include
52.16 clear definitions of what constitutes expanded capacity; an estimate of the capital,
52.17 administrative, staffing, and programmatic costs of expanding capacity; an expansion
52.18 implementation and workforce plan developed in consultation with the employees of direct
52.19 care and treatment; and a proposal for the expiration of the 48-hour rule contingent on
52.20 meeting a measurable capacity expansion goal.

52.21 (b) By December 31, 2024, the review panel must submit a written report to the chairs
52.22 and ranking minority members of the legislative committees with jurisdiction over public
52.23 safety and human services that includes legislative proposals to amend paragraph (b), to
52.24 establish admissions criteria to state-operated treatment programs based on medical need.

52.25 (c) The panel appointed under paragraph (a) must also advise the commissioner on the
52.26 effectiveness of the framework and priority admissions generally, and review de-identified
52.27 data quarterly for one year following the implementation of the priority admissions
52.28 framework to ensure that the framework is implemented and applied equitably. If the panel
52.29 requests to review data that is classified as private or confidential and the commissioner
52.30 determines the data requested is necessary for the scope of the panel's review, the
52.31 commissioner is authorized to disclose private or confidential data to the panel under this
52.32 paragraph and pursuant to Minnesota Statutes, section 13.05, subdivision 4, paragraph (b),
52.33 for private or confidential data collected prior to the effective date of this section.

(d) After the panel completes its year of review, a quality committee established by the Department of Direct Care and Treatment executive board will continue to review data, seek input from counties, hospitals, community providers, and advocates, and provide a routine report to the executive board on the effectiveness of the framework and priority admissions.

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

ARTICLE 5

DIRECT CARE AND TREATMENT

Section 1. Minnesota Statutes 2023 Supplement, section 10.65, subdivision 2, is amended to read:

Subd. 2. **Definitions.** As used in this section, the following terms have the meanings given:

(1) "agency" means the Department of Administration; Department of Agriculture; Department of Children, Youth, and Families; Department of Commerce; Department of Corrections; Department of Education; Department of Employment and Economic Development; Department of Health; Office of Higher Education; Housing Finance Agency; Department of Human Rights; Department of Human Services; Department of Information Technology Services; Department of Iron Range Resources and Rehabilitation; Department of Labor and Industry; Minnesota Management and Budget; Bureau of Mediation Services; Department of Military Affairs; Metropolitan Council; Department of Natural Resources; Pollution Control Agency; Department of Public Safety; Department of Revenue; Department of Transportation; Department of Veterans Affairs; Direct Care and Treatment; Gambling Control Board; Racing Commission; the Minnesota Lottery; the Animal Health Board; and the Board of Water and Soil Resources;

(2) "consultation" means the direct and interactive involvement of the Minnesota Tribal governments in the development of policy on matters that have Tribal implications. Consultation is the proactive, affirmative process of identifying and seeking input from appropriate Tribal governments and considering their interest as a necessary and integral part of the decision-making process. This definition adds to statutorily mandated notification procedures. During a consultation, the burden is on the agency to show that it has made a good faith effort to elicit feedback. Consultation is a formal engagement between agency officials and the governing body or bodies of an individual Minnesota Tribal government that the agency or an individual Tribal government may initiate. Formal meetings or

communication between top agency officials and the governing body of a Minnesota Tribal government is a necessary element of consultation;

(3) "matters that have Tribal implications" means rules, legislative proposals, policy statements, or other actions that have substantial direct effects on one or more Minnesota Tribal governments, or on the distribution of power and responsibilities between the state and Minnesota Tribal governments;

(4) "Minnesota Tribal governments" means the federally recognized Indian Tribes located in Minnesota including: Bois Forte Band; Fond Du Lac Band; Grand Portage Band; Leech Lake Band; Mille Lacs Band; White Earth Band; Red Lake Nation; Lower Sioux Indian Community; Prairie Island Indian Community; Shakopee Mdewakanton Sioux Community; and Upper Sioux Community; and

(5) "timely and meaningful" means done or occurring at a favorable or useful time that allows the result of consultation to be included in the agency's decision-making process for a matter that has Tribal implications.

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

Sec. 2. Minnesota Statutes 2022, section 13.46, subdivision 1, as amended by Laws 2024, chapter 79, article 9, section 1, and Laws 2024, chapter 80, article 8, section 1, is amended to read:

Subdivision 1. **Definitions.** As used in this section:

(a) "Individual" means an individual according to section 13.02, subdivision 8, but does not include a vendor of services.

(b) "Program" includes all programs for which authority is vested in a component of the welfare system according to statute or federal law, including but not limited to Native American Tribe programs that provide a service component of the welfare system, the Minnesota family investment program, medical assistance, general assistance, general assistance medical care formerly codified in chapter 256D, the child care assistance program, and child support collections.

(c) "Welfare system" includes the Department of Human Services; ~~the Department of~~ Direct Care and Treatment; the Department of Children, Youth, and Families; local social services agencies; county welfare agencies; county public health agencies; county veteran services agencies; county housing agencies; private licensing agencies; the public authority responsible for child support enforcement; human services boards; community mental health center boards, state hospitals, state nursing homes, the ombudsman for mental health and

55.1 developmental disabilities; Native American Tribes to the extent a Tribe provides a service
55.2 component of the welfare system; and persons, agencies, institutions, organizations, and
55.3 other entities under contract to any of the above agencies to the extent specified in the
55.4 contract.

55.5 (d) "Mental health data" means data on individual clients and patients of community
55.6 mental health centers, established under section 245.62, mental health divisions of counties
55.7 and other providers under contract to deliver mental health services, ~~Department of Direct~~
55.8 Care and Treatment mental health services, or the ombudsman for mental health and
55.9 developmental disabilities.

55.10 (e) "Fugitive felon" means a person who has been convicted of a felony and who has
55.11 escaped from confinement or violated the terms of probation or parole for that offense.

55.12 (f) "Private licensing agency" means an agency licensed by the commissioner of children,
55.13 youth, and families under chapter 142B to perform the duties under section 142B.30.

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

55.15 Sec. 3. Minnesota Statutes 2023 Supplement, section 13.46, subdivision 2, as amended
55.16 by Laws 2024, chapter 80, article 8, section 2, is amended to read:

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

55.19 (1) according to section 13.05;

55.20 (2) according to court order;

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

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

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

55.31 (6) to administer federal funds or programs;

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

(8) to the Department of Revenue to assess parental contribution amounts for purposes of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit programs and to identify individuals who may benefit from these programs, and prepare the databases for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section 6. The following information may be disclosed under this paragraph: an individual's and their dependent's names, dates of birth, Social Security or individual taxpayer identification numbers, income, addresses, and other data as required, upon request by the Department of Revenue. Disclosures by the commissioner of revenue to the commissioner of human services for the purposes described in this clause are governed by section 270B.14, subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent care credit under section 290.067, the Minnesota working family credit under section 290.0671, the property tax refund under section 290A.04, and the Minnesota education credit under section 290.0674;

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

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

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

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

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

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

57.4 (11) data maintained by residential programs as defined in section 245A.02 may be
57.5 disclosed to the protection and advocacy system established in this state according to Part
57.6 C of Public Law 98-527 to protect the legal and human rights of persons with developmental
57.7 disabilities or other related conditions who live in residential facilities for these persons if
57.8 the protection and advocacy system receives a complaint by or on behalf of that person and
57.9 the person does not have a legal guardian or the state or a designee of the state is the legal
57.10 guardian of the person;

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

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

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

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

57.23 (i) the participant:

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

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

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

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

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

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

58.8 (18) the address, Social Security or individual taxpayer identification number, and, if
58.9 available, photograph of any member of a household receiving SNAP benefits shall be made
58.10 available, on request, to a local, state, or federal law enforcement officer if the officer
58.11 furnishes the agency with the name of the member and notifies the agency that:

58.12 (i) the member:

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

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

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

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

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

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

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

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

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

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

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

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

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

59.21 (27) to monitor and evaluate the Minnesota family investment program by exchanging
59.22 data between the Departments of Human Services; Children, Youth, and Families; and
59.23 Education, on recipients and former recipients of SNAP benefits, cash assistance under
59.24 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical
59.25 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
59.26 256D;

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

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

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

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

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

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

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

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

60.20 (ii) to provide for reimbursement of special transportation service provided under section
60.21 473.386.

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

60.25 (b) Information on persons who have been treated for substance use disorder may only
60.26 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
60.27 2.1 to 2.67.

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

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

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

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

61.6 Sec. 4. Minnesota Statutes 2022, section 13.46, subdivision 10, as amended by Laws 2024,
61.7 chapter 79, article 9, section 2, is amended to read:

61.8 Subd. 10. **Responsible authority.** (a) Notwithstanding any other provision of this chapter
61.9 to the contrary, the responsible authority for each component of the welfare system listed
61.10 in subdivision 1, clause (c), shall be as follows:

61.11 (1) the responsible authority for the Department of Human Services is the commissioner
61.12 of human services;

61.13 (2) the responsible authority of a county welfare agency is the director of the county
61.14 welfare agency;

61.15 (3) the responsible authority for a local social services agency, human services board,
61.16 or community mental health center board is the chair of the board;

61.17 (4) the responsible authority of any person, agency, institution, organization, or other
61.18 entity under contract to any of the components of the welfare system listed in subdivision
61.19 1, clause (c), is the person specified in the contract;

61.20 (5) the responsible authority of the public authority for child support enforcement is the
61.21 head of the public authority for child support enforcement;

61.22 (6) the responsible authority for county veteran services is the county veterans service
61.23 officer pursuant to section 197.603, subdivision 2; and

61.24 (7) the responsible authority for ~~the Department of~~ Direct Care and Treatment is the
61.25 chief executive officer of Direct Care and Treatment ~~executive board~~.

61.26 (b) A responsible authority shall allow another responsible authority in the welfare
61.27 system access to data classified as not public data when access is necessary for the
61.28 administration and management of programs, or as authorized or required by statute or
61.29 federal law.

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

62.1 Sec. 5. Minnesota Statutes 2023 Supplement, section 15.01, is amended to read:

62.2 **15.01 DEPARTMENTS OF THE STATE.**

62.3 The following agencies are designated as the departments of the state government: the
62.4 Department of Administration; the Department of Agriculture; the Department of Children,
62.5 Youth, and Families; the Department of Commerce; the Department of Corrections; ~~the~~
62.6 ~~Department of Direct Care and Treatment~~; the Department of Education; the Department
62.7 of Employment and Economic Development; the Department of Health; the Department of
62.8 Human Rights; the Department of Human Services; the Department of Information
62.9 Technology Services; the Department of Iron Range Resources and Rehabilitation; the
62.10 Department of Labor and Industry; the Department of Management and Budget; the
62.11 Department of Military Affairs; the Department of Natural Resources; the Department of
62.12 Public Safety; the Department of Revenue; the Department of Transportation; the Department
62.13 of Veterans Affairs; and their successor departments.

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

62.15 Sec. 6. Minnesota Statutes 2023 Supplement, section 15.06, subdivision 1, is amended to
62.16 read:

62.17 Subdivision 1. **Applicability.** This section applies to the following departments or
62.18 agencies: the Departments of Administration; Agriculture; Children, Youth, and Families;
62.19 Commerce; Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic
62.20 Development; Health; Human Rights; Human Services; Labor and Industry; Management
62.21 and Budget; Natural Resources; Public Safety; Revenue; Transportation; and Veterans
62.22 Affairs; the Housing Finance and Pollution Control Agencies; the Office of Commissioner
62.23 of Iron Range Resources and Rehabilitation; the Department of Information Technology
62.24 Services; the Bureau of Mediation Services; and their successor departments and agencies.
62.25 The heads of the foregoing departments or agencies are "commissioners."

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

62.27 Sec. 7. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 1, is amended
62.28 to read:

62.29 Subdivision 1. **Creation.** A Compensation Council is created each odd-numbered year
62.30 to establish the compensation of constitutional officers and the heads of state and metropolitan
62.31 agencies identified in section 15A.0815, ~~and~~ to assist the legislature in establishing the
62.32 compensation of justices of the supreme court and judges of the court of appeals and district

63.1 court, and to determine the daily compensation for voting members of the Direct Care and
63.2 Treatment executive board.

63.3 Sec. 8. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 3, is amended
63.4 to read:

63.5 Subd. 3. **Submission of recommendations and determination.** (a) By April 1 in each
63.6 odd-numbered year, the Compensation Council shall submit to the speaker of the house and
63.7 the president of the senate salary recommendations for justices of the supreme court, and
63.8 judges of the court of appeals and district court. The recommended salaries take effect on
63.9 July 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
63.10 the council recommends thereafter, unless the legislature by law provides otherwise. The
63.11 salary recommendations take effect if an appropriation of money to pay the recommended
63.12 salaries is enacted after the recommendations are submitted and before their effective date.
63.13 Recommendations may be expressly modified or rejected.

63.14 (b) By April 1 in each odd-numbered year, the Compensation Council must prescribe
63.15 salaries for constitutional officers, and for the agency and metropolitan agency heads
63.16 identified in section 15A.0815. The prescribed salary for each office must take effect July
63.17 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
63.18 the council determines thereafter, unless the legislature by law provides otherwise. An
63.19 appropriation by the legislature to fund the relevant office, branch, or agency of an amount
63.20 sufficient to pay the salaries prescribed by the council constitutes a prescription by law as
63.21 provided in the Minnesota Constitution, article V, sections 4 and 5.

63.22 (c) By April 1 in each odd-numbered year, the Compensation Council must prescribe
63.23 daily compensation for voting members of the Direct Care and Treatment executive board.
63.24 The recommended daily compensation takes effect on July 1 of that year and July 1 of the
63.25 subsequent even-numbered year and at whatever interval the council recommends thereafter,
63.26 unless the legislature by law provides otherwise.

63.27 Sec. 9. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 7, is amended
63.28 to read:

63.29 Subd. 7. **No ex parte communications.** Members may not have any communication
63.30 with a constitutional officer, a head of a state agency, ~~or~~ a member of the judiciary, or a
63.31 member of the Direct Care and Treatment executive board during the period after the first
63.32 meeting is convened under this section and the date the prescribed and recommended salaries
63.33 and daily compensation are submitted under subdivision 3.

64.1 Sec. 10. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1, is amended
64.2 to read:

64.3 Subdivision 1. **Unclassified positions.** Unclassified positions are held by employees
64.4 who are:

64.5 (1) chosen by election or appointed to fill an elective office;

64.6 (2) heads of agencies required by law to be appointed by the governor or other elective
64.7 officers, and the executive or administrative heads of departments, bureaus, divisions, and
64.8 institutions specifically established by law in the unclassified service;

64.9 (3) deputy and assistant agency heads and one confidential secretary in the agencies
64.10 listed in subdivision 1a;

64.11 (4) the confidential secretary to each of the elective officers of this state and, for the
64.12 secretary of state and state auditor, an additional deputy, clerk, or employee;

64.13 (5) intermittent help employed by the commissioner of public safety to assist in the
64.14 issuance of vehicle licenses;

64.15 (6) employees in the offices of the governor and of the lieutenant governor and one
64.16 confidential employee for the governor in the Office of the Adjutant General;

64.17 (7) employees of the Washington, D.C., office of the state of Minnesota;

64.18 (8) employees of the legislature and of legislative committees or commissions; provided
64.19 that employees of the Legislative Audit Commission, except for the legislative auditor, the
64.20 deputy legislative auditors, and their confidential secretaries, shall be employees in the
64.21 classified service;

64.22 (9) presidents, vice-presidents, deans, other managers and professionals in academic
64.23 and academic support programs, administrative or service faculty, teachers, research
64.24 assistants, and student employees eligible under terms of the federal Economic Opportunity
64.25 Act work study program in the Perpich Center for Arts Education and the Minnesota State
64.26 Colleges and Universities, but not the custodial, clerical, or maintenance employees, or any
64.27 professional or managerial employee performing duties in connection with the business
64.28 administration of these institutions;

64.29 (10) officers and enlisted persons in the National Guard;

64.30 (11) attorneys, legal assistants, and three confidential employees appointed by the attorney
64.31 general or employed with the attorney general's authorization;

65.1 (12) judges and all employees of the judicial branch, referees, receivers, jurors, and
65.2 notaries public, except referees and adjusters employed by the Department of Labor and
65.3 Industry;

65.4 (13) members of the State Patrol; provided that selection and appointment of State Patrol
65.5 troopers must be made in accordance with applicable laws governing the classified service;

65.6 (14) examination monitors and intermittent training instructors employed by the
65.7 Departments of Management and Budget and Commerce and by professional examining
65.8 boards and intermittent staff employed by the technical colleges for the administration of
65.9 practical skills tests and for the staging of instructional demonstrations;

65.10 (15) student workers;

65.11 (16) executive directors or executive secretaries appointed by and reporting to any
65.12 policy-making board or commission established by statute;

65.13 (17) employees unclassified pursuant to other statutory authority;

65.14 (18) intermittent help employed by the commissioner of agriculture to perform duties
65.15 relating to pesticides, fertilizer, and seed regulation;

65.16 (19) the administrators and the deputy administrators at the State Academies for the
65.17 Deaf and the Blind; and

65.18 (20) the chief executive officers in the Department of Human Services officer of Direct
65.19 Care and Treatment.

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

65.21 Sec. 11. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1a, is amended
65.22 to read:

65.23 Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following
65.24 agencies may designate additional unclassified positions according to this subdivision: the
65.25 Departments of Administration; Agriculture; Children, Youth, and Families; Commerce;
65.26 Corrections; ~~Direct Care and Treatment~~; Education; Employment and Economic
65.27 Development; Explore Minnesota Tourism; Management and Budget; Health; Human
65.28 Rights; Human Services; Labor and Industry; Natural Resources; Public Safety; Revenue;
65.29 Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies;
65.30 the State Lottery; the State Board of Investment; the Office of Administrative Hearings; the
65.31 Department of Information Technology Services; the Offices of the Attorney General,
65.32 Secretary of State, and State Auditor; the Minnesota State Colleges and Universities; the

66.1 Minnesota Office of Higher Education; the Perpich Center for Arts Education; Direct Care
66.2 and Treatment; and the Minnesota Zoological Board.

66.3 A position designated by an appointing authority according to this subdivision must
66.4 meet the following standards and criteria:

66.5 (1) the designation of the position would not be contrary to other law relating specifically
66.6 to that agency;

66.7 (2) the person occupying the position would report directly to the agency head or deputy
66.8 agency head and would be designated as part of the agency head's management team;

66.9 (3) the duties of the position would involve significant discretion and substantial
66.10 involvement in the development, interpretation, and implementation of agency policy;

66.11 (4) the duties of the position would not require primarily personnel, accounting, or other
66.12 technical expertise where continuity in the position would be important;

66.13 (5) there would be a need for the person occupying the position to be accountable to,
66.14 loyal to, and compatible with, the governor and the agency head, the employing statutory
66.15 board or commission, or the employing constitutional officer;

66.16 (6) the position would be at the level of division or bureau director or assistant to the
66.17 agency head; and

66.18 (7) the commissioner has approved the designation as being consistent with the standards
66.19 and criteria in this subdivision.

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

66.21 Sec. 12. Minnesota Statutes 2022, section 145.61, subdivision 5, is amended to read:

66.22 Subd. 5. **Review organization.** "Review organization" means a nonprofit organization
66.23 acting according to clause (1), a committee as defined under section 144E.32, subdivision
66.24 2, or a committee whose membership is limited to professionals, administrative staff, and
66.25 consumer directors, except where otherwise provided for by state or federal law, and which
66.26 is established by one or more of the following: a hospital, a clinic, a nursing home, an
66.27 ambulance service or first responder service regulated under chapter 144E, one or more
66.28 state or local associations of professionals, an organization of professionals from a particular
66.29 area or medical institution, a health maintenance organization as defined in chapter 62D, a
66.30 community integrated service network as defined in chapter 62N, a nonprofit health service
66.31 plan corporation as defined in chapter 62C, a preferred provider organization, a professional
66.32 standards review organization established pursuant to United States Code, title 42, section

67.1 1320c-1 et seq., a medical review agent established to meet the requirements of section
67.2 256B.04, subdivision 15, the Department of Human Services, Direct Care and Treatment,
67.3 or a nonprofit corporation that owns, operates, or is established by one or more of the above
67.4 referenced entities, to gather and review information relating to the care and treatment of
67.5 patients for the purposes of:

67.6 (a) evaluating and improving the quality of health care;

67.7 (b) reducing morbidity or mortality;

67.8 (c) obtaining and disseminating statistics and information relative to the treatment and
67.9 prevention of diseases, illness and injuries;

67.10 (d) developing and publishing guidelines showing the norms of health care in the area
67.11 or medical institution or in the entity or organization that established the review organization;

67.12 (e) developing and publishing guidelines designed to keep within reasonable bounds the
67.13 cost of health care;

67.14 (f) developing and publishing guidelines designed to improve the safety of care provided
67.15 to individuals;

67.16 (g) reviewing the safety, quality, or cost of health care services provided to enrollees of
67.17 health maintenance organizations, community integrated service networks, health service
67.18 plans, preferred provider organizations, and insurance companies;

67.19 (h) acting as a professional standards review organization pursuant to United States
67.20 Code, title 42, section 1320c-1 et seq.;

67.21 (i) determining whether a professional shall be granted staff privileges in a medical
67.22 institution, membership in a state or local association of professionals, or participating status
67.23 in a nonprofit health service plan corporation, health maintenance organization, community
67.24 integrated service network, preferred provider organization, or insurance company, or
67.25 whether a professional's staff privileges, membership, or participation status should be
67.26 limited, suspended or revoked;

67.27 (j) reviewing, ruling on, or advising on controversies, disputes or questions between:

67.28 (1) health insurance carriers, nonprofit health service plan corporations, health
67.29 maintenance organizations, community integrated service networks, self-insurers and their
67.30 insureds, subscribers, enrollees, or other covered persons;

67.31 (2) professional licensing boards and health providers licensed by them;

68.1 (3) professionals and their patients concerning diagnosis, treatment or care, or the charges
68.2 or fees therefor;

68.3 (4) professionals and health insurance carriers, nonprofit health service plan corporations,
68.4 health maintenance organizations, community integrated service networks, or self-insurers
68.5 concerning a charge or fee for health care services provided to an insured, subscriber,
68.6 enrollee, or other covered person;

68.7 (5) professionals or their patients and the federal, state, or local government, or agencies
68.8 thereof;

68.9 (k) providing underwriting assistance in connection with professional liability insurance
68.10 coverage applied for or obtained by dentists, or providing assistance to underwriters in
68.11 evaluating claims against dentists;

68.12 (l) acting as a medical review agent under section 256B.04, subdivision 15;

68.13 (m) providing recommendations on the medical necessity of a health service, or the
68.14 relevant prevailing community standard for a health service;

68.15 (n) providing quality assurance as required by United States Code, title 42, sections
68.16 1396r(b)(1)(b) and 1395i-3(b)(1)(b) of the Social Security Act;

68.17 (o) providing information to group purchasers of health care services when that
68.18 information was originally generated within the review organization for a purpose specified
68.19 by this subdivision;

68.20 (p) providing information to other, affiliated or nonaffiliated review organizations, when
68.21 that information was originally generated within the review organization for a purpose
68.22 specified by this subdivision, and as long as that information will further the purposes of a
68.23 review organization as specified by this subdivision; or

68.24 (q) participating in a standardized incident reporting system, including Internet-based
68.25 applications, to share information for the purpose of identifying and analyzing trends in
68.26 medical error and iatrogenic injury.

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

68.28 Sec. 13. Minnesota Statutes 2022, section 246.018, subdivision 3, as amended by Laws
68.29 2024, chapter 79, article 1, section 6, is amended to read:

68.30 Subd. 3. **Duties.** The executive medical director shall:

69.1 (1) oversee the clinical provision of inpatient mental health services provided in the
69.2 state's regional treatment centers;

69.3 (2) recruit and retain psychiatrists to serve on the direct care and treatment medical staff
69.4 established in subdivision 4;

69.5 (3) consult with the executive board, the chief executive officer, and community mental
69.6 health center directors, and the state-operated services governing body to develop standards
69.7 for treatment and care of patients in state-operated service programs;

69.8 (4) develop and oversee a continuing education program for members of the medical
69.9 staff; and

69.10 (5) participate and cooperate in the development and maintenance of a quality assurance
69.11 program for state-operated services that assures that residents receive continuous quality
69.12 inpatient, outpatient, and postdischarge care.

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

69.14 Sec. 14. Minnesota Statutes 2022, section 246.13, subdivision 2, as amended by Laws
69.15 2024, chapter 79, article 2, section 4, is amended to read:

69.16 Subd. 2. **Definitions; risk assessment and management.** (a) As used in this section:

69.17 (1) "appropriate and necessary medical and other records" includes patient medical
69.18 records and other protected health information as defined by Code of Federal Regulations,
69.19 title 45, section 164.501, relating to a patient in a state-operated services facility including
69.20 but not limited to the patient's treatment plan and abuse prevention plan pertinent to the
69.21 patient's ongoing care, treatment, or placement in a community-based treatment facility or
69.22 a health care facility that is not operated by state-operated services, including information
69.23 describing the level of risk posed by a patient when the patient enters the facility;

69.24 (2) "community-based treatment" means the community support services listed in section
69.25 253B.02, subdivision 4b;

69.26 (3) "criminal history data" means data maintained or used by the Departments of
69.27 Corrections and Public Safety and by the supervisory authorities listed in section 13.84,
69.28 subdivision 1, that relate to an individual's criminal history or propensity for violence,
69.29 including data in the:

69.30 (i) Corrections Offender Management System (COMS);

69.31 (ii) Statewide Supervision System (S3);

(iii) Bureau of Criminal Apprehension criminal history data as defined in section 13.87;

(iv) Integrated Search Service as defined in section 13.873; and

(v) Predatory Offender Registration (POR) system;

(4) "designated agency" means the agency defined in section 253B.02, subdivision 5;

(5) "law enforcement agency" means the law enforcement agency having primary jurisdiction over the location where the offender expects to reside upon release;

(6) "predatory offender" and "offender" mean a person who is required to register as a predatory offender under section 243.166; and

(7) "treatment facility" means a facility as defined in section 253B.02, subdivision 19.

(b) To promote public safety and for the purposes and subject to the requirements of this paragraph, the executive board or the executive board's designee shall have access to, and may review and disclose, medical and criminal history data as provided by this section, as necessary to comply with Minnesota Rules, part 1205.0400, to:

(1) determine whether a patient is required under state law to register as a predatory offender according to section 243.166;

(2) facilitate and expedite the responsibilities of the special review board and end-of-confinement review committees by corrections institutions and state treatment facilities;

(3) prepare, amend, or revise the abuse prevention plans required under section 626.557, subdivision 14, and individual patient treatment plans required under section 253B.03, subdivision 7;

(4) facilitate the custody, supervision, and transport of individuals transferred between the Department of Corrections and ~~the Department of Direct Care and Treatment~~; and

(5) effectively monitor and supervise individuals who are under the authority of the Department of Corrections, ~~the Department of Direct Care and Treatment~~, and the supervisory authorities listed in section 13.84, subdivision 1.

(c) The state-operated services treatment facility or a designee must make a good faith effort to obtain written authorization from the patient before releasing information from the patient's medical record.

(d) If the patient refuses or is unable to give informed consent to authorize the release of information required under this subdivision, the chief executive officer ~~for state-operated~~

71.1 ~~services~~ or a designee shall provide the appropriate and necessary medical and other records.
71.2 The chief executive officer or a designee shall comply with the minimum necessary privacy
71.3 requirements.

71.4 (e) The executive board may have access to the National Crime Information Center
71.5 (NCIC) database through the Department of Public Safety in support of the public safety
71.6 functions described in paragraph (b).

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

71.8 Sec. 15. Minnesota Statutes 2022, section 246.234, as amended by Laws 2024, chapter
71.9 79, article 1, section 11, is amended to read:

71.10 **246.234 RECIPROCAL EXCHANGE OF CERTAIN PERSONS.**

71.11 The executive board is ~~hereby~~ authorized with the approval of the governor to enter into
71.12 reciprocal agreements with duly authorized authorities of ~~any other~~ another state or states
71.13 regarding the mutual exchange, return, and transportation of persons with a mental illness
71.14 or developmental disability who are within the confines of one state but have legal residence
71.15 or legal settlement for the purposes of relief in another state. ~~Such agreements~~ Any agreement
71.16 entered into under this subdivision must not contain ~~provisions conflicting~~ any provision
71.17 that conflicts with any ~~law of this state~~ law.

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

71.19 Sec. 16. Minnesota Statutes 2022, section 246.36, as amended by Laws 2024, chapter 79,
71.20 article 1, section 14, is amended to read:

71.21 **246.36 ACCEPTANCE OF VOLUNTARY, UNCOMPENSATED SERVICES.**

71.22 For the purpose of carrying out a duty, the executive board ~~shall have authority to~~ may
71.23 accept uncompensated and voluntary services and ~~to~~ may enter into contracts or agreements
71.24 with private or public agencies, organizations, or persons for uncompensated and voluntary
71.25 services as the executive board deems practicable. Uncompensated and voluntary services
71.26 do not include services mandated by licensure and certification requirements for health care
71.27 facilities. The volunteer agencies, organizations, or persons who provide services to residents
71.28 of state facilities operated under the authority of the executive board are not subject to the
71.29 procurement requirements of chapters 16A and 16C. ~~The agencies, organizations, or persons~~
71.30 ~~may purchase supplies, services, and equipment to be used in providing services to residents~~
71.31 ~~of state facilities through the Department of Administration.~~

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

72.1 Sec. 17. Minnesota Statutes 2023 Supplement, section 246C.01, is amended to read:

72.2 **246C.01 TITLE.**

72.3 This chapter may be cited as the "~~Department of~~ Direct Care and Treatment Act."

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

72.5 Sec. 18. Minnesota Statutes 2023 Supplement, section 246C.02, as amended by Laws
72.6 2024, chapter 79, article 1, section 19, is amended to read:

72.7 **246C.02 ~~DEPARTMENT OF~~ DIRECT CARE AND TREATMENT;**
72.8 **ESTABLISHMENT.**

72.9 Subdivision 1. **Establishment.** ~~The Department of~~ Direct Care and Treatment is created
72.10 as an agency headed by an executive board. ~~An executive board shall head the Department~~
72.11 ~~of Direct Care and Treatment.~~

72.12 ~~Subd. 2. **Mission.** (a) The executive board shall develop and maintain direct care and~~
72.13 ~~treatment in a manner consistent with applicable law, including chapters 13, 245, 246, 246B,~~
72.14 ~~252, 253, 253B, 253C, 253D, 254A, 254B, and 256.~~

72.15 ~~(b) The executive board shall provide direct care and treatment services in coordination~~
72.16 ~~with the commissioner of human services, counties, and other vendors.~~

72.17 Subd. 3. **Direct care and treatment services.** Direct Care and Treatment ~~services~~ shall
72.18 provide direct care and treatment services that include specialized inpatient programs at
72.19 secure treatment facilities, community preparation services, regional treatment centers,
72.20 enterprise services, consultative services, aftercare services, community-based services and
72.21 programs, transition services, nursing home services, and other services consistent with the
72.22 mission of the ~~Department of Direct Care and Treatment~~ state law, including this chapter
72.23 and chapters 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256. Direct
72.24 Care and Treatment shall provide direct care and treatment services in coordination with
72.25 the commissioner of human services, counties, and other vendors.

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

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

72.30 Subd. 5. **Department of Human Services as state agency.** The commissioner of human
72.31 services continues to constitute the "state agency" as defined by the Social Security Act of

73.1 the United States and the laws of this state for all purposes relating to mental health and
73.2 mental hygiene.

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

73.4 Sec. 19. Minnesota Statutes 2023 Supplement, section 246C.04, as amended by Laws
73.5 2024, chapter 79, article 1, section 21, is amended to read:

73.6 **246C.04 TRANSFER OF DUTIES.**

73.7 Subdivision 1. **Transfer of duties.** (a) Section 15.039 applies to the transfer of ~~duties~~
73.8 responsibilities from the Department of Human Services to Direct Care and Treatment
73.9 required by this chapter.

73.10 (b) The commissioner of administration, with the governor's approval, shall issue
73.11 reorganization orders under section 16B.37 as necessary to carry out the transfer of duties
73.12 required by ~~section 246C.03~~ this chapter. The provision of section 16B.37, subdivision 1,
73.13 stating that transfers under section 16B.37 may only be to an agency that has existed for at
73.14 least one year does not apply to transfers to an agency created by this chapter.

73.15 ~~(c) The initial salary for the health systems chief executive officer of the Department of~~
73.16 ~~Direct Care and Treatment is the same as the salary for the health systems chief executive~~
73.17 ~~officer of direct care and treatment at the Department of Human Services immediately before~~
73.18 ~~July 1, 2024.~~

73.19 Subd. 2. **Transfer of custody of civilly committed persons.** The commissioner of
73.20 human services shall continue to exercise all authority and responsibility for and retain
73.21 custody of persons subject to civil commitment under chapter 253B or 253D until July 1,
73.22 2025. Effective July 1, 2025, custody of persons subject to civil commitment under chapter
73.23 253B or 253D and in the custody of the commissioner of human services as of that date is
73.24 hereby transferred to the executive board without any further act or proceeding. Authority
73.25 and responsibility for the commitment of such persons is transferred to the executive board
73.26 July 1, 2025.

73.27 Subd. 3. **Control of direct care and treatment.** The commissioner of human services
73.28 shall continue to exercise all authorities and responsibilities under this chapter and chapters
73.29 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256, with reference to
73.30 any state-operated service, program, or facility subject to transfer under this act until July
73.31 1, 2025. Effective July 1, 2025, the powers and duties vested in or imposed upon the
73.32 commissioner of human services with reference to any state-operated service, program, or
73.33 facility are hereby transferred to, vested in, and imposed upon the executive board according

to this chapter and applicable state law. Effective July 1, 2025, the executive board ~~is hereby~~
~~charged with~~ and has the exclusive power of administration and management of all state
hospitals for persons with a developmental disability, mental illness, or substance use
disorder. Effective July 1, 2025, the executive board has the power and authority to determine
all matters relating to the development of all of the foregoing institutions and of such other
institutions vested in the executive board. Effective July 1, 2025, the powers, functions, and
authority vested in the commissioner of human services relative to such state institutions
are ~~hereby~~ transferred to the executive board according to this chapter and applicable state
law.

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

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

Sec. 20. Minnesota Statutes 2023 Supplement, section 246C.05, as amended by Laws
2024, chapter 79, article 1, section 22, is amended to read:

246C.05 EMPLOYEE PROTECTIONS FOR ESTABLISHING ~~THE NEW~~
~~DEPARTMENT OF DIRECT CARE AND TREATMENT.~~

(a) Personnel whose duties relate to the functions assigned to the executive board in
~~section 246C.03~~ this chapter are transferred to the ~~Department of Direct Care and Treatment~~
effective 30 days after approval by the commissioner of management and budget.

(b) Before the executive board is appointed, personnel whose duties relate to the functions
in this ~~section~~ chapter may be transferred beginning July 1, 2024, with 30 days' notice from
the commissioner of management and budget.

(c) The following protections shall apply to employees who are transferred from the
Department of Human Services to the ~~Department of Direct Care and Treatment~~:

(1) No transferred employee shall have their employment status and job classification
altered as a result of the transfer.

(2) Transferred employees who were represented by an exclusive representative prior
to the transfer shall continue to be represented by the same exclusive representative after
the transfer.

(3) The applicable collective bargaining agreements with exclusive representatives shall continue in full force and effect for such transferred employees after the transfer.

(4) The state shall have the obligation to meet and negotiate with the exclusive representatives of the transferred employees about any proposed changes affecting or relating to the transferred employees' terms and conditions of employment to the extent such changes are not addressed in the applicable collective bargaining agreement.

(5) When an employee in a temporary unclassified position is transferred to ~~the Department of~~ Direct Care and Treatment, the total length of time that the employee has served in the appointment shall include all time served in the appointment at the transferring agency and the time served in the appointment at ~~the Department of~~ Direct Care and Treatment. An employee in a temporary unclassified position who was hired by a transferring agency through an open competitive selection process in accordance with a policy enacted by Minnesota Management and Budget shall be considered to have been hired through such process after the transfer.

(6) In the event that the state transfers ownership or control of any of the facilities, services, or operations of ~~the Department of~~ Direct Care and Treatment to another entity, whether private or public, by subcontracting, sale, assignment, lease, or other transfer, the state shall require as a written condition of such transfer of ownership or control the following provisions:

(i) Employees who perform work in transferred facilities, services, or operations must be offered employment with the entity acquiring ownership or control before the entity offers employment to any individual who was not employed by the transferring agency at the time of the transfer.

(ii) The wage and benefit standards of such transferred employees must not be reduced by the entity acquiring ownership or control through the expiration of the collective bargaining agreement in effect at the time of the transfer or for a period of two years after the transfer, whichever is longer.

(d) There is no liability on the part of, and no cause of action arises against, the state of Minnesota or its officers or agents for any action or inaction of any entity acquiring ownership or control of any facilities, services, or operations of ~~the Department of~~ Direct Care and Treatment.

(e) This section expires upon the completion of the transfer of duties to the executive board under ~~section 246C.03~~ this chapter. The commissioner of human services shall notify the revisor of statutes when the transfer of duties is complete.

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

76.2 Sec. 21. **[246C.07] POWERS AND DUTIES OF EXECUTIVE BOARD.**

76.3 Subdivision 1. **Generally.** (a) The executive board must operate the agency according
76.4 to this chapter and applicable state and federal law. The overall management and control
76.5 of the agency is vested in the executive board in accordance with this chapter.

76.6 (b) The executive board must appoint a chief executive officer according to section
76.7 246C.08. The chief executive officer is responsible for the administrative and operational
76.8 duties of Direct Care and Treatment in accordance with this chapter.

76.9 (c) The executive board may delegate duties imposed by this chapter and under applicable
76.10 state and federal law as deemed appropriate by the board and in accordance with this chapter.
76.11 Any delegation of a specified statutory duty or power to an employee of Direct Care and
76.12 Treatment other than the chief executive officer must be made by written order and filed
76.13 with the secretary of state. Only the chief executive officer shall have the powers and duties
76.14 of the executive board as specified in section 246C.08.

76.15 Subd. 2. **Principles.** The executive board, in undertaking its duties and responsibilities
76.16 and within Direct Care and Treatment resources, shall act according to the following
76.17 principles:

76.18 (1) prevent the waste or unnecessary spending of public money;

76.19 (2) use innovative fiscal and human resource practices to manage the state's resources
76.20 and operate the agency as efficiently as possible;

76.21 (3) coordinate Direct Care and Treatment activities wherever appropriate with the
76.22 activities of other governmental agencies;

76.23 (4) use technology where appropriate to increase agency productivity, improve customer
76.24 service, increase public access to information about government, and increase public
76.25 participation in the business of government; and

76.26 (5) utilize constructive and cooperative labor management practices to the extent
76.27 otherwise required by chapter 43A or 179A.

76.28 Subd. 3. **Powers and duties.** (a) The executive board has the power and duty to:

76.29 (1) set the overall strategic direction for Direct Care and Treatment, ensuring that Direct
76.30 Care and Treatment delivers exceptional care and supports the well-being of all individuals
76.31 served by Direct Care and Treatment;

- 77.1 (2) establish policies and procedures to govern the operation of the facilities, programs,
77.2 and services under the direct authority of Direct Care and Treatment;
- 77.3 (3) employ personnel and delegate duties and responsibilities to personnel as deemed
77.4 appropriate by the executive board, subject to chapters 43A and 179A and in accordance
77.5 with this chapter;
- 77.6 (4) review and approve the operating budget proposal for Direct Care and Treatment;
- 77.7 (5) accept and use gifts, grants, or contributions from any nonstate source or refuse to
77.8 accept any gift, grant, or contribution if acceptance would not be in the best interest of the
77.9 state;
- 77.10 (6) deposit all money received as gifts, grants, or contributions pursuant to section
77.11 246C.091, subdivision 1;
- 77.12 (7) expend or use any gift, grant, or contribution as nearly in accordance with the
77.13 conditions of the gift, grant, or contribution identified by the donor for a certain institution
77.14 or purpose, compatible with the best interests of the individuals under the jurisdiction of
77.15 the executive board and of the state;
- 77.16 (8) comply with all conditions and requirements necessary to receive federal aid or block
77.17 grants with respect to the establishment, construction, maintenance, equipment, or operation
77.18 of adequate facilities and services consistent with the mission of Direct Care and Treatment;
- 77.19 (9) enter into information-sharing agreements with federal and state agencies and other
77.20 entities, provided the agreements include adequate protections with respect to the
77.21 confidentiality and integrity of the information to be shared and comply with all applicable
77.22 state and federal laws, regulations, and rules;
- 77.23 (10) enter into interagency or service level agreements with a state department listed in
77.24 section 15.01; a multimember state agency described in section 15.012, paragraph (a); or
77.25 the Department of Information Technology Services;
- 77.26 (11) enter into contractual agreements with federally recognized Indian Tribes with a
77.27 reservation in Minnesota;
- 77.28 (12) enter into contracts with public and private agencies, private and nonprofit
77.29 organizations, and individuals, using appropriated funds;
- 77.30 (13) establish and maintain any administrative units reasonably necessary for the
77.31 performance of administrative functions common to all programs or divisions of Direct
77.32 Care and Treatment;

(14) authorize the method of payment to or from Direct Care and Treatment as part of programs administered by Direct Care and Treatment, including authorization of the receipt or disbursement of money held by Direct Care and Treatment in a fiduciary capacity as part of the programs administered by Direct Care and Treatment;

(15) inform Tribal Nations and county agencies, on a timely basis, of changes in statute, rule, federal law, regulation, and policy necessary to Tribal or county agency administration of Direct Care and Treatment programs and services;

(16) report to the legislature on the performance of Direct Care and Treatment operations and the accomplishment of Direct Care and Treatment goals in its biennial budget in accordance with section 16A.10, subdivision 1;

(17) recommend to the legislature appropriate changes in law necessary to carry out the principles and improve the performance of Direct Care and Treatment; and

(18) exercise all powers reasonably necessary to implement and administer the requirements of this chapter and applicable state and federal law.

(b) The specific enumeration of powers and duties as set forth in this section shall not be construed as a limitation upon the general transfer of Direct Care and Treatment facilities, programs, and services from the Department of Human Services to Direct Care and Treatment under this chapter.

Subd. 4. **Creation of bylaws.** The board may establish bylaws governing its operations and the operations of Direct Care and Treatment in accordance with this chapter.

Subd. 5. **Reciprocal exchange of certain persons.** The executive board is authorized and empowered with the approval of the governor to enter into reciprocal agreements with another state or states regarding the mutual exchange, return, and transportation of persons with a mental illness or a developmental disability who are within the confines of one state but have legal residence or legal settlement for the purposes of relief in another state. Any agreement entered into under this subdivision must not contain any provision that conflicts with any state law.

Subd. 6. **Acceptance of voluntary, uncompensated services.** For the purpose of carrying out a duty, the executive board may accept uncompensated and voluntary services and may enter into contracts or agreements with private or public agencies, organizations, or persons, for uncompensated and voluntary services, as the executive board may deem practicable. Uncompensated and voluntary services do not include services mandated by licensure or certification requirements for health care facilities. The volunteer agencies, organizations,

or persons who provide services to residents of state facilities operated under the authority of Direct Care and Treatment are not subject to the procurement requirements of chapter 16A or 16C.

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

Sec. 22. [246C.08] CHIEF EXECUTIVE OFFICER; SERVICE; DUTIES.

Subdivision 1. **Service.** (a) The Direct Care and Treatment chief executive officer is appointed by the executive board and serves at the pleasure of the executive board.

(b) The chief executive officer shall serve in the unclassified service in accordance with section 43A.08 and shall be governed by a compensation plan prepared by the executive board, submitted to the commissioner of management and budget for review and comment, and approved by the Legislative Coordinating Commission and the legislature in accordance with section 3.855.

Subd. 2. **Powers and duties.** (a) The chief executive officer's primary duty is to assist the executive board. The chief executive officer is responsible for the administrative and operational management of the agency.

(b) The chief executive officer shall have all the powers of the executive board unless the executive board directs otherwise. The chief executive officer shall have the authority to speak for the executive board and Direct Care and Treatment within and outside the agency.

(c) In the event that a vacancy occurs for any reason within the chief executive officer position, the chief medical officer appointed under section 246.018 shall immediately become the temporary chief executive officer until the executive board appoints a new chief executive officer. During this period, the chief medical officer shall have all the powers and authority delegated to the chief executive officer by the board and specified in this chapter.

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

Sec. 23. [246C.091] DIRECT CARE AND TREATMENT ACCOUNTS.

Subdivision 1. **Gifts, grants, and contributions account.** (a) A gifts, grants, and contributions account is created in the special revenue fund in the state treasury. All money received by the executive board as a gift, grant, or contribution must be deposited in the gifts, grants, and contributions account. Beginning July 1, 2025, except as provided in paragraph (b), money in the account is annually appropriated to the Direct Care and Treatment executive board to accomplish the purposes of this chapter. Gifts, grants, or

80.1 contributions received by the executive board exceeding current agency needs must be
80.2 invested by the State Board of Investment in accordance with section 11A.24. Disbursements
80.3 from the gifts, grants, and contributions account must be made in the manner provided for
80.4 the issuance of other state payments.

80.5 (b) If the gift or contribution is designated for a certain person, institution, or purpose,
80.6 the Direct Care and Treatment executive board must use the gift or contribution as specified
80.7 in accordance with the conditions of the gift or contribution if compatible with the best
80.8 interests of the person and the state. If a gift or contribution is accepted for the use and
80.9 benefit of a person with a developmental disability, including those within a state hospital,
80.10 research relating to persons with a developmental disability must be considered an appropriate
80.11 use of the gift or contribution. Such money must not be used for any structures or installations
80.12 which by their nature would require state expenditures for their operation or maintenance
80.13 without specific legislative enactment.

80.14 Subd. 2. **Facilities management account.** A facilities management account is created
80.15 in the special revenue fund of the state treasury. Beginning July 1, 2025, money in the
80.16 account is appropriated to the Direct Care and Treatment executive board and may be used
80.17 to maintain buildings, acquire facilities, renovate existing buildings, or acquire land for the
80.18 design and construction of buildings for Direct Care and Treatment use. Money received
80.19 for maintaining state property under control of the executive board may be deposited into
80.20 this account.

80.21 Subd. 3. **Direct Care and Treatment systems account.** (a) The Direct Care and
80.22 Treatment systems account is created in the special revenue fund of the state treasury.
80.23 Beginning July 1, 2025, money in the account is appropriated to the Direct Care and
80.24 Treatment executive board and may be used for security systems and information technology
80.25 projects, services, and support under the control of the executive board.

80.26 (b) The commissioner of human services shall transfer all money allocated to the Direct
80.27 Care and Treatment systems projects under section 256.014 to the Direct Care and Treatment
80.28 systems account by June 30, 2026.

80.29 Subd. 4. **Cemetery maintenance account.** The cemetery maintenance account is created
80.30 in the special revenue fund of the state treasury. Money in the account is appropriated to
80.31 the executive board for the maintenance of cemeteries under control of the executive board.
80.32 Money allocated to Direct Care and Treatment cemeteries may be transferred to this account.

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

81.1 Sec. 24. Minnesota Statutes 2022, section 256.88, is amended to read:

81.2 **256.88 SOCIAL WELFARE FUND ESTABLISHED.**

81.3 Except as otherwise expressly provided, all moneys and funds held by the commissioner
81.4 of human services, the Direct Care and Treatment executive board, and the local social
81.5 services agencies of the several counties in trust or for the benefit of children with a disability
81.6 and children who are dependent, neglected, or delinquent, children born to mothers who
81.7 were not married to the children's fathers at the times of the conception nor at the births of
81.8 the children, persons determined to have developmental disability, mental illness, or substance
81.9 use disorder, or other wards or beneficiaries, under any law, shall be kept in a single fund
81.10 to be known as the "social welfare fund" which shall be deposited at interest, held, or
81.11 disbursed as provided in sections 256.89 to 256.92.

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

81.13 Sec. 25. Minnesota Statutes 2022, section 256.89, is amended to read:

81.14 **256.89 FUND DEPOSITED IN STATE TREASURY.**

81.15 The social welfare fund and all accretions thereto shall be deposited in the state treasury,
81.16 as a separate and distinct fund, to the credit of the commissioner of human services and the
81.17 Direct Care and Treatment executive board as ~~trustee~~ trustees for ~~the~~ their respective
81.18 ~~beneficiaries thereof~~ in proportion to ~~their~~ the beneficiaries' several interests. The
81.19 commissioner of management and budget shall be responsible only to the commissioner of
81.20 human services and the Direct Care and Treatment executive board for the sum total of the
81.21 fund, and shall have no duties nor direct obligations toward the beneficiaries thereof
81.22 individually. Subject to the applicable rules of the commissioner of human services or the
81.23 Direct Care and Treatment executive board, money so received by a local social services
81.24 agency may be deposited by the executive secretary of the local social services agency in
81.25 a local bank carrying federal deposit insurance, designated by the local social services
81.26 agency for this purpose. The amount of such deposit in each such bank at any one time shall
81.27 not exceed the amount protected by federal deposit insurance.

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

81.29 Sec. 26. Minnesota Statutes 2022, section 256.90, is amended to read:

81.30 **256.90 SOCIAL WELFARE FUND; USE; DISPOSITION; DEPOSITORIES.**

81.31 The commissioner of human services, in consultation with the Direct Care and Treatment
81.32 executive board, at least 30 days before the first day of January and the first day of July in

each year shall file with the commissioner of management and budget an estimate of the amount of the social welfare fund to be held in the treasury during the succeeding six-month period, subject to current disbursement. Such portion of the remainder thereof as may be at any time designated by the request of the commissioner of human services may be invested by the commissioner of management and budget in bonds in which the permanent trust funds of the state of Minnesota may be invested, upon approval by the State Board of Investment. The portion of such remainder not so invested shall be placed by the commissioner of management and budget at interest for the period of six months, or when directed by the commissioner of human services, for the period of 12 months thereafter at the highest rate of interest obtainable in a bank, or banks, designated by the board of deposit as a suitable depository therefor. All the provisions of law relative to the designation and qualification of depositories of other state funds shall be applicable to sections 256.88 to 256.92, except as herein otherwise provided. Any bond given, or collateral assigned or both, to secure a deposit hereunder may be continuous in character to provide for the repayment of any moneys belonging to the fund theretofore or thereafter at any time deposited in such bank until its designation as such depository is revoked and the security thereof shall be not impaired by any subsequent agreement or understanding as to the rate of interest to be paid upon such deposit, or as to time for its repayment. The amount of money belonging to the fund deposited in any bank, including other state deposits, shall not at any time exceed the amount of the capital stock thereof. In the event of the closing of the bank any sum deposited therein shall immediately become due and payable.

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

Sec. 27. Minnesota Statutes 2022, section 256.91, is amended to read:

256.91 PURPOSES.

From that part of the social welfare fund held in the state treasury subject to disbursement as provided in section 256.90 the commissioner of human services or the Direct Care and Treatment executive board at any time may pay out such amounts as the commissioner or executive board deems proper for the support, maintenance, or other legal benefit of any of the children with a disability and children who are dependent, neglected, or delinquent, children born to mothers who were not married to the children's fathers at the times of the conception nor at the births of the children, persons with developmental disability, substance use disorder, or mental illness, or other wards or persons entitled thereto, not exceeding in the aggregate to or for any person the principal amount previously received for the benefit

83.1 of the person, together with the increase in it from an equitable apportionment of interest
83.2 realized from the social welfare fund.

83.3 When any such person dies or is finally discharged from the guardianship, care, custody,
83.4 and control of the commissioner of human services or the Direct Care and Treatment
83.5 executive board, the amount then remaining subject to use for the benefit of the person shall
83.6 be paid as soon as may be from the social welfare fund to the persons thereto entitled by
83.7 law.

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

83.9 Sec. 28. Minnesota Statutes 2022, section 256.92, is amended to read:

83.10 **256.92 COMMISSIONER OF HUMAN SERVICES AND DIRECT CARE AND**
83.11 **TREATMENT, ACCOUNTS.**

83.12 It shall be the duty of the commissioner of human services, the Direct Care and Treatment
83.13 executive board, and of the local social services agencies of the several counties of this state
83.14 to cause to be deposited with the commissioner of management and budget all moneys and
83.15 funds in their possession or under their control and designated by section 256.91 as and for
83.16 the social welfare fund; and all such moneys and funds shall be so deposited in the state
83.17 treasury as soon as received. The commissioner of human services, in consultation with the
83.18 Direct Care and Treatment executive board, shall keep books of account or other records
83.19 showing separately the principal amount received and deposited in the social welfare fund
83.20 for the benefit of any person, together with the name of such person, and the name and
83.21 address, if known to the commissioner of human services or the Direct Care and Treatment
83.22 executive board, of the person from whom such money was received; and, at least once
83.23 every two years, the amount of interest, if any, which the money has earned in the social
83.24 welfare fund shall be apportioned thereto and posted in the books of account or records to
83.25 the credit of such beneficiary.

83.26 The provisions of sections 256.88 to 256.92 shall not apply to any fund or money now
83.27 or hereafter deposited or otherwise disposed of pursuant to the lawful orders, decrees,
83.28 judgments, or other directions of any district court having jurisdiction thereof.

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

83.30 Sec. 29. Laws 2023, chapter 61, article 8, section 1, the effective date, is amended to read:

83.31 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 ~~2024~~.

84.1 Sec. 30. Laws 2023, chapter 61, article 8, section 2, the effective date, is amended to read:

84.2 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

84.3 Sec. 31. Laws 2023, chapter 61, article 8, section 3, the effective date, is amended to read:

84.4 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

84.5 Sec. 32. Laws 2023, chapter 61, article 8, section 8, the effective date, is amended to read:

84.6 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

84.7 Sec. 33. Laws 2024, chapter 79, article 1, section 18, is amended to read:

84.8 Sec. 18. **246C.015 DEFINITIONS.**

84.9 Subdivision 1. **Scope.** For purposes of this chapter, the following terms have the meanings
84.10 given.

84.11 Subd. 2. **Chief executive officer.** "Chief executive officer" means the ~~Department of~~
84.12 Direct Care and Treatment chief executive officer appointed according to section 246C.08.

84.13 Subd. 3. **Commissioner.** "Commissioner" means the commissioner of human services.

84.14 Subd. 4. **Community preparation services.** "Community preparation services" means
84.15 specialized inpatient or outpatient services operated outside of a secure environment but
84.16 administered by a secure treatment facility.

84.17 Subd. 5. **County of financial responsibility.** "County of financial responsibility" has
84.18 the meaning given in section 256G.02, subdivision 4.

84.19 Subd. 5a. **Direct Care and Treatment.** "Direct Care and Treatment" means the agency
84.20 of Direct Care and Treatment established under this chapter.

84.21 Subd. 6. **Executive board.** "Executive board" means the ~~Department of~~ Direct Care and
84.22 Treatment executive board established under section 246C.06.

84.23 Subd. 7. **Executive medical director.** "Executive medical director" means the licensed
84.24 physician serving as executive medical director in the ~~Department of~~ Direct Care and
84.25 Treatment under section 246C.09.

84.26 Subd. 8. **Head of the facility or head of the program.** "Head of the facility" or "head
84.27 of the program" means the person who is charged with overall responsibility for the
84.28 professional program of care and treatment of the facility or program.

85.1 Subd. 9. **Indian.** "Indian" has the meaning given in section 260.755, subdivision 7.

85.2 Subd. 10. **Secure treatment facility.** "Secure treatment facility" means a facility as
85.3 defined in section 253B.02, subdivision 18a, or 253D.02, subdivision 13.

85.4 Subd. 11. **Tobacco; tobacco-related device.** "Tobacco" and "tobacco-related device"
85.5 have the meanings given in section 609.685, subdivision 1.

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

85.7 Sec. 34. Laws 2024, chapter 79, article 1, section 23, is amended to read:

85.8 Sec. 23. **246C.06 EXECUTIVE BOARD; ~~POWERS AND DUTIES~~ MEMBERSHIP;**
85.9 **GOVERNANCE.**

85.10 Subdivision 1. **Establishment.** The Direct Care and Treatment executive board ~~of the~~
85.11 ~~Department of Direct Care and Treatment~~ is established.

85.12 Subd. 2. **Membership of the executive board.** ~~The executive board shall consist of no~~
85.13 ~~more than five members, all appointed by the governor.~~ (a) The Direct Care and Treatment
85.14 executive board consists of nine members with seven voting members and two nonvoting
85.15 members. The seven voting members must include six members appointed by the governor
85.16 with the advice and consent of the senate in accordance with paragraph (b) and the
85.17 commissioner of human services or a designee. The two nonvoting members must be
85.18 appointed in accordance with paragraph (c). Section 15.0597 applies to all executive board
85.19 appointments except for the commissioner of human services.

85.20 (b) The executive board voting members appointed by the governor must meet the
85.21 following qualifications:

85.22 (1) one member must be a licensed physician who is a psychiatrist or has experience in
85.23 serving behavioral health patients;

85.24 (2) two members must have experience serving on a hospital or nonprofit board; and

85.25 (3) three members must have experience working: (i) as a public labor union
85.26 representative; (ii) in the delivery of behavioral health services or care coordination or in
85.27 traditional healing practices; (iii) as a licensed health care professional; (iv) within health
85.28 care administration; or (v) with residential services.

85.29 (c) The executive board nonvoting members must be appointed as follows:

85.30 (1) one member appointed by the Association of Counties; and

(2) one member who has an active role as a union representative representing staff at Direct Care and Treatment appointed by joint representatives of the following unions: American Federation of State and Municipal Employees (AFSCME); Minnesota Association of Professional Employees (MAPE); Minnesota Nurses Association (MNA); Middle Management Association (MMA); and State Residential Schools Education Association (SRSEA).

(d) Membership on the board must include representation from outside the seven-county metropolitan area, as defined in section 473.121, subdivision 2.

(e) A voting member of the executive board must not be or must not have been within one year prior to appointment: (1) an employee of Direct Care and Treatment; (2) an employee of a county, including a county commissioner; (3) an active employee or representative of a labor union that represents employees of Direct Care and Treatment; or (4) a member of the state legislature. This paragraph does not apply to the nonvoting members or the commissioner of human services or designee.

Subd. 3. ~~Qualifications of members~~ Procedures. An executive board member's qualifications must be appropriate for overseeing a complex behavioral health system, such as experience serving on a hospital or nonprofit board, serving as a public sector labor union representative, delivering behavioral health services or care coordination, or working as a licensed health care provider in an allied health profession or in health care administration. Except as otherwise provided for in this section, the membership terms and removal and filling of vacancies for the executive board are governed by section 15.0575.

Subd. 4. ~~Accepting contributions or gifts~~ Compensation. (a) The executive board has the power and authority to accept, on behalf of the state, contributions and gifts of money and personal property for the use and benefit of the residents of the public institutions under the executive board's control. All money and securities received must be deposited in the state treasury subject to the order of the executive board. Notwithstanding section 15.0575, subdivision 3, paragraph (a), the nonvoting members of the executive board must not receive daily compensation for executive board activities. Nonvoting members of the executive board may receive expenses in the same manner and amount as authorized by the commissioner's plan adopted under section 43A.18, subdivision 2. Nonvoting members who, as a result of time spent attending board meetings, incur child care expenses that would not otherwise have been incurred, may be reimbursed for those expenses upon board authorization.

(b) ~~If the gift or contribution is designated by the donor for a certain institution or purpose, the executive board shall expend or use the money as nearly in accordance with the conditions of the gift or contribution, compatible with the best interests of the individuals under the jurisdiction of the executive board and the state.~~ Notwithstanding section 15.0575, subdivision 3, paragraph (a), the Compensation Council under section 15A.082 must determine the compensation for voting members of the executive board per day spent on executive board activities authorized by the executive board. Voting members of the executive board may also receive the expenses in the same manner and amount as authorized by the commissioner's plan adopted under section 43A.18, subdivision 2. Voting members who, as a result of time spent attending board meetings, incur child care expenses that would not otherwise have been incurred, may be reimbursed for those expenses upon board authorization.

(c) The commissioner of management and budget must publish the daily compensation rate for voting members of the executive board determined under paragraph (b) on the Department of Management and Budget's website.

(d) Voting members of the executive board must adopt internal standards prescribing what constitutes a day spent on board activities for the purposes of making payments authorized under paragraph (b).

(e) All other requirements under section 15.0575, subdivision 3, apply to the compensation of executive board members.

Subd. 5. ~~**Federal aid or block grants**~~ **Acting chair; officers.** ~~The executive board may comply with all conditions and requirements necessary to receive federal aid or block grants with respect to the establishment, constructions, maintenance, equipment, or operation of adequate facilities and services consistent with the mission of the Department of Direct Care and Treatment.~~ (a) The governor shall designate one member from the voting membership appointed by the governor as acting chair of the executive board.

(b) At the first meeting of the executive board, the executive board must elect a chair from among the voting membership appointed by the governor.

(c) The executive board must annually elect a chair from among the voting membership appointed by the governor.

(d) The executive board must elect officers from among the voting membership appointed by the governor. The elected officers shall serve for one year.

Subd. 6. ~~**Operation of a communication systems account**~~ **Terms.** ~~(a) The executive board may operate a communications systems account established in Laws 1993, First~~

88.1 ~~Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared~~
88.2 ~~communication costs necessary for the operation of the regional treatment centers the~~
88.3 ~~executive board supervises. Except for the commissioner of human services, executive~~
88.4 ~~board members must not serve more than two consecutive terms unless service beyond two~~
88.5 ~~consecutive terms is approved by the majority of voting members. The commissioner or~~
88.6 ~~designee shall serve until replaced by the governor.~~

88.7 (b) ~~Each account must be used to manage shared communication costs necessary for the~~
88.8 ~~operations of the regional treatment centers the executive board supervises. The executive~~
88.9 ~~board may distribute the costs of operating and maintaining communication systems to~~
88.10 ~~participants in a manner that reflects actual usage. Costs may include acquisition, licensing,~~
88.11 ~~insurance, maintenance, repair, staff time, and other costs as determined by the executive~~
88.12 ~~board. An executive board member may resign at any time by giving written notice to the~~
88.13 ~~executive board.~~

88.14 (c) ~~Nonprofit organizations and state, county, and local government agencies involved~~
88.15 ~~in the operation of regional treatment centers the executive board supervises may participate~~
88.16 ~~in the use of the executive board's communication technology and share in the cost of~~
88.17 ~~operation. The initial term of the member appointed under subdivision 2, paragraph (b),~~
88.18 ~~clause (1), is two years. The initial term of the members appointed under subdivision 2,~~
88.19 ~~paragraph (b), clause (2), is three years. The initial term of the members appointed under~~
88.20 ~~subdivision 2, paragraph (b), clause (3), and the members appointed under subdivision 2,~~
88.21 ~~paragraph (c), is four years.~~

88.22 (d) ~~The executive board may accept on behalf of the state any gift, bequest, devise,~~
88.23 ~~personal property of any kind, or money tendered to the state for any lawful purpose~~
88.24 ~~pertaining to the communication activities under this section. Any money received for this~~
88.25 ~~purpose must be deposited into the executive board's communication systems account.~~
88.26 ~~Money collected by the executive board for the use of communication systems must be~~
88.27 ~~deposited into the state communication systems account and is appropriated to the executive~~
88.28 ~~board for purposes of this section. After the initial term, the term length of all appointed~~
88.29 ~~executive board members is four years.~~

88.30 Subd. 7. Conflicts of interest. Executive board members must recuse themselves from
88.31 discussion of and voting on an official matter if the executive board member has a conflict
88.32 of interest. A conflict of interest means an association, including a financial or personal
88.33 association, that has the potential to bias or have the appearance of biasing an executive
88.34 board member's decision in matters related to Direct Care and Treatment or the conduct of
88.35 activities under this chapter.

89.1 Subd. 8. **Meetings.** The executive board must meet at least four times per fiscal year at
89.2 a place and time determined by the executive board.

89.3 Subd. 9. **Quorum.** A majority of the voting members of the executive board constitutes
89.4 a quorum. The affirmative vote of a majority of the voting members of the executive board
89.5 is necessary and sufficient for action taken by the executive board.

89.6 Subd. 10. **Immunity; indemnification.** (a) Members of the executive board are immune
89.7 from civil liability for any act or omission occurring within the scope of the performance
89.8 of their duties under this chapter.

89.9 (b) When performing executive board duties or actions, members of the executive board
89.10 are employees of the state for purposes of indemnification under section 3.736, subdivision
89.11 9.

89.12 Subd. 11. **Rulemaking.** (a) The executive board is authorized to adopt, amend, and
89.13 repeal rules in accordance with chapter 14 under the executive board's authority to implement
89.14 this chapter or any responsibilities of Direct Care and Treatment specified in state law.

89.15 (b) Until July 1, 2030, the executive board may adopt rules using the expedited
89.16 rulemaking process in section 14.389.

89.17 (c) All orders, rules, delegations, permits, and other privileges issued or granted by the
89.18 Department of Human Services with respect to any function of Direct Care and Treatment
89.19 and in effect at the time of the establishment of Direct Care and Treatment shall continue
89.20 in effect as if such establishment had not occurred. The executive board may amend or
89.21 repeal rules applicable to Direct Care and Treatment that were established by the Department
89.22 of Human Services in accordance with chapter 14.

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

89.24 Sec. 35. Laws 2024, chapter 79, article 1, section 24, is amended to read:

89.25 Sec. 24. **246C.10 FORENSIC SERVICES.**

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

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

89.30 (c) Forensic services must include specialized inpatient programs at secure treatment
89.31 facilities, consultive services, aftercare services, community-based services and programs,

90.1 transition services, nursing home services, or other services consistent with the mission of
90.2 ~~the Department of~~ Direct Care and Treatment.

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

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

90.7 Sec. 36. Laws 2024, chapter 79, article 1, section 25, subdivision 3, is amended to read:

90.8 Subd. 3. **Comprehensive system of services.** The establishment of state-operated,
90.9 community-based programs must be within the context of a comprehensive definition of
90.10 the role of state-operated services in the state. The role of state-operated services must be
90.11 defined within the context of a comprehensive system of services for persons with
90.12 developmental disability.

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

90.14 Sec. 37. Laws 2024, chapter 79, article 10, section 1, is amended to read:

90.15 Section 1. **REVISOR INSTRUCTION.**

90.16 The revisor of statutes shall renumber each provision of Minnesota Statutes listed in
90.17 column A as amended in this act to the number listed in column B.

90.18	Column A	Column B
90.19	245.036	246C.16, subdivision 1
90.20	245.037	246C.16, subdivision 2
90.21	245.041	246C.15
90.22	245.474, subdivision 1	246C.12, subdivision 1
90.23	245.474, subdivision 2	246C.12, subdivision 2
90.24	245.474, subdivision 3	246C.12, subdivision 3
90.25	245.474, subdivision 4	246C.12, subdivision 4
90.26	246.0135, paragraph (a)	246C.18, subdivision 2, paragraph (a)
90.27	246.0135, paragraph (b)	246C.18, subdivision 2, paragraph (b)
90.28	246.0135, paragraph (c)	246C.18, subdivision 2, paragraph (c)
90.29	246.0135, paragraph (d)	246C.18, subdivision 3
90.30	246.018, subdivision 1	246C.09, subdivision 1
90.31	246.018, subdivision 2	246C.09, subdivision 2
90.32	246.018, subdivision 3	246C.09, subdivision 3

91.1	246.018, subdivision 4	246C.09, subdivision 4
91.2		246C.06, subdivision 7 <u>246C.07,</u>
91.3	246.12	<u>subdivision 7</u>
91.4	246.128	246C.18, subdivision 1
91.5	246.129	246C.18, subdivision 4
91.6	246.14	246C.16, subdivision 3
91.7	246.23, subdivision 2	246.555, subdivision 1
91.8	246.23, subdivision 3	246.555, subdivision 2
91.9	246.23, subdivision 4	246.555, subdivision 3
91.10	246.23, subdivision 5	246.555, subdivision 4
91.11	246.23, subdivision 6	246.555, subdivision 5
91.12		246C.06, subdivision 8 <u>246C.07,</u>
91.13	246.234	<u>subdivision 5</u>
91.14	246.24	246C.16, subdivision 4
91.15	246.27	246C.19
91.16		246C.06, subdivision 9 <u>246C.07,</u>
91.17	246.36	<u>subdivision 6</u>
91.18	246.41, subdivision 1	246C.06, subdivision 10, paragraph
91.19		(a)
91.20	246.41, subdivision 2	246C.06, subdivision 10, paragraph
91.21		(b)
91.22	246.41, subdivision 3	246C.06, subdivision 10, paragraph
91.23		(c)
91.24	246.70	246C.18, subdivision 5
91.25	246B.02	246C.13
91.26	251.012, subdivision 1	246.575, subdivision 1
91.27	251.012, subdivision 2	246.575, subdivision 2
91.28	251.012, subdivision 3	246.575, subdivision 3
91.29	251.012, subdivision 4	246.575, subdivision 4
91.30	251.041	176.87
91.31	251.042	176.871
91.32	251.043, subdivision 1	176.872, subdivision 1
91.33	251.043, subdivision 1a	176.872, subdivision 2
91.34	251.043, subdivision 1b	176.872, subdivision 3
91.35	251.043, subdivision 2	176.872, subdivision 4
91.36	251.043, subdivision 3	176.872, subdivision 5
91.37	251.044	176.873
91.38	251.051	176.874
91.39	251.052	176.875
91.40	251.053	176.876

92.1	251.15, subdivision 1	176.872, subdivision 6, paragraph (a)
92.2	251.15, subdivision 2	176.872, subdivision 6, paragraph (b)
92.3	251.17	246C.14
92.4	252.50, subdivision 2	246C.16, subdivision 5
92.5	252.50, subdivision 4	246C.10, subdivision 2
92.6	252.50, subdivision 6	246.65
92.7	252.50, subdivision 7	246.585
92.8	252.50, subdivision 8	246.588
92.9	252.50, subdivision 10	246.611
92.10	253.015, subdivision 1	253B.10, subdivision 6
92.11	253.016	246.554
92.12	253.017, subdivision 1	246.591
92.13	253.017, subdivision 2	246C.10, subdivision 3
92.14	253.017, subdivision 3	246C.10, subdivision 4
92.15	253.13	253.245
92.16	253C.01, subdivision 1	245A.27, subdivision 1
92.17	253C.01, subdivision 2	245A.27, subdivision 2
92.18	253C.01, subdivision 3	245A.27, subdivision 3
92.19	256.0121, subdivision 1	246.595, subdivision 1
92.20	256.0121, subdivision 2	246.595, subdivision 2
92.21	256.0121, subdivision 3	246.595, subdivision 3

92.22 Sec. 38. Laws 2024, chapter 79, article 10, section 6, is amended to read:

92.23 Sec. 6. **EFFECTIVE DATE.**

92.24 ~~(a) Article 1, section 23, is effective July 1, 2024.~~ This act is effective July 1, 2024.

92.25 ~~(b) Article 1, sections 1 to 22 and 24 to 31, and articles 2 to 10 are effective January 1,~~
92.26 ~~2025.~~

92.27 Sec. 39. **INITIAL APPOINTMENTS AND COMPENSATION OF THE DIRECT**
92.28 **CARE AND TREATMENT EXECUTIVE BOARD AND CHIEF EXECUTIVE**
92.29 **OFFICER.**

92.30 Subdivision 1. **Executive board.** (a) The initial appointments of the members of the
92.31 Direct Care and Treatment executive board under Minnesota Statutes, section 246C.06,
92.32 must be made by January 1, 2025.

(b) Prior to the first Compensation Council determination of the daily compensation rate for voting members of the executive board under Minnesota Statutes, section 246C.06, subdivision 4, paragraph (b), voting members of the executive board must be paid the per diem rate provided for in Minnesota Statutes, section 15.0575, subdivision 3, paragraph (a).

(c) The executive board is exempt from Minnesota Statutes, section 13D.01, until the authority and responsibilities for Direct Care and Treatment are transferred to the executive board in accordance with Minnesota Statutes, section 246C.04.

Subd. 2. **Chief executive officer.** (a) The Direct Care and Treatment executive board must appoint as the initial chief executive officer for Direct Care and Treatment under Minnesota Statutes, section 246C.07, the chief executive officer of the direct care and treatment division of the Department of Human Services holding that position at the time the initial appointment is made by the board. The initial appointment of the chief executive officer must be made by the executive board by July 1, 2025.

(b) Notwithstanding Minnesota Statutes, section 246C.08, the salary of the initial chief executive officer must not be less than the amount paid to the chief executive officer of the direct care and treatment division of the Department of Human Services as of the date of the initial appointment.

Subd. 3. **Commissioner of human services to consult.** In preparing the budget estimates required under Minnesota Statutes, section 16A.10, for the direct care and treatment division for the 2026-2027 biennial budget and any legislative proposals for the 2025 legislative session that involve direct care and treatment operations, the commissioner of human services must consult with the Direct Care and Treatment executive board before submitting the budget estimates or legislative proposals. If the executive board is not appointed by the date the budget estimates must be submitted to the commissioner of management and budget, the commissioner of human services must provide the executive board with a summary of the budget estimates that were submitted.

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

Sec. 40. REVISOR INSTRUCTION.

The revisor of statutes shall change the term "Department of Human Services" to "Direct Care and Treatment" wherever the term appears in respect to the governmental entity with programmatic direction and fiscal control over state-operated services, programs, or facilities under Minnesota Statutes, chapter 246C. The revisor may make technical and other necessary changes to sentence structure to preserve the meaning of the text.

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

94.2 Sec. 41. **REVISOR INSTRUCTION.**

94.3 The revisor of statutes shall change the term "Department of Direct Care and Treatment"
94.4 to "Direct Care and Treatment" wherever the term appears in respect to the governmental
94.5 entity with programmatic direction and fiscal control over state-operated services, programs,
94.6 or facilities under Minnesota Statutes, chapter 246C. The revisor may make technical and
94.7 other necessary changes to sentence structure to preserve the meaning of the text.

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

94.9 Sec. 42. **REVISOR INSTRUCTION.**

94.10 The revisor of statutes, in consultation with the House Research Department; the Office
94.11 of Senate Counsel, Research, and Fiscal Analysis; the Department of Human Services; and
94.12 Direct Care and Treatment, shall make necessary cross-reference changes to conform with
94.13 this act. The revisor may make technical and other necessary changes to sentence structure
94.14 to preserve the meaning of the text. The revisor may alter the coding in this act to incorporate
94.15 statutory changes made by other law in the 2024 regular legislative session.

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

94.17 Sec. 43. **REPEALER.**

94.18 (a) Minnesota Statutes 2022, section 246.41, is repealed.

94.19 (b) Minnesota Statutes 2023 Supplement, section 246C.03, is repealed.

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

94.21 **ARTICLE 6**

94.22 **HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT**

94.23 Section 1. **[256.044] HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT.**

94.24 Subdivision 1. **Human services response contingency account.** A human services
94.25 response contingency account is created in the special revenue fund in the state treasury.
94.26 Money in the human services response contingency account does not cancel and is
94.27 appropriated to the commissioner of human services for the purposes specified in this section.

95.1 Subd. 2. **Definition.** For purposes of this section, "human services response" means
95.2 activities deemed necessary by the commissioner of human services to respond to emerging
95.3 or immediate needs related to supporting the health, welfare, or safety of people.

95.4 Subd. 3. **Use of money.** (a) The commissioner may make expenditures from the human
95.5 services response contingency account to respond to needs as defined in subdivision 2 and
95.6 for which no other funding or insufficient funding is available.

95.7 (b) When the commissioner determines that a human services response is needed, the
95.8 commissioner may make expenditures from the human services response contingency
95.9 account for the following uses to implement the human services response:

95.10 (1) services, supplies, and equipment to support the health, welfare, or safety of people;

95.11 (2) training and coordination with service providers, Tribal Nations, and local government
95.12 entities;

95.13 (3) communication with and outreach to impacted people;

95.14 (4) informational technology; and

95.15 (5) staffing.

95.16 (c) The commissioner may transfer money within the Department of Human Services
95.17 and to the Department of Children, Youth, and Families for eligible uses under paragraph
95.18 (b) as necessary to implement a human services response.

95.19 (d) Notwithstanding any other law or rule to the contrary, when implementing a human
95.20 services response, the commissioner may allocate funds from the human services response
95.21 contingency account to programs, providers, and organizations for eligible uses under
95.22 paragraph (b) through one or more fiscal agents chosen by the commissioner. In contracting
95.23 with a fiscal agent, the commissioner may use a sole-source contract and is not subject to
95.24 the solicitation requirements of chapter 16B or 16C.

95.25 (e) Programs, providers, and organizations receiving funds from the human services
95.26 response contingency account under paragraph (d) must describe how the money will be
95.27 used. If a program, provider, or organization receiving money from the human services
95.28 response contingency account receives money from a nonstate source other than a local unit
95.29 of government or Tribe for the same human services response, the entity must notify the
95.30 commissioner of the amount received from the nonstate source. If the commissioner
95.31 determines that the total amount received under this section and from the nonstate source
95.32 exceeds the entity's total costs for the human services response, the entity must pay the
95.33 commissioner the amount that exceeds the costs up to the amount of funding provided to

96.1 the entity under this section. All money paid to the commissioner under this paragraph must
96.2 be deposited in the human services response contingency account.

96.3 Subd. 4. **Assistance from other sources.** (a) As a condition of making expenditures
96.4 from the human services response contingency account, the commissioner must seek any
96.5 appropriate assistance from other available sources, including the federal government, to
96.6 assist with costs attributable to the human services response.

96.7 (b) If the commissioner recovers eligible costs for the human services response from a
96.8 nonstate source after making expenditures from the human services response contingency
96.9 account, the commissioner shall reimburse the human services response contingency account
96.10 for those costs up to the amount recovered for eligible costs from the nonstate source.

96.11 Subd. 5. **Reporting.** The commissioner must develop required reporting for entities
96.12 receiving human services response contingency account money. Entities receiving money
96.13 from the commissioner of human services from the human services response contingency
96.14 account must submit reports to the commissioner of human services with detailed information
96.15 in a manner determined by the commissioner, including but not limited to:

96.16 (1) amounts expended by category of expenditure;

96.17 (2) outcomes achieved, including estimated individuals served;

96.18 (3) documentation necessary to verify that funds were spent in compliance with this
96.19 section;

96.20 (4) expenditure reports for the purpose of requesting reimbursement from other available
96.21 sources; and

96.22 (5) data necessary to comply with an audit of human services response contingency
96.23 account expenditures.

96.24 Subd. 6. **Report.** By March 1 of each year, the commissioner shall submit a report to
96.25 the chairs and ranking minority members of the house of representatives and senate
96.26 committees with jurisdiction over human services finance and health and human services
96.27 finance detailing expenditures made in the previous calendar year from the human services
96.28 response contingency account. This report is exempt from section 256.01, subdivision 42.

ARTICLE 7**TECHNICAL CORRECTIONS**

Section 1. Minnesota Statutes 2023 Supplement, section 256R.55, subdivision 9, is amended to read:

Subd. 9. **Carryforward.** Notwithstanding section 16A.28, subdivision 3, any appropriation for the purposes under this section ~~carries forward and does not lapse until the close of the fiscal year in which this section expires~~ is available until June 30, 2029.

Sec. 2. Laws 2023, chapter 61, article 1, section 67, subdivision 3, is amended to read:

Subd. 3. **Evaluation and report.** (a) The Metropolitan Center for Independent Living must contract with a third party to evaluate the pilot project's impact on health care costs, retention of personal care assistants, and patients' and providers' satisfaction of care. The evaluation must include the number of participants, the hours of care provided by participants, and the retention of participants from semester to semester.

(b) By January 15, ~~2025~~ 2026, the Metropolitan Center for Independent Living must report the findings under paragraph (a) to the chairs and ranking minority members of the legislative committees with jurisdiction over human services finance and policy.

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

Sec. 3. Laws 2023, chapter 61, article 4, section 11, the effective date, is amended to read:

EFFECTIVE DATE. This section is effective January 1, ~~2024~~ 2026, or upon federal approval, whichever is later. The commissioner shall notify the revisor of statutes when federal approval is obtained."

Amend the title accordingly