

1.1 **Senator Hoffman from the Committee on Human Services, to which was referred**

1.2 **S.F. No. 5335:** A bill for an act relating to human services; the governor's budget bill
1.3 for human services; modifying provisions related to aging, disability services, substance
1.4 use disorder treatment, and the Department of Direct Care and Treatment; making technical
1.5 changes to human services law; establishing a human services contingency fund; adjusting
1.6 appropriations for forecasted programs; appropriating money; amending Minnesota Statutes
1.7 2022, sections 13.46, subdivisions 1, 10; 145.61, subdivision 5; 246.018, subdivision 3;
1.8 246.13, subdivision 2; 256.88; 256.89; 256.90; 256.91; 256.92; 256B.0911, subdivision 20;
1.9 256B.0913, subdivision 5a; 256B.69, subdivision 4; 256S.205, subdivisions 2, 3, 5;
1.10 Minnesota Statutes 2023 Supplement, sections 10.65, subdivision 2; 13.46, subdivision 2;
1.11 15.01; 15.06, subdivision 1; 15A.082, subdivisions 1, 3, 7; 43A.08, subdivisions 1, 1a;
1.12 246C.01; 246C.02; 246C.04; 246C.05; 256.042, subdivision 2; 256.043, subdivision 3;
1.13 256B.0911, subdivision 13; 256B.0913, subdivision 5; 256R.55, subdivision 9; Laws 2023,
1.14 chapter 61, article 4, section 11; article 8, sections 1; 2; 3; 8; article 9, section 2, subdivision
1.15 16, as amended; proposing coding for new law in Minnesota Statutes, chapters 246C; 256;
1.16 256B; 256S; repealing Minnesota Statutes 2022, sections 246.01; 246.12; 246.234; 246.36;
1.17 246.41; 256S.205, subdivision 4; Minnesota Statutes 2023 Supplement, section 246C.03.

1.18 Reports the same back with the recommendation that the bill be amended as follows:

1.19 Delete everything after the enacting clause and insert:

1.20 **"ARTICLE 1**

1.21 **DISABILITY SERVICES**

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

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

1.26 (1) according to section 13.05;

1.27 (2) according to court order;

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

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

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

2.1 (6) to administer federal funds or programs;

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

2.3 (8) to the Department of Revenue to ~~assess parental contribution amounts for purposes~~
2.4 ~~of section 252.27, subdivision 2a~~, administer and evaluate tax refund or tax credit programs
2.5 and to identify individuals who may benefit from these programs, and prepare the databases
2.6 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section
2.7 6. The following information may be disclosed under this paragraph: an individual's and
2.8 their dependent's names, dates of birth, Social Security or individual taxpayer identification
2.9 numbers, income, addresses, and other data as required, upon request by the Department
2.10 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human
2.11 services for the purposes described in this clause are governed by section 270B.14,
2.12 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
2.13 care credit under section 290.067, the Minnesota working family credit under section
2.14 290.0671, the property tax refund under section 290A.04, and the Minnesota education
2.15 credit under section 290.0674;

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

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

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

2.23 (iii) to monitor and evaluate the Minnesota family investment program or the child care
2.24 assistance program by exchanging data on recipients and former recipients of Supplemental
2.25 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,
2.26 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter
2.27 256B or 256L; and

2.28 (iv) to analyze public assistance employment services and program utilization, cost,
2.29 effectiveness, and outcomes as implemented under the authority established in Title II,
2.30 Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999.
2.31 Health records governed by sections 144.291 to 144.298 and "protected health information"
2.32 as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code
2.33 of Federal Regulations, title 45, parts 160-164, including health care claims utilization
2.34 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;

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

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

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

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

(i) the participant:

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

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

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

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

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

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

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

(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;

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

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

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

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

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

5.21 (27) to monitor and evaluate the Minnesota family investment program by exchanging
5.22 data between the Departments of Human Services; Children, Youth, and Families; and
5.23 Education, on recipients and former recipients of SNAP benefits, cash assistance under
5.24 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical
5.25 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
5.26 256D;

5.27 (28) to evaluate child support program performance and to identify and prevent fraud
5.28 in the child support program by exchanging data between the Department of Human Services;
5.29 Department of Children, Youth, and Families; Department of Revenue under section 270B.14,
5.30 subdivision 1, paragraphs (a) and (b), without regard to the limitation of use in paragraph
5.31 (c); Department of Health; Department of Employment and Economic Development; and
5.32 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 245A.11, subdivision 2a, is amended to read:

Subd. 2a. **Adult foster care and community residential setting license capacity.** (a) The commissioner shall issue adult foster care and community residential setting licenses with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,

8.1 except that the commissioner may issue a license with a capacity of five beds, including
8.2 roomers and boarders, according to paragraphs (b) to (g).

8.3 (b) The license holder may have a maximum license capacity of five if all persons in
8.4 care are age 55 or over and do not have a serious and persistent mental illness or a
8.5 developmental disability.

8.6 (c) The commissioner may grant variances to paragraph (b) to allow a facility with a
8.7 licensed capacity of up to five persons to admit an individual under the age of 55 if the
8.8 variance complies with section 245A.04, subdivision 9, and approval of the variance is
8.9 recommended by the county in which the licensed facility is located.

8.10 (d) The commissioner may grant variances to paragraph (a) to allow the use of an
8.11 additional bed, up to six, for emergency crisis services for a person with serious and persistent
8.12 mental illness or a developmental disability, regardless of age, if the variance complies with
8.13 section 245A.04, subdivision 9, and approval of the variance is recommended by the county
8.14 in which the licensed facility is located.

8.15 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an
8.16 additional bed, up to six, for respite services, as defined in section 245A.02, for persons
8.17 with disabilities, regardless of age, if the variance complies with sections 245A.03,
8.18 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended
8.19 by the county in which the licensed facility is located. Respite care may be provided under
8.20 the following conditions:

8.21 (1) staffing ratios cannot be reduced below the approved level for the individuals being
8.22 served in the home on a permanent basis;

8.23 (2) no more than two different individuals can be accepted for respite services in any
8.24 calendar month and the total respite days may not exceed 120 days per program in any
8.25 calendar year;

8.26 (3) the person receiving respite services must have his or her own bedroom, which could
8.27 be used for alternative purposes when not used as a respite bedroom, and cannot be the
8.28 room of another person who lives in the facility; and

8.29 (4) individuals living in the facility must be notified when the variance is approved. The
8.30 provider must give 60 days' notice in writing to the residents and their legal representatives
8.31 prior to accepting the first respite placement. Notice must be given to residents at least two
8.32 days prior to service initiation, or as soon as the license holder is able if they receive notice

of the need for respite less than two days prior to initiation, each time a respite client will be served, unless the requirement for this notice is waived by the resident or legal guardian.

(f) The commissioner may issue an adult foster care or community residential setting license with a capacity of five adults if the fifth bed does not increase the overall statewide capacity of licensed adult foster care or community residential setting beds in homes that are not the primary residence of the license holder, as identified in a plan submitted to the commissioner by the county, when the capacity is recommended by the county licensing agency of the county in which the facility is located and if the recommendation verifies that:

(1) the facility meets the physical environment requirements in the adult foster care licensing rule;

(2) the five-bed living arrangement is specified for each resident in the resident's:

(i) individualized plan of care;

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

(iii) individual resident placement agreement under Minnesota Rules, part 9555.5105, subpart 19, if required;

(3) the license holder obtains written and signed informed consent from each resident or resident's legal representative documenting the resident's informed choice to remain living in the home and that the resident's refusal to consent would not have resulted in service termination; and

(4) the facility was licensed for adult foster care before March 1, 2016.

(g) The commissioner shall not issue a new adult foster care license under paragraph (f) after December 31, 2020. The commissioner shall allow a facility with an adult foster care license issued under paragraph (f) before December 31, 2020, to continue with a capacity of five adults if the license holder continues to comply with the requirements in paragraph (f).

(h) The commissioner may issue an adult foster care or community residential setting license with a capacity of five or six adults to facilities meeting the criteria in section 245A.03, subdivision 7, paragraph (a), clause (5).

~~(h)~~ (i) Notwithstanding Minnesota Rules, part 9520.0500, adult foster care and community residential setting licenses with a capacity of up to six adults as allowed under this subdivision

10.1 are not required to be licensed as an adult mental health residential program according to
10.2 Minnesota Rules, parts 9520.0500 to 9520.0670.

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

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

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

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

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

10.12 (2) all background studies are completed according to the requirements in chapter 245C;

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

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

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

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

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

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

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

11.1 (10) each individual in the residence at the time services are provided, other than
11.2 individuals receiving services, is an employee, as defined under section 245C.02, of the
11.3 license holder and has had a background study completed under chapter 245C. No other
11.4 household members or other individuals may be present in the residence while services are
11.5 provided.

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

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

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

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

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

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

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

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

11.20 **246.511 RELATIVE RESPONSIBILITY.**

11.21 Except for substance use disorder services paid for with money provided under chapter
11.22 254B, the executive board must not require under section 246.51 a client's relatives to pay
11.23 more than the following: (1) for services provided in a community-based service, the
11.24 noncovered cost of care as determined under the ability to pay determination; and (2) for
11.25 services provided at a regional treatment center operated by state-operated services, 20
11.26 percent of the cost of care, unless the relatives reside outside the state. The executive board
11.27 must determine the responsibility of parents of children in state facilities to pay according
11.28 to ~~section 252.27, subdivision 2, or in~~ rules adopted under chapter 254B if the cost of care
11.29 is paid under chapter 254B. The executive board may accept voluntary payments in excess
11.30 of 20 percent. The executive board may require full payment of the full per capita cost of
11.31 care in state facilities for clients whose parent, parents, spouse, guardian, or conservator do
11.32 not reside in Minnesota.

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

12.2 Subd. 2b. ~~Child's responsibility~~ **Parental or guardian reimbursement to counties.** (a)
12.3 Parental or guardian responsibility of for the child for the child's cost of care incurred by
12.4 counties shall be up to the maximum amount of the total income and resources attributed
12.5 to the child except for the clothing and personal needs allowance as provided in section
12.6 256B.35, subdivision 1. Reimbursement by the parents ~~and child~~ or guardians residing
12.7 outside of Minnesota shall be made to the county making any payments for services. The
12.8 county board may require payment of the full cost of caring for children whose parents or
12.9 guardians do not reside in this state.

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

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

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

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

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

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

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

12.30 (1) closure;

12.31 (2) relocation of services;

12.32 (3) downsizing; or

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

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

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

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

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

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

13.12 Subd. 11. **Related condition.** "Related condition" means ~~that condition defined in section~~
13.13 ~~252.27, subdivision 1a~~ a condition:

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

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

13.18 (i) is severe and chronic;

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

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

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

13.24 (v) is likely to continue indefinitely;

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

13.27 (A) self-care;

13.28 (B) understanding and use of language;

13.29 (C) learning;

14.1 (D) mobility;
14.2 (E) self-direction; or
14.3 (F) capacity for independent living; and
14.4 (vii) is not attributable to mental illness as defined in section 245.462, subdivision 20,
14.5 or an emotional disturbance as defined in section 245.4871, subdivision 15. For purposes
14.6 of this item, notwithstanding section 245.462, subdivision 20, or 245.4871, subdivision 15,
14.7 "mental illness" does not include autism or other pervasive developmental disorders.

14.8 Sec. 11. Minnesota Statutes 2023 Supplement, section 256B.073, subdivision 3, is amended
14.9 to read:

14.10 Subd. 3. **Requirements.** (a) In developing implementation requirements for electronic
14.11 visit verification, the commissioner shall ensure that the requirements:

14.12 (1) are minimally administratively and financially burdensome to a provider;

14.13 (2) are minimally burdensome to the service recipient and the least disruptive to the
14.14 service recipient in receiving and maintaining allowed services;

14.15 (3) consider existing best practices and use of electronic visit verification;

14.16 (4) are conducted according to all state and federal laws;

14.17 (5) are effective methods for preventing fraud when balanced against the requirements
14.18 of clauses (1) and (2); and

14.19 (6) are consistent with the Department of Human Services' policies related to covered
14.20 services, flexibility of service use, and quality assurance.

14.21 (b) The commissioner shall make training available to providers on the electronic visit
14.22 verification system requirements.

14.23 (c) The commissioner shall establish baseline measurements related to preventing fraud
14.24 and establish measures to determine the effect of electronic visit verification requirements
14.25 on program integrity.

14.26 (d) The commissioner shall make a state-selected electronic visit verification system
14.27 available to providers of services.

14.28 (e) The commissioner shall make available and publish on the agency website the name
14.29 and contact information for the vendor of the state-selected electronic visit verification
14.30 system and the other vendors that offer alternative electronic visit verification systems. The
14.31 information provided must state that the state-selected electronic visit verification system

15.1 is offered at no cost to the provider of services and that the provider may choose an alternative
15.2 system that may be at a cost to the provider.

15.3 (f) The commissioner must make data access through direct electronic means available
15.4 to all vendors of electronic visit verification systems offered in the state. The commissioner
15.5 must make the data available to the same extent and on the same terms to all vendors,
15.6 regardless of whether the vendor is providing the state-selected electronic verification system
15.7 or providing an alternative system at a cost to the provider.

15.8 Sec. 12. Minnesota Statutes 2022, section 256B.073, subdivision 4, is amended to read:

15.9 Subd. 4. **Provider requirements.** (a) A provider of services may select any electronic
15.10 visit verification system that meets the requirements established by the commissioner.

15.11 (b) All electronic visit verification systems used by providers to comply with the
15.12 requirements established by the commissioner must provide data to the commissioner in a
15.13 format and at a frequency to be established by the commissioner.

15.14 (c) Providers must implement the electronic visit verification systems required under
15.15 this section by a date established by the commissioner to be set after the state-selected
15.16 electronic visit verification systems for personal care services and home health services are
15.17 in production. For purposes of this paragraph, "personal care services" and "home health
15.18 services" have the meanings given in United States Code, title 42, section 1396b(1)(5).
15.19 Reimbursement rates for providers must not be reduced as a result of federal action to reduce
15.20 the federal medical assistance percentage under the 21st Century Cures Act, Public Law
15.21 114-255.

15.22 (d) For services provided in the service provider's own home, a service provider may
15.23 electronically document the services on a weekly basis provided the documentation contains
15.24 the elements listed under subdivision 2, paragraph (b), clauses (1) to (6).

15.25 Sec. 13. Minnesota Statutes 2022, section 256B.0911, subdivision 12, is amended to read:

15.26 Subd. 12. **Exception to use of MnCHOICES assessment; contracted assessors.** ~~(a)~~
15.27 A lead agency that has not implemented MnCHOICES assessments and uses contracted
15.28 assessors as of January 1, 2022, is not subject to the requirements of subdivisions 11, clauses
15.29 (7) to (9); 13; 14, paragraphs (a) to (c); 16 to 21; 23; 24; and 29 to 31.

15.30 ~~(b) This subdivision expires upon statewide implementation of MnCHOICES assessments.~~
15.31 ~~The commissioner shall notify the revisor of statutes when statewide implementation has~~
15.32 ~~occurred.~~

16.1 Sec. 14. Minnesota Statutes 2023 Supplement, section 256B.0911, subdivision 13, is
16.2 amended to read:

16.3 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The
16.4 commissioner shall develop and implement a curriculum and an assessor certification
16.5 process.

16.6 (b) MnCHOICES certified assessors must:

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

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

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

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

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

16.17 Sec. 15. Minnesota Statutes 2022, section 256B.0911, subdivision 17, is amended to read:

16.18 Subd. 17. **MnCHOICES assessments.** (a) A person requesting long-term care
16.19 consultation services must be visited by a long-term care consultation team within 20
16.20 ~~calendar~~ working days after the date on which an assessment was requested or recommended.
16.21 Assessments must be conducted according to this subdivision and subdivisions 19 to 21,
16.22 23, 24, and 29 to 31.

16.23 (b) Lead agencies shall use certified assessors to conduct the assessment.

16.24 (c) For a person with complex health care needs, a public health or registered nurse from
16.25 the team must be consulted.

16.26 (d) The lead agency must use the MnCHOICES assessment provided by the commissioner
16.27 to complete a comprehensive, conversation-based, person-centered assessment. The
16.28 assessment must include the health, psychological, functional, environmental, and social
16.29 needs of the individual necessary to develop a person-centered assessment summary that
16.30 meets the individual's needs and preferences.

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

17.3 Sec. 16. Minnesota Statutes 2022, section 256B.0911, subdivision 20, is amended to read:

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

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

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

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

17.22 Sec. 17. Minnesota Statutes 2022, section 256B.0911, subdivision 25, is amended to read:

17.23 Subd. 25. **Reassessments for Rule 185 case management and waiver services.** (a)
17.24 Unless otherwise required by federal law, the county agency is not required to conduct or
17.25 arrange for an annual needs reassessment by a certified assessor for people receiving Rule
17.26 185 case management under Minnesota Rules, part 9525.0016. The case manager who
17.27 works on behalf of the person to identify the person's needs and to minimize the impact of
17.28 the disability on the person's life must instead develop a person-centered service plan based
17.29 on the person's assessed needs and preferences. The person-centered service plan must be
17.30 reviewed annually for persons with developmental disabilities who are receiving only case
17.31 management services under Minnesota Rules, part 9525.0016, and who make an informed
17.32 choice to decline an assessment under this section.

(b) Unless otherwise required by federal law, the county agency is not required to conduct or arrange for an annual needs reassessment by a certified assessor for people with no significant changes in function or needs who are receiving the following services:

(1) alternative care services under section 256B.0913;

(2) developmental disability waiver services under section 256B.092;

(3) essential community supports under section 256B.0922;

(4) community access for disability inclusion, community alternative care, and brain injury waiver services under section 256B.49; and

(5) elderly waiver services under chapter 256S.

(c) The county agency shall conduct or arrange for a needs reassessment for persons described in paragraph (b) once every three years. The person or the person's legal representative may request a needs reassessment at any time. The county agency must annually review the person-centered services plan and reauthorize services. A person or the person's legal representative must make an informed choice to decline an annual needs reassessment under this section.

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

Sec. 18. Minnesota Statutes 2022, section 256B.0924, subdivision 3, is amended to read:

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

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

(1) be age 18 or older;

(2) be receiving medical assistance;

(3) have significant functional limitations; and

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

(b) The person must be a vulnerable adult in need of adult protection as defined in section 626.5572, or is an adult with a developmental disability as defined in section 252A.02, subdivision 2, or a related condition as defined in section ~~252.27, subdivision 1a~~ 256B.02, subdivision 11, and is not receiving home and community-based waiver services, or is an

19.1 adult who lacks a permanent residence and who has been without a permanent residence
19.2 for at least one year or on at least four occasions in the last three years.

19.3 Sec. 19. Minnesota Statutes 2022, section 256B.49, subdivision 16, is amended to read:

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

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

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

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

19.17 ~~(e) A transitional supports allowance must be available to all persons under a home and~~
19.18 ~~community-based waiver who are moving from a licensed setting to a community setting.~~
19.19 ~~"Transitional supports allowance" means a onetime payment of up to \$3,000, to cover the~~
19.20 ~~costs, not covered by other sources, associated with moving from a licensed setting to a~~
19.21 ~~community setting. Covered costs include:~~

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

19.23 ~~(2) security deposits;~~

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

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

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

19.27 ~~(f)~~ (e) The state of Minnesota and county agencies that administer home and
19.28 community-based ~~waivered~~ waiver services for persons with disabilities must not be liable
19.29 for damages, injuries, or liabilities sustained through the purchase of supports by the
19.30 individual, the individual's family, legal representative, or the authorized representative
19.31 with funds received through consumer-directed community supports under this section.

20.1 Liabilities include but are not limited to workers' compensation liability, the Federal Insurance
20.2 Contributions Act (FICA), or the Federal Unemployment Tax Act (FUTA).

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

20.4 Sec. 20. Minnesota Statutes 2022, section 256B.4911, is amended by adding a subdivision
20.5 to read:

20.6 Subd. 7. **Budget procedures.** When a lead agency authorizes or reauthorizes
20.7 consumer-directed community supports services for a home and community-based services
20.8 waiver participant, the lead agency must provide to the waiver participant and the waiver
20.9 participant's legal representative the following information in an accessible format and in
20.10 a manner that meets the participant's needs:

20.11 (1) an explanation of how the participant's consumer-directed community supports
20.12 services budget was calculated, including a detailed explanation of the variables used in the
20.13 budget formula;

20.14 (2) a copy of the formula used to calculate the participant's consumer-directed community
20.15 supports services budget; and

20.16 (3) information about the participant's right to appeal the consumer-directed community
20.17 supports services budget in accordance with sections 256.045 and 256.0451.

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

20.20 Subd. 8. **Consumer-direct community supports policy.** Policies governing the
20.21 consumer-directed community supports program must be created solely by the commissioner.
20.22 Lead agencies must not create or implement any policies that are in addition to or inconsistent
20.23 with policies created by the commissioner or federal or state laws. Any handbooks,
20.24 procedures, or other guidance documents maintained by a lead agency do not have the force
20.25 or effect of law, and must not be given deference if introduced in a state fair hearing
20.26 conducted under sections 256.045 and 256.0451.

20.27 Sec. 22. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 10d, is
20.28 amended to read:

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

21.1 (b) A provider paid with rates determined under subdivision 7 must use a minimum of
21.2 45 percent of the revenue generated by rates determined under that subdivision for direct
21.3 care staff compensation and technology costs.

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

21.7 (d) Compensation under this subdivision includes:

21.8 (1) wages;

21.9 (2) taxes and workers' compensation;

21.10 (3) health insurance;

21.11 (4) dental insurance;

21.12 (5) vision insurance;

21.13 (6) life insurance;

21.14 (7) short-term disability insurance;

21.15 (8) long-term disability insurance;

21.16 (9) retirement spending;

21.17 (10) tuition reimbursement;

21.18 (11) wellness programs;

21.19 (12) paid vacation time;

21.20 (13) paid sick time; or

21.21 (14) other items of monetary value provided to direct care staff.

21.22 (e) Technology costs under this subdivision include:

21.23 (1) costs related to providing remote support, including payments made to third-party
21.24 vendors; or

21.25 (2) costs of technology to support individuals remotely.

21.26 Sec. 23. Minnesota Statutes 2022, section 256B.77, subdivision 7a, is amended to read:

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

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

22.5 (1) serious and persistent mental illness as defined in section 245.462, subdivision 20;

22.6 (2) severe emotional disturbance as defined in section 245.4871, subdivision 6; or

22.7 (3) developmental disability, or being a person with a developmental disability as defined
22.8 in section 252A.02, or a related condition as defined in section ~~252.27, subdivision 1a~~
22.9 256B.02, subdivision 11.

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

22.12 (c) Eligible individuals include individuals in excluded time status, as defined in chapter
22.13 256G. Enrollees in excluded time at the time of enrollment shall remain in excluded time
22.14 status as long as they live in the demonstration site and shall be eligible for 90 days after
22.15 placement outside the demonstration site if they move to excluded time status in a county
22.16 within Minnesota other than their county of financial responsibility.

22.17 (d) A person who is a sexual psychopathic personality as defined in section 253D.02,
22.18 subdivision 15, or a sexually dangerous person as defined in section 253D.02, subdivision
22.19 16, is excluded from enrollment in the demonstration project.

22.20 Sec. 24. Minnesota Statutes 2023 Supplement, section 270B.14, subdivision 1, is amended
22.21 to read:

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

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

22.29 (c) The commissioner of human services may request data only for the purposes of
22.30 carrying out the child support enforcement program and to assist in the location of parents
22.31 who have, or appear to have, deserted their children. Data received may be used only as set
22.32 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 Services to maintain the confidentiality of the data, the commissioner may provide records and information collected under sections 295.50 to 295.59 to the Centers for Medicare and Medicaid Services section of the United States Department of Health and Human Services for purposes of meeting federal reporting requirements.

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

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

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

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

~~(k)~~ (j) At the request of the commissioner of human services and when authorized in writing by the taxpayer, the commissioner of revenue may match the business legal name or individual legal name, and the Minnesota tax identification number, federal Employer

24.1 Identification Number, or Social Security number of the applicant under section 245A.04,
 24.2 subdivision 1; 245I.20; or 245H.03; or license or certification holder. The commissioner of
 24.3 revenue may share the matching with the commissioner of human services. The matching
 24.4 may only be used by the commissioner of human services to determine eligibility for provider
 24.5 grant programs and to facilitate the regulatory oversight of license and certification holders
 24.6 as it relates to ownership and public funds program integrity. This paragraph applies only
 24.7 if the commissioner of human services and the commissioner of revenue enter into an
 24.8 interagency agreement for the purposes of this paragraph.

24.9 Sec. 25. Minnesota Statutes 2022, section 447.42, subdivision 1, is amended to read:

24.10 Subdivision 1. **Establishment.** Notwithstanding any provision of Minnesota Statutes
 24.11 to the contrary, any city, county, town, or nonprofit corporation approved by the
 24.12 commissioner of human services, or any combination of them may establish and operate a
 24.13 community residential facility for persons with developmental disabilities or related
 24.14 conditions, as defined in section ~~252.27, subdivision 1a~~ 256B.02, subdivision 11.

24.15 Sec. 26. Laws 2021, First Special Session chapter 7, article 13, section 68, is amended to
 24.16 read:

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

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

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

25.1 Sec. 27. Laws 2023, chapter 61, article 1, section 59, subdivision 2, is amended to read:

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

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

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

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

25.11 Sec. 28. Laws 2023, chapter 61, article 1, section 59, subdivision 3, is amended to read:

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

25.14 (1) expanding existing services;

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

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

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

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

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

25.23 Sec. 29. Laws 2023, chapter 61, article 1, section 60, subdivision 1, is amended to read:

25.24 Subdivision 1. **Definition.** "New American" means an individual born abroad and the
25.25 individual's children, ~~irrespective of immigration status.~~

25.26 Sec. 30. Laws 2023, chapter 61, article 1, section 60, subdivision 2, is amended to read:

25.27 Subd. 2. **Grant program established.** The commissioner of human services shall
25.28 establish a new American legal, social services, and long-term care workforce grant program
25.29 for organizations that serve and support new Americans:

(1) in seeking or maintaining legal or citizenship status ~~to legally obtain or retain and~~
obtaining or retaining legal authorization for employment in the United States in any field
or industry; or

(2) to provide specialized services and supports to new Americans to enter the long-term
care workforce.

Sec. 31. Laws 2024, chapter 85, section 53, is amended to read:

Sec. 53. Minnesota Statutes 2023 Supplement, section 245A.03, subdivision 7, is amended
to read:

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

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

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

(3) new foster care licenses or community residential setting licenses determined to be
needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
or regional treatment center; restructuring of state-operated services that limits the capacity
of state-operated facilities; or allowing movement to the community for people who no

27.1 longer require the level of care provided in state-operated facilities as provided under section
27.2 256B.092, subdivision 13, or 256B.49, subdivision 24; ~~or~~

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

27.6 (5) new community residential setting licenses for supervised living facilities licensed
27.7 under Minnesota Rules, chapter 4665, with a capacity of 5 or 6 beds, but not designated as
27.8 intermediate care facilities. This exception is available until June 30, 2026.

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

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

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

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

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

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

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

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

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

29.1 initial license would not increase the statewide capacity for children's residential treatment
29.2 services subject to the moratorium under this paragraph.

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

29.4 Sec. 32. **ADVISORY TASK FORCE ON FAMILY RESIDENTIAL SERVICES.**

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

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

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

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

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

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

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

29.22 (6) one member representing ARRM, appointed by ARRM;

29.23 (7) one person receiving family residential services; and

29.24 (8) one person receiving life sharing services.

29.25 (b) Appointments must be made no later than September 1, 2024.

29.26 (c) Notwithstanding Minnesota Statutes, section 15.059, subdivision 6, member
29.27 compensation and reimbursement for expenses are governed by Minnesota Statutes, section
29.28 15.059, subdivision 3.

29.29 Subd. 3. **Meetings.** (a) The commissioner of human services must convene the first
29.30 meeting of the advisory task force no later than October 1, 2024.

30.1 (b) Advisory task force meetings are subject to the Minnesota Open Meeting Law under
30.2 Minnesota Statutes, chapter 13D.

30.3 (c) Advisory task force meetings must be conducted by telephone or interactive
30.4 technology according to Minnesota Statutes, section 13D.015.

30.5 Subd. 4. **Administrative support.** (a) The commissioner of human services must provide
30.6 administrative support and staff assistance for the advisory task force.

30.7 (b) The commissioner of human services must provide the advisory task force with data,
30.8 fiscal estimates, rate models, draft waiver amendments, implementation updates, estimated
30.9 impacts, and other information the advisory task force requires to fulfill its duties under
30.10 subdivisions 5 and 6.

30.11 Subd. 5. **Duties.** (a) Prior to issuing the report required under subdivision 6, paragraph
30.12 (a), the advisory task force must evaluate multiple family residential service rate models
30.13 and the impact the proposed rate models would have on family residential services and adult
30.14 family foster care providers. The evaluations must include:

30.15 (1) case studies demonstrating rate changes adult family foster care providers would
30.16 experience under each rate model;

30.17 (2) an estimate of the median rate change family residential services adult family foster
30.18 care providers will experience under each model;

30.19 (3) the number of adult family foster care providers operating in Minnesota; and

30.20 (4) the number of individuals receiving family residential services from licensed adult
30.21 family foster care providers.

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

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

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

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

31.1 (3) any additional recommended changes to family residential services and life sharing
31.2 services;

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

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

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

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

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

31.16 Sec. 33. **ASSISTIVE TECHNOLOGY LEAD AGENCY PARTNERSHIPS.**

31.17 (a) Lead agencies may establish partnerships with enrolled medical assistance providers
31.18 of home and community-based services under Minnesota Statutes, section 256B.0913,
31.19 256B.092, 256B.093, or 256B.49, or Minnesota Statutes, chapter 256S, to evaluate the
31.20 benefits of informed choice in accessing the following existing assistive technology home
31.21 and community-based waiver services:

31.22 (1) assistive technology;

31.23 (2) specialized equipment and supplies;

31.24 (3) environmental accessibility adaptations;

31.25 (4) client and caregiver training;

31.26 (5) 24-hour emergency assistance; or

31.27 (6) any other cost-effective, allowable waiver services and benefits related to assistive
31.28 technology.

31.29 (b) Lead agencies may prioritize eligible individuals who desire to participate in the
31.30 partnership authorized by this section using existing home and community-based waiver

32.1 criteria under Minnesota Statutes, chapters 256B and 256S, which may include but are not
32.2 limited to:

32.3 (1) significant clinical acuity due to one or more chronic medical conditions;

32.4 (2) multiple emergency room visits or inpatient admissions during the prior 365 days;

32.5 (3) a diagnosis of a behavioral or complex chronic condition;

32.6 (4) challenges in finding nonemergency medical transportation in the individual's region;

32.7 or

32.8 (5) an inability to find available primary care providers.

32.9 (c) Lead agencies must ensure individuals who choose to participate have informed
32.10 choice in accessing the services and must adhere to conflict-free case management
32.11 requirements.

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

32.18 **Sec. 34. DIRECT SUPPORT SERVICE RATE CALCULATIONS.**

32.19 (a) By March 15, 2025, the commissioner of human services must submit to the chairs
32.20 and ranking minority members of the legislative committees with jurisdiction over human
32.21 services policy and finance a report that includes legislative language necessary to increase
32.22 the reimbursement rates, enhanced rates, tiered rates, individual budgets, grants, and
32.23 allocations by an amount equal to the incremental increase in the wage floor, the incremental
32.24 increase in any paid time off, the incremental increase in any pay for work on holidays, and
32.25 any other incremental increase in other benefits, plus all corresponding incremental increases
32.26 in the employer's share of FICA taxes, Medicare taxes, state and federal unemployment
32.27 taxes, worker compensation premiums, and retirement contributions, if any, attributable to
32.28 any incremental increases included in a proposed collective bargaining agreement between
32.29 the state and individual providers of direct support services to participants in a covered
32.30 program as defined under Minnesota Statutes, section 256B.0711.

32.31 (b) The commissioner must include in the report the formula used to determine the
32.32 increase in the reimbursement rates, enhanced rates, tiered rates, individual budgets, grants,

and allocations as described in paragraph (a) for not only each covered program, but also the CFSS agency-provider model and the traditional personal care assistance program. The commissioner must assume for the purposes of the report that every individual providing direct support services will receive a wage increase equal to the incremental increase in the wage floor and the incremental increase in other benefits proposed in the collective bargaining agreement and that no employer, fiscal support entity, or fiscal management service will absorb any incremental increase in costs attributable to increasing wages by an amount equal to the incremental increase in the wage floor or providing additional benefits equal to the incremental increase in benefits described in the collective bargaining agreement.

Sec. 35. DIRECTION TO COMMISSIONER; CONSUMER-DIRECTED COMMUNITY SUPPORTS.

By December 31, 2024, the commissioner of human services shall seek any necessary changes to home and community-based services waiver plans regarding consumer-directed community supports in order to:

(1) clarify that allowable goods and services for a consumer-directed community supports participant do not need to be for the sole benefit of the participant, and that goods and services may benefit others if there is also a direct benefit to the participant based on the participant's assessed needs;

(2) clarify that goods or services that support the participant's assessed needs for community integration and inclusion are allowable under the consumer-directed community supports program;

(3) clarify that the rate authorized for services approved under the consumer-directed community supports personal assistance category may exceed the reasonable range of similar services in the participant's community if the participant has an assessed need for an enhanced rate; and

(4) clarify that a participant's spouse or a parent of a minor participant, as defined in the waiver plans, may be paid for consumer-directed community support services at a rate that exceeds that which would otherwise be paid to a provider of a similar service or that exceeds what is allowed by the commissioner for the payment of personal care assistance services if the participant has an assessed need for an enhanced rate.

34.1 **Sec. 36. DIRECTION TO COMMISSIONER; PREVOCATIONAL SERVICES**
34.2 **WAIVER AMENDMENTS.**

34.3 By September 1, 2024, the commissioner of human services must submit waiver plan
34.4 amendments for the developmental disabilities waiver, the brain injury waiver, the community
34.5 access for disability inclusion waiver, and the community alternative care waiver to remove
34.6 from the service definitions of prevocational services the limits on the duration a person
34.7 who began receiving prevocational services after January 1, 2021, may receive prevocational
34.8 services.

34.9 **Sec. 37. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
34.10 **REIMBURSEMENT FOR PERSONAL CARE ASSISTANTS AND**
34.11 **COMMUNITY-FIRST SERVICES AND SUPPORTS WORKERS.**

34.12 By January 1, 2025, the commissioner of human services shall provide draft legislation
34.13 to the chairs and ranking minority members of the legislative committees with jurisdiction
34.14 over human services finance proposing the statutory changes needed to permit reimbursement
34.15 of personal care assistants and support workers to provide:

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

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

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

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

34.24 **Sec. 38. DISABILITY HOME AND COMMUNITY-BASED SERVICES**
34.25 **REIMBURSEMENT IN ACUTE CARE HOSPITAL STAYS.**

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

34.31 (b) Reimbursed services must:

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

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

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

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

EFFECTIVE DATE. Paragraph (b) 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. 39. DISABILITY SERVICES CONTINUOUS IMPROVEMENT STUDY; DIRECTION TO COMMISSIONER.

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

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

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

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

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

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

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

36.1 Sec. 40. **EMERGENCY RELIEF GRANTS FOR RURAL EARLY INTENSIVE**
36.2 **DEVELOPMENTAL AND BEHAVIORAL INTERVENTION PROVIDERS.**

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

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

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

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

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

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

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

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

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

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

37.1 Sec. 41. **LEGISLATIVE TASK FORCE ON GUARDIANSHIP.**

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

37.4 (1) one member of the house of representatives, appointed by the speaker of the house
37.5 of representatives;

37.6 (2) one member of the house of representatives, appointed by the minority leader of the
37.7 house of representatives;

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

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

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

37.12 (6) two individuals presently or formerly under guardianship or emergency guardianship,
37.13 appointed by the Minnesota Council on Disability;

37.14 (7) one private, professional guardian, appointed by the Minnesota Council on Disability;

37.15 (8) one private, nonprofessional guardian, appointed by the Minnesota Council on
37.16 Disability;

37.17 (9) one representative of the Department of Human Services with knowledge of public
37.18 guardianship issues, appointed by the commissioner of human services;

37.19 (10) one member appointed by the Minnesota Council on Disability;

37.20 (11) two members of two different disability advocacy organizations, appointed by the
37.21 Minnesota Council on Disability;

37.22 (12) one member of a professional or advocacy group representing the interests of the
37.23 guardian who has experience working in the judicial system on guardianship cases, appointed
37.24 by the Minnesota Council on Disability;

37.25 (13) one member of a professional or advocacy group representing the interests of persons
37.26 subject to guardianship who has experience working in the judicial system on guardianship
37.27 cases, appointed by the Minnesota Council on Disability;

37.28 (14) two members of two different advocacy groups representing the interests of older
37.29 Minnesotans who are or may find themselves subject to guardianship, appointed by the
37.30 Minnesota Council on Disability;

38.1 (15) one employee acting as the Disability Systems Planner in the Center for Health
38.2 Equity at the Minnesota Department of Health, appointed by the commissioner of health;

38.3 (16) one member appointed by the Minnesota Indian Affairs Council;

38.4 (17) one member from the Commission of the Deaf, Deafblind, and Hard-of-Hearing,
38.5 appointed by the executive director of the commission;

38.6 (18) one member of the Council on Developmental Disabilities, appointed by the
38.7 executive director of the council;

38.8 (19) one employee from the Office of Ombudsman for Mental Health and Developmental
38.9 Disabilities, appointed by the ombudsman;

38.10 (20) one employee from the Office of Ombudsman for Long Term Care, appointed by
38.11 the ombudsman;

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

38.14 (22) one employee from the Olmstead Implementation Office, appointed by the director
38.15 of the office; and

38.16 (23) one member representing an organization dedicated to supported decision-making
38.17 alternatives to guardianship, appointed by the Minnesota Council on Disability.

38.18 (b) Appointees to the task force must be named by each appointing authority by June
38.19 30, 2025. Appointments made by an agency or commissioner may also be made by a
38.20 designee.

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

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

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

- 39.1 (1) developing efforts to sustain and increase the number of qualified guardians;
- 39.2 (2) increasing compensation for in forma pauperis (IFP) guardians by studying current
- 39.3 funding streams to develop approaches to ensure that the funding streams are consistent
- 39.4 across the state and sufficient to serve the needs of persons subject to guardianship;
- 39.5 (3) securing ongoing funding for guardianships and less restrictive alternatives;
- 39.6 (4) establishing guardian certification or licensure;
- 39.7 (5) identifying standards of practice for guardians and options for providing education
- 39.8 to guardians on standards and less restrictive alternatives;
- 39.9 (6) securing ongoing funding for the guardian and conservator administrative complaint
- 39.10 process;
- 39.11 (7) identifying and understanding alternatives to guardianship whenever possible to meet
- 39.12 the needs of patients and the challenges of providers in the delivery of health care, behavioral
- 39.13 health care, and residential and home-based care services;
- 39.14 (8) expanding supported decision-making alternatives to guardianships and
- 39.15 conservatorships;
- 39.16 (9) reducing the removal of civil rights when appointing a guardian, including by ensuring
- 39.17 guardianship is only used as a last resort; and
- 39.18 (10) identifying ways to preserve and to maximize the civil rights of the person, including
- 39.19 due process considerations.
- 39.20 (b) The task force must seek input from the public, the judiciary, people subject to
- 39.21 guardianship, guardians, advocacy groups, and attorneys. The task force must hold hearings
- 39.22 to gather information to fulfill the purpose of the task force.
- 39.23 Subd. 4. **Compensation; expenses.** Members of the task force may receive compensation
- 39.24 and expense reimbursement as provided in Minnesota Statutes, section 15.059, subdivision
- 39.25 3.
- 39.26 Subd. 5. **Report; expiration.** The task force shall submit a report to the chairs and
- 39.27 ranking minority members of the legislative committees with jurisdiction over guardianship
- 39.28 issues no later than January 15, 2027. The report must describe any concerns about the
- 39.29 current guardianship system identified by the task force and recommend policy options to
- 39.30 address those concerns and to promote less restrictive alternatives to guardianship. The
- 39.31 report must include draft legislation to implement recommended policy.

40.1 Subd. 6. **Expiration.** The task force expires upon submission of its report, or January
40.2 16, 2027, whichever is earlier.

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

40.4 Sec. 42. **OWN HOME SERVICES PROVIDER CAPACITY-BUILDING GRANTS.**

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

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

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

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

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

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

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

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

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

40.25 (6) other activities approved by the commissioner.

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

40.27 Sec. 43. **PEDIATRIC HOSPITAL-TO-HOME TRANSITION PILOT PROGRAM.**

40.28 (a) The commissioner of human services shall establish a single competitive grant to a
40.29 home care nursing provider to develop and implement, in coordination with the commissioner
40.30 of human services, Fairview Masonic Children's Hospital, Gillette Children's Specialty

41.1 Healthcare, and Children's Minnesota of St. Paul and Minneapolis, a pilot program to
41.2 expedite and facilitate pediatric hospital-to-home discharges for patients receiving services
41.3 in this state under medical assistance, including under the community alternative care waiver,
41.4 community access for disability inclusion waiver, and developmental disabilities waiver.

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

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

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

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

41.23 **Sec. 44. PERSONAL CARE ASSISTANCE COMPENSATION FOR SERVICES**
41.24 **PROVIDED BY A PARENT OR SPOUSE.**

41.25 (a) Notwithstanding Minnesota Statutes, section 256B.0659, subdivision 3, paragraph
41.26 (a), clause (1); subdivision 11, paragraph (c); and subdivision 19, paragraph (b), clause (3),
41.27 beginning October 1, 2024, a parent, stepparent, or legal guardian of a minor who is a
41.28 personal care assistance recipient or the spouse of a personal care assistance recipient may
41.29 provide and be paid for providing personal care assistance services under medical assistance.
41.30 The commissioner shall seek federal approval for these payments. The commissioner shall
41.31 make payments for services rendered without federal financial participation until federal
41.32 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. 45. **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. 46. **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. 47. **REPEALER.**

(a) Minnesota Statutes 2022, sections 252.021; and 252.27, subdivisions 1a, 2, 3, 4a, 5, and 6, is repealed.

(b) Minnesota Statutes 2022, section 256B.0916, subdivision 10, is repealed.

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

EFFECTIVE DATE. Paragraph (b) is effective January 1, 2025.

ARTICLE 2

AGING SERVICES

Section 1. **[144G.195] FACILITY RELOCATION.**

Subdivision 1. **New license not required.** (a) Effective March 15, 2025, an assisted living facility with a licensed resident capacity of ten residents or fewer may operate under the licensee's current license if the facility is relocated with the approval of the commissioner during the period the current license is valid.

(b) A licensee is not required to apply for a new license solely because the licensee receives approval to relocate a facility, and the licensee's license for the relocated facility remains valid until the expiration date specified on the existing license. The commissioner must apply the licensing and survey cycle previously established for the facility's prior location to the facility's new location.

(c) A licensee must notify the commissioner of health through a form developed by the commissioner of the licensee's intent to relocate the licensee's facility. The building to which the licensee intends to relocate the facility must obtain plan review approval and a certificate of occupancy from the commissioner of labor and industry or the commissioner of labor and industry's delegated authority. Upon issuance of a certificate of occupancy, the commissioner of health must review and inspect the building to which the licensee intends to relocate the facility and approve or deny the license relocation within 30 calendar days.

(d) A licensee that receives approval from the commissioner to relocate a facility must provide each resident with a new assisted living contract and comply with the coordinated move requirements under section 144G.55.

(e) A licensee denied approval by the commissioner to relocate a facility may continue to operate the facility in its current location, follow the requirements in section 144G.57 and close the facility, or notify the commissioner of the licensee's intent to relocate the facility to an alternative new location. If the licensee notifies the commissioner of the licensee's intent to relocate the facility to an alternative new location, paragraph (c) applies, including the timelines for approving or denying the license relocation for the alternative new location.

44.1 **Subd. 2. Limited exemption from the customized living setting moratorium and**
44.2 **age limitations.** (a) A licensee that receives approval from the commissioner of health under
44.3 subdivision 1 to relocate a facility that is also enrolled with the Department of Human
44.4 Services as a customized living setting to deliver 24-hour customized living services and
44.5 customized living services as defined by the brain injury and community access for disability
44.6 inclusion home and community-based services waiver plans and under section 256B.49
44.7 must inform the commissioner of human services of the licensee's intent to relocate.

44.8 (b) If the licensee at the time of the intended relocation is providing customized living
44.9 or 24-hour customized living services under the brain injury and community access for
44.10 disability inclusion home and community-based services waiver plans and section 256B.49
44.11 to at least one individual, and the licensee intends to continue serving that individual in the
44.12 new location, the licensee must inform the commissioner of human services of the licensee's
44.13 intention to do so and meet the requirements specified under section 256B.49, subdivision
44.14 28a.

44.15 **EFFECTIVE DATE.** This section is effective August 1, 2024, except subdivision 2 is
44.16 effective August 1, 2024, or 90 days after federal approval, whichever is later. The
44.17 commissioner of human services shall notify the revisor of statutes when federal approval
44.18 is obtained.

44.19 Sec. 2. Minnesota Statutes 2022, section 144G.41, subdivision 1, is amended to read:

44.20 Subdivision 1. **Minimum requirements.** All assisted living facilities shall:

44.21 (1) distribute to residents the assisted living bill of rights;

44.22 (2) provide services in a manner that complies with the Nurse Practice Act in sections
44.23 148.171 to 148.285;

44.24 (3) utilize a person-centered planning and service delivery process;

44.25 (4) have and maintain a system for delegation of health care activities to unlicensed
44.26 personnel by a registered nurse, including supervision and evaluation of the delegated
44.27 activities as required by the Nurse Practice Act in sections 148.171 to 148.285;

44.28 (5) provide a means for residents to request assistance for health and safety needs 24
44.29 hours per day, seven days per week;

44.30 (6) allow residents the ability to furnish and decorate the resident's unit within the terms
44.31 of the assisted living contract;

44.32 (7) permit residents access to food at any time;

45.1 (8) allow residents to choose the resident's visitors and times of visits;

45.2 (9) allow the resident the right to choose a roommate if sharing a unit;

45.3 (10) notify the resident of the resident's right to have and use a lockable door to the
45.4 resident's unit. The licensee shall provide the locks on the unit. Only a staff member with
45.5 a specific need to enter the unit shall have keys, and advance notice must be given to the
45.6 resident before entrance, when possible. An assisted living facility must not lock a resident
45.7 in the resident's unit;

45.8 (11) develop and implement a staffing plan for determining its staffing level that:

45.9 (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness
45.10 of staffing levels in the facility;

45.11 (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably
45.12 foreseeable unscheduled needs of each resident as required by the residents' assessments
45.13 and service plans on a 24-hour per day basis; and

45.14 (iii) ensures that the facility can respond promptly and effectively to individual resident
45.15 emergencies and to emergency, life safety, and disaster situations affecting staff or residents
45.16 in the facility;

45.17 (12) ensure that one or more persons are available 24 hours per day, seven days per
45.18 week, who are responsible for responding to the requests of residents for assistance with
45.19 health or safety needs. Such persons must be:

45.20 (i) awake;

45.21 (ii) located in the same building, in an attached building, or on a contiguous campus
45.22 with the facility in order to respond within a reasonable amount of time;

45.23 (iii) capable of communicating with residents;

45.24 (iv) capable of providing or summoning the appropriate assistance; and

45.25 (v) capable of following directions; and

45.26 ~~(13) offer to provide or make available at least the following services to residents:~~

45.27 ~~(i) at least three nutritious meals daily with snacks available seven days per week,~~
45.28 ~~according to the recommended dietary allowances in the United States Department of~~
45.29 ~~Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The~~
45.30 ~~following apply:~~

~~(A) menus must be prepared at least one week in advance, and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes;~~

~~(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and~~

~~(C) the facility cannot require a resident to include and pay for meals in their contract;~~

~~(ii) weekly housekeeping;~~

~~(iii) weekly laundry service;~~

~~(iv) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance;~~

~~(v) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance;~~

~~(vi) provide culturally sensitive programs; and~~

~~(vii) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large; and~~

~~(14) (13) provide staff access to an on-call registered nurse 24 hours per day, seven days per week.~~

Sec. 3. Minnesota Statutes 2022, section 144G.41, is amended by adding a subdivision to read:

Subd. 1a. **Minimum requirements; required food services.** (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance, and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must

47.1 not require a resident to include and pay for meals in the resident's contract. Except as
47.2 provided in paragraph (b), food must be prepared and served according to the Minnesota
47.3 Food Code, Minnesota Rules, chapter 4626.

47.4 (b) For an assisted living facility with a licensed capacity of ten or fewer residents:

47.5 (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a
47.6 certified food protection manager (CFPM) with one other facility located within a 60-mile
47.7 radius and under common management provided the CFPM is present at each facility
47.8 frequently enough to effectively administer, manage, and supervise each facility's food
47.9 service operation;

47.10 (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not
47.11 removable or cannot be rotated open are allowed unless the facility has been issued repeated
47.12 correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;

47.13 (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required
47.14 to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled
47.15 and clean items that may accumulate during hours of operation provided soiled items do
47.16 not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried
47.17 in a manner that prevents contamination before storage;

47.18 (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required
47.19 to install a dedicated handwashing sink in its existing kitchen provided it designates one
47.20 well of a two-compartment sink for use only as a handwashing sink;

47.21 (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item
47.22 A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them
47.23 clean and in good condition;

47.24 (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant
47.25 lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed
47.26 food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and

47.27 (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to
47.28 be provided with a self-closing door.

47.29 Sec. 4. Minnesota Statutes 2022, section 144G.41, is amended by adding a subdivision to
47.30 read:

47.31 Subd. 1b. **Minimum requirements; other required services.** All assisted living facilities
47.32 must offer to provide or make available the following services to residents:

- 48.1 (1) weekly housekeeping;
- 48.2 (2) weekly laundry service;
- 48.3 (3) upon the request of the resident, provide direct or reasonable assistance with arranging
48.4 for transportation to medical and social services appointments, shopping, and other recreation,
48.5 and provide the name of or other identifying information about the persons responsible for
48.6 providing this assistance;
- 48.7 (4) upon the request of the resident, provide reasonable assistance with accessing
48.8 community resources and social services available in the community, and provide the name
48.9 of or other identifying information about persons responsible for providing this assistance;
- 48.10 (5) provide culturally sensitive programs; and
- 48.11 (6) have a daily program of social and recreational activities that are based upon individual
48.12 and group interests, physical, mental, and psychosocial needs, and that creates opportunities
48.13 for active participation in the community at large.

48.14 Sec. 5. Minnesota Statutes 2022, section 144G.63, subdivision 1, is amended to read:

48.15 Subdivision 1. **Orientation of staff and supervisors.** (a) All staff providing and
48.16 supervising direct services must complete an orientation to assisted living facility licensing
48.17 requirements and regulations before providing assisted living services to residents. The
48.18 orientation may be incorporated into the training required under subdivision 5. The orientation
48.19 need only be completed once for each staff person and is not transferable to another facility,
48.20 except as provided in paragraph (b).

48.21 (b) A staff person is not required to repeat the orientation required under subdivision 2
48.22 if the staff person transfers from one licensed assisted living facility to another facility
48.23 operated by the same licensee or by a licensee affiliated with the same corporate organization
48.24 as the licensee of the first facility, or to another facility managed by the same entity managing
48.25 the first facility. The facility to which the staff person transfers must document that the staff
48.26 person completed the orientation at the prior facility. The facility to which the staff person
48.27 transfers must nonetheless provide the transferred staff person with supplemental orientation
48.28 specific to the facility and document that the supplemental orientation was provided. The
48.29 supplemental orientation must include the types of assisted living services the staff person
48.30 will be providing, the facility's category of licensure, and the facility's emergency procedures.
48.31 A staff person cannot transfer to an assisted living facility with dementia care without
48.32 satisfying the additional training requirements under section 144G.83.

Sec. 6. Minnesota Statutes 2022, section 144G.63, subdivision 4, is amended to read:

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

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

Sec. 7. **[144G.65] TRAINING IN MENTAL ILLNESS AND DE-ESCALATION.**

Subdivision 1. Training for supervisors. (a) Within 90 calendar days of the employment start date, all supervisors of direct care staff must complete at least eight hours of initial training on the topics specified in subdivision 6.

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

Subd. 2. Training for direct care staff. (a) Within 90 calendar days of the employment start date, all direct care staff must complete at least eight hours of initial training on the topics specified in subdivision 6. Until the initial training is complete, a direct care staff member must not provide direct care unless someone is available who can act as a resource, can assist if issues arise, and is either another direct care staff member who has completed the eight hours of required training and is on-site or is a supervisor.

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

Subd. 3. Training for staff who do not provide direct care. (a) Within 90 calendar days of the employment start date, all assisted living facility employees who do not provide direct care, including maintenance, housekeeping, and food service staff, must complete at least four hours of initial training on all the topics specified in subdivision 6.

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

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

50.1 Subd. 5. **New staff members.** A supervisor who has completed the training required
50.2 under subdivision 1 or a person who conducts the initial training must be available for
50.3 consultation with a new staff member on issues related to mental illness and de-escalation
50.4 during the first 90 calendar days of the new staff member's employment start date.

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

- 50.7 (1) an explanation of the principles of trauma-informed care;
- 50.8 (2) instruction on incorporating knowledge about trauma into care plans, policies,
50.9 procedures, and practices to avoid retraumatization;
- 50.10 (3) de-escalation techniques and communication;
- 50.11 (4) crisis resolution, including a procedure for contacting county crisis response teams;
- 50.12 (5) suicide prevention, including use of the 988 suicide and crisis lifeline;
- 50.13 (6) recognizing symptoms of common mental illness diagnoses, including but not limited
50.14 to mood disorders, anxiety disorders, trauma and stressor-related disorders, personality and
50.15 psychotic disorders, substance use disorder, and substance misuse;
- 50.16 (7) creating and executing person-centered care plans for residents with mental illness;
- 50.17 (8) information on medications and their side effects, the risks of overmedication or
50.18 improper use of medications, and nonpharmacological interventions; and
- 50.19 (9) support strategies, resources, and referral sources for residents experiencing diagnoses
50.20 co-occurring with mental illness, including dementia.

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

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

50.26 Sec. 8. Minnesota Statutes 2023 Supplement, section 256.9756, subdivision 1, is amended
50.27 to read:

50.28 Subdivision 1. **Caregiver respite services grant program established.** The Minnesota
50.29 Board on Aging must establish a caregiver respite services grant program to increase the
50.30 availability of respite services for family caregivers of people with dementia ~~and older adults~~
50.31 and to provide information, education, and training to respite caregivers and volunteers

51.1 regarding caring for people with dementia. From the money made available for this purpose,
51.2 the board must award grants on a competitive basis to respite service providers, giving
51.3 priority to areas of the state where there is a high need of respite services.

51.4 Sec. 9. Minnesota Statutes 2023 Supplement, section 256.9756, subdivision 2, is amended
51.5 to read:

51.6 Subd. 2. **Eligible uses.** Grant recipients awarded grant money under this section must
51.7 use a portion of the grant award as determined by the board to provide free or subsidized
51.8 respite services for family caregivers of people with dementia ~~and older adults~~.

51.9 Sec. 10. Minnesota Statutes 2023 Supplement, section 256B.0913, subdivision 5, is
51.10 amended to read:

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

- 51.13 (1) adult day services and adult day services bath;
- 51.14 (2) home care;
- 51.15 (3) homemaker services;
- 51.16 (4) personal care;
- 51.17 (5) case management and conversion case management;
- 51.18 (6) respite care;
- 51.19 (7) specialized supplies and equipment;
- 51.20 (8) home-delivered meals;
- 51.21 (9) nonmedical transportation;
- 51.22 (10) nursing services;
- 51.23 (11) chore services;
- 51.24 (12) companion services;
- 51.25 (13) nutrition services;
- 51.26 (14) family caregiver training and education;
- 51.27 (15) coaching and counseling;

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

52.3 (17) consumer-directed community supports;

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

52.5 (19) transitional services; and

52.6 ~~(19)~~ (20) discretionary services, for which lead agencies may make payment from their
52.7 alternative care program allocation for services not otherwise defined in this section or
52.8 section 256B.0625, following approval by the commissioner.

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

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

52.17 Sec. 11. Minnesota Statutes 2022, section 256B.0913, subdivision 5a, is amended to read:

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

52.24 (b) The lead agency must ensure that the funds are not used to supplant or supplement
52.25 services available through other public assistance or services programs, including
52.26 supplementation of client co-pays, deductibles, premiums, or other cost-sharing arrangements
52.27 for health-related benefits and services or entitlement programs and services that are available
52.28 to the person, but in which they have elected not to enroll. The lead agency must ensure
52.29 that the benefit department recovery system in the Medicaid Management Information
52.30 System (MMIS) has the necessary information on any other health insurance or third-party
52.31 insurance policy to which the client may have access. Supplies and equipment may be
52.32 purchased from a vendor not certified to participate in the Medicaid program if the cost for
52.33 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. 12. 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 January 1, 2025.

(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 January 1, 2025.

(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 January 1, 2025.

(e) Effective January 1, 2025, 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 January 1, 2025.

Sec. 13. Minnesota Statutes 2022, section 256B.49, is amended by adding a subdivision to read:

Subd. 28a. Limited exemption from the customized living setting moratorium and age limitations. (a) For the purposes of this subdivision, "operational" has the meaning given in subdivision 28.

(b) This paragraph applies only to customized living settings enrolled and operational on or before June 30, 2021, and customized living settings that have previously been exempt from the customized living moratorium under this paragraph. A setting for which a provider receives approval from the commissioner of health under section 144G.195, subdivision 1, to relocate a licensed assisted living facility that is also enrolled as a customized living setting to deliver 24-hour customized living services and customized living services as defined by the brain injury and community access for disability inclusion home and community-based services waiver plans and under this section is exempt from the customized living moratorium under subdivision 28.

(c) This paragraph applies only to customized living settings enrolled and operational on or before January 11, 2021, and customized living settings that have previously been deemed a tier 1 customized living setting under this paragraph. A setting for which a provider receives approval from the commissioner of health under section 144G.195, subdivision 1, to relocate a licensed assisted living facility that is also enrolled as a customized living setting to deliver 24-hour customized living services and customized living services as defined by the brain injury and community access for disability inclusion home and community-based services waiver plans and under this section must be deemed a current customized living setting, or tier 1 setting, for the purposes of the application of the home and community-based residential tiered standards under Minnesota's Home and Community-Based Services Rule Statewide Transition Plan.

EFFECTIVE DATE. This section is effective August 1, 2024, or 90 days after federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

55.1 Sec. 14. Minnesota Statutes 2022, section 256R.53, is amended by adding a subdivision
55.2 to read:

55.3 Subd. 4. **Nursing facility in Minnetonka.** (a) For a nursing facility located in Minnetonka
55.4 and licensed for 21 beds as of February 1, 2024, the commissioner shall use funding from
55.5 the moratorium exceptions process under section 144A.073 to calculate the facility's property
55.6 rate beginning January 1, 2025.

55.7 (b) For the purposes of determining the total property payment rate under section 256R.26
55.8 for the facility described in paragraph (a), for a project completed in 2023, the final building
55.9 valuation is equal to the lesser of the limited depreciated replacement cost as determined
55.10 under section 256R.26, subdivision 3, or 105 percent of the estimated building valuation of
55.11 \$6,650,000.

55.12 Sec. 15. **[256S.191] ELDERLY WAIVER BUDGET AND RATE EXCEPTIONS;**
55.13 **HIGH-NEED PARTICIPANTS.**

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

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

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

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

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

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

55.29 (c) The participant must include in the request the basis for the underlying costs used to
55.30 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. 16. 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. 17. **DIRECTION TO COMMISSIONER; HOME AND COMMUNITY-BASED SERVICES SYSTEM REFORM ANALYSIS.**

(a) The commissioner of human services 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;

- 58.1 (3) one member appointed by the Board of Pharmacy;
- 58.2 (4) one member who is a physician appointed by the Minnesota Medical Association;
- 58.3 (5) one member representing opioid treatment programs, sober living programs, or
- 58.4 substance use disorder programs licensed under chapter 245G;
- 58.5 (6) one member appointed by the Minnesota Society of Addiction Medicine who is an
- 58.6 addiction psychiatrist;
- 58.7 (7) one member representing professionals providing alternative pain management
- 58.8 therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;
- 58.9 (8) one member representing nonprofit organizations conducting initiatives to address
- 58.10 the opioid epidemic, with the commissioner's initial appointment being a member
- 58.11 representing the Steve Rummeler Hope Network, and subsequent appointments representing
- 58.12 this or other organizations;
- 58.13 (9) one member appointed by the Minnesota Ambulance Association who is serving
- 58.14 with an ambulance service as an emergency medical technician, advanced emergency
- 58.15 medical technician, or paramedic;
- 58.16 (10) one member representing the Minnesota courts who is a judge or law enforcement
- 58.17 officer;
- 58.18 (11) one public member who is a Minnesota resident and who is in opioid addiction
- 58.19 recovery;
- 58.20 (12) two members representing Indian tribes, one representing the Ojibwe tribes and
- 58.21 one representing the Dakota tribes;
- 58.22 (13) one member representing an urban American Indian community;
- 58.23 (14) one public member who is a Minnesota resident and who is suffering from chronic
- 58.24 pain, intractable pain, or a rare disease or condition;
- 58.25 (15) one mental health advocate representing persons with mental illness;
- 58.26 (16) one member appointed by the Minnesota Hospital Association;
- 58.27 (17) one member representing a local health department; ~~and~~
- 58.28 (18) the commissioners of human services, health, and corrections, or their designees,
- 58.29 who shall be ex officio nonvoting members of the council; and

59.1 (19) the director of the Office of Addiction and Recovery, as specified under section
59.2 4.046, subdivision 6, or their designee, who shall be an ex officio nonvoting member of the
59.3 council.

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

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

59.13 (d) The chair shall convene the council at least quarterly, and may convene other meetings
59.14 as necessary. The chair shall convene meetings at different locations in the state to provide
59.15 geographic access, and shall ensure that at least one-half of the meetings are held at locations
59.16 outside of the seven-county metropolitan area.

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 3. **ELECTRONIC VISIT VERIFICATION IMPLEMENTATION GRANT.**

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

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

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

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

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

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

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

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

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

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

(5) other activities approved by the commissioner.

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

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

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

(7) any relevant federal prioritization requirements.

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

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

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

64.1 head of the treatment facility to treatment facility staff in a consistent and timely manner
64.2 and pursuant to all applicable laws.

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

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

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

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

64.10 **246.0135 OPERATION OF REGIONAL TREATMENT CENTERS.**

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

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

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

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

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

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

65.4 (a) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivisions
65.5 1a and 1b; Minnesota Statutes 2022, section 246.54, subdivisions 1a and 1b; or any other
65.6 law to the contrary, the commissioner of human services must not sanction or otherwise
65.7 seek payment from Beltrami County or Todd County for outstanding debts for the cost of
65.8 care provided between July 1, 2022, and June 30, 2023, under:

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

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

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

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

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

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

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

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

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

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

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

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

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

66.9 (3) conduct outreach to families and providers; and

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

66.13 (b) Engagement services staff must have completed training on person-centered care.
66.14 Staff may include but are not limited to mobile crisis providers under Minnesota Statutes,
66.15 section 256B.0624; certified peer specialists under Minnesota Statutes, section 256B.0615;
66.16 community-based treatment programs staff; and homeless outreach workers.

66.17 **Sec. 5. HOSPITAL ADMISSION EXCEPTION TO CURRENT PRIORITY**
66.18 **ADMISSION.**

66.19 (a) Notwithstanding Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b),
66.20 the commissioner of human services must admit to a medically appropriate state-operated
66.21 treatment program ten civilly committed patients who are awaiting admission in hospital
66.22 settings. Admissions of patients awaiting admission in hospital settings must be managed
66.23 according to the priority admissions framework under Minnesota Statutes, section 253B.10,
66.24 subdivision 1, paragraph (b).

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

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

66.28 **Sec. 6. MENTALLY ILL AND DANGEROUS CIVIL COMMITMENT REFORM**
66.29 **TASK FORCE.**

66.30 Subdivision 1. **Establishment; purpose.** The Mentally Ill and Dangerous Civil
66.31 Commitment Reform Task Force is established to evaluate current statutes related to mentally

67.1 ill and dangerous civil commitments and develop recommendations to optimize the use of
67.2 state-operated mental health resources and increase equitable access and outcomes for
67.3 patients.

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

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

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

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

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

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

67.15 (6) a member of the Special Review Board, appointed by the state court administrator;

67.16 (7) a county representative, appointed by the Association of Minnesota Counties;

67.17 (8) a representative appointed by the Minnesota Association of County Social Service
67.18 Administrators;

67.19 (9) a county attorney with experience participating in mentally ill and dangerous civil
67.20 commitments, appointed by the Minnesota County Attorneys Association;

67.21 (10) an attorney with experience representing respondents in mentally ill and dangerous
67.22 civil commitments, appointed by the governor;

67.23 (11) a member appointed by the Minnesota Association of Community Mental Health
67.24 Programs;

67.25 (12) a member appointed by the National Alliance on Mental Illness Minnesota;

67.26 (13) a licensed independent practitioner with experience treating individuals subject to
67.27 a mentally ill and dangerous civil commitment; and

67.28 (14) an individual with lived experience under civil commitment as mentally ill and
67.29 dangerous and who is on a provisional discharge or has been discharged from commitment.

67.30 (b) A member of the legislature may not serve as a member of the task force.

68.1 (c) Appointments to the task force must be made no later than July 30, 2024.

68.2 Subd. 3. **Compensation; removal; vacancy.** (a) Notwithstanding Minnesota Statutes,
68.3 section 15.059, subdivision 6, members of the task force may be compensated as provided
68.4 under Minnesota Statutes, section 15.059, subdivision 3.

68.5 (b) A member may be removed by the appointing authority at any time at the pleasure
68.6 of the appointing authority. In the case of a vacancy on the task force, the appointing authority
68.7 shall appoint an individual to fill the vacancy for the remainder of the unexpired term.

68.8 Subd. 4. **Officers; meetings.** (a) The commissioner of human services shall convene
68.9 the first meeting of the task force no later than September 1, 2024.

68.10 (b) The task force must elect a chair and vice-chair from among its members and may
68.11 elect other officers as necessary.

68.12 (c) The task force is subject to Minnesota Statutes, chapter 13D.

68.13 Subd. 5. **Staff.** The commissioner of human services must provide staff assistance to
68.14 support the work of the task force.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 7. PRIORITY ADMISSIONS REVIEW PANEL.

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

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

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

(3) develop a plan to expand direct care and treatment capacity. The plan must include clear definitions of what constitutes expanded capacity; an estimate of the capital, administrative, staffing, and programmatic costs of expanding capacity; an expansion

implementation and workforce plan developed in consultation with the employees of direct care and treatment; and a proposal for the expiration of the 48-hour rule contingent on meeting a measurable capacity expansion goal.

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

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

71.1 Department of Human Rights; Department of Human Services; Department of Information
71.2 Technology Services; Department of Iron Range Resources and Rehabilitation; Department
71.3 of Labor and Industry; Minnesota Management and Budget; Bureau of Mediation Services;
71.4 Department of Military Affairs; Metropolitan Council; Department of Natural Resources;
71.5 Pollution Control Agency; Department of Public Safety; Department of Revenue; Department
71.6 of Transportation; Department of Veterans Affairs; Direct Care and Treatment; Gambling
71.7 Control Board; Racing Commission; the Minnesota Lottery; the Animal Health Board; and
71.8 the Board of Water and Soil Resources;

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

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

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

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

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

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

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

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

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

72.13 (c) "Welfare system" includes the Department of Human Services; ~~the Department of~~
72.14 Direct Care and Treatment; the Department of Children, Youth, and Families; local social
72.15 services agencies; county welfare agencies; county public health agencies; county veteran
72.16 services agencies; county housing agencies; private licensing agencies; the public authority
72.17 responsible for child support enforcement; human services boards; community mental health
72.18 center boards, state hospitals, state nursing homes, the ombudsman for mental health and
72.19 developmental disabilities; Native American Tribes to the extent a Tribe provides a service
72.20 component of the welfare system; and persons, agencies, institutions, organizations, and
72.21 other entities under contract to any of the above agencies to the extent specified in the
72.22 contract.

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

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

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

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

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

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

73.5 (1) according to section 13.05;

73.6 (2) according to court order;

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

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

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

73.17 (6) to administer federal funds or programs;

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

73.19 (8) to the Department of Revenue to assess parental contribution amounts for purposes
73.20 of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit programs
73.21 and to identify individuals who may benefit from these programs, and prepare the databases
73.22 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section
73.23 6. The following information may be disclosed under this paragraph: an individual's and
73.24 their dependent's names, dates of birth, Social Security or individual taxpayer identification
73.25 numbers, income, addresses, and other data as required, upon request by the Department
73.26 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human
73.27 services for the purposes described in this clause are governed by section 270B.14,
73.28 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
73.29 care credit under section 290.067, the Minnesota working family credit under section
73.30 290.0671, the property tax refund under section 290A.04, and the Minnesota education
73.31 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;

(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;

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

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

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

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

75.11 (i) the participant:

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

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

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

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

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

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

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

75.30 (i) the member:

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

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

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

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

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

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

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

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

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

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

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

76.32 (25) to other state agencies, statewide systems, and political subdivisions of this state,
76.33 including the attorney general, and agencies of other states, interstate information networks,

77.1 federal agencies, and other entities as required by federal regulation or law for the
77.2 administration of the child support enforcement program;

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

77.6 (27) to monitor and evaluate the Minnesota family investment program by exchanging
77.7 data between the Departments of Human Services; Children, Youth, and Families; and
77.8 Education, on recipients and former recipients of SNAP benefits, cash assistance under
77.9 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical
77.10 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
77.11 256D;

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

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

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

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

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

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

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

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

78.4 (ii) to provide for reimbursement of special transportation service provided under section
78.5 473.386.

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

78.9 (b) Information on persons who have been treated for substance use disorder may only
78.10 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
78.11 2.1 to 2.67.

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

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

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

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

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

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

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

78.28 (2) the responsible authority of a county welfare agency is the director of the county
78.29 welfare agency;

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

79.1 (4) the responsible authority of any person, agency, institution, organization, or other
79.2 entity under contract to any of the components of the welfare system listed in subdivision
79.3 1, clause (c), is the person specified in the contract;

79.4 (5) the responsible authority of the public authority for child support enforcement is the
79.5 head of the public authority for child support enforcement;

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

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

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

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

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

79.16 **15.01 DEPARTMENTS OF THE STATE.**

79.17 The following agencies are designated as the departments of the state government: the
79.18 Department of Administration; the Department of Agriculture; the Department of Children,
79.19 Youth, and Families; the Department of Commerce; the Department of Corrections; ~~the~~
79.20 ~~Department of Direct Care and Treatment~~; the Department of Education; the Department
79.21 of Employment and Economic Development; the Department of Health; the Department of
79.22 Human Rights; the Department of Human Services; the Department of Information
79.23 Technology Services; the Department of Iron Range Resources and Rehabilitation; the
79.24 Department of Labor and Industry; the Department of Management and Budget; the
79.25 Department of Military Affairs; the Department of Natural Resources; the Department of
79.26 Public Safety; the Department of Revenue; the Department of Transportation; the Department
79.27 of Veterans Affairs; and their successor departments.

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

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

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

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

80.13 Sec. 7. Minnesota Statutes 2023 Supplement, section 15A.0815, subdivision 2, is amended
80.14 to read:

80.15 Subd. 2. **Agency head salaries.** The salary for a position listed in this subdivision shall
80.16 be determined by the Compensation Council under section 15A.082. The commissioner of
80.17 management and budget must publish the salaries on the department's website. This
80.18 subdivision applies to the following positions:

80.19 Commissioner of administration;

80.20 Commissioner of agriculture;

80.21 Commissioner of education;

80.22 Commissioner of children, youth, and families;

80.23 Commissioner of commerce;

80.24 Commissioner of corrections;

80.25 Commissioner of health;

80.26 Commissioner, Minnesota Office of Higher Education;

80.27 Commissioner, Minnesota IT Services;

80.28 Commissioner, Housing Finance Agency;

80.29 Commissioner of human rights;

80.30 Commissioner of human services;

- 81.1 Commissioner of labor and industry;
- 81.2 Commissioner of management and budget;
- 81.3 Commissioner of natural resources;
- 81.4 Commissioner, Pollution Control Agency;
- 81.5 Commissioner of public safety;
- 81.6 Commissioner of revenue;
- 81.7 Commissioner of employment and economic development;
- 81.8 Commissioner of transportation;
- 81.9 Commissioner of veterans affairs;
- 81.10 Executive director of the Gambling Control Board;
- 81.11 Executive director of the Minnesota State Lottery;
- 81.12 Commissioner of Iron Range resources and rehabilitation;
- 81.13 Commissioner, Bureau of Mediation Services;
- 81.14 Ombudsman for mental health and developmental disabilities;
- 81.15 Ombudsperson for corrections;
- 81.16 Chair, Metropolitan Council;
- 81.17 Chair, Metropolitan Airports Commission;
- 81.18 School trust lands director;
- 81.19 Executive director of pari-mutuel racing; ~~and~~
- 81.20 Commissioner, Public Utilities Commission; and
- 81.21 Chief Executive Officer, Direct Care and Treatment.

81.22 Sec. 8. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 1, is amended
81.23 to read:

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

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

82.3 Sec. 9. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 3, is amended
82.4 to read:

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

82.14 (b) By April 1 in each odd-numbered year, the Compensation Council must prescribe
82.15 salaries for constitutional officers, and for the agency and metropolitan agency heads
82.16 identified in section 15A.0815. The prescribed salary for each office must take effect July
82.17 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
82.18 the council determines thereafter, unless the legislature by law provides otherwise. An
82.19 appropriation by the legislature to fund the relevant office, branch, or agency of an amount
82.20 sufficient to pay the salaries prescribed by the council constitutes a prescription by law as
82.21 provided in the Minnesota Constitution, article V, sections 4 and 5.

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

82.27 Sec. 10. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 7, is amended
82.28 to read:

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

83.1 Sec. 11. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1, is amended
83.2 to read:

83.3 Subdivision 1. **Unclassified positions.** Unclassified positions are held by employees
83.4 who are:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

84.10 (15) student workers;

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

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

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

84.16 (19) the administrators and the deputy administrators at the State Academies for the
 84.17 Deaf and the Blind; and.

84.18 ~~(20) chief executive officers in the Department of Human Services.~~

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

84.20 Sec. 12. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1a, is amended
 84.21 to read:

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

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

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

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

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

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

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

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

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

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

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

85.21 Sec. 13. Minnesota Statutes 2022, section 145.61, subdivision 5, is amended to read:

85.22 Subd. 5. **Review organization.** "Review organization" means a nonprofit organization
85.23 acting according to clause (l), a committee as defined under section 144E.32, subdivision
85.24 2, or a committee whose membership is limited to professionals, administrative staff, and
85.25 consumer directors, except where otherwise provided for by state or federal law, and which
85.26 is established by one or more of the following: a hospital, a clinic, a nursing home, an
85.27 ambulance service or first responder service regulated under chapter 144E, one or more
85.28 state or local associations of professionals, an organization of professionals from a particular
85.29 area or medical institution, a health maintenance organization as defined in chapter 62D, a
85.30 community integrated service network as defined in chapter 62N, a nonprofit health service
85.31 plan corporation as defined in chapter 62C, a preferred provider organization, a professional
85.32 standards review organization established pursuant to United States Code, title 42, section

86.1 1320c-1 et seq., a medical review agent established to meet the requirements of section
86.2 256B.04, subdivision 15, the Department of Human Services, Direct Care and Treatment,
86.3 or a nonprofit corporation that owns, operates, or is established by one or more of the above
86.4 referenced entities, to gather and review information relating to the care and treatment of
86.5 patients for the purposes of:

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

86.7 (b) reducing morbidity or mortality;

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

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

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

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

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

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

86.21 (i) determining whether a professional shall be granted staff privileges in a medical
86.22 institution, membership in a state or local association of professionals, or participating status
86.23 in a nonprofit health service plan corporation, health maintenance organization, community
86.24 integrated service network, preferred provider organization, or insurance company, or
86.25 whether a professional's staff privileges, membership, or participation status should be
86.26 limited, suspended or revoked;

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

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

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

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

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

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

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

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

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

87.15 (n) providing quality assurance as required by United States Code, title 42, sections
87.16 1396r(b)(1)(b) and 1395i-3(b)(1)(b) of the Social Security Act;

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

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

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

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

87.28 Sec. 14. Minnesota Statutes 2022, section 246.018, subdivision 3, as amended by Laws
87.29 2024, chapter 79, article 1, section 6, is amended to read:

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

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

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

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

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

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

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

88.14 Sec. 15. Minnesota Statutes 2022, section 246.13, subdivision 2, as amended by Laws
88.15 2024, chapter 79, article 2, section 4, is amended to read:

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

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

88.24 (2) "community-based treatment" means the community support services listed in section
88.25 253B.02, subdivision 4b;

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

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

88.31 (ii) Statewide Supervision System (S3);

- 89.1 (iii) Bureau of Criminal Apprehension criminal history data as defined in section 13.87;
- 89.2 (iv) Integrated Search Service as defined in section 13.873; and
- 89.3 (v) Predatory Offender Registration (POR) system;
- 89.4 (4) "designated agency" means the agency defined in section 253B.02, subdivision 5;
- 89.5 (5) "law enforcement agency" means the law enforcement agency having primary
- 89.6 jurisdiction over the location where the offender expects to reside upon release;
- 89.7 (6) "predatory offender" and "offender" mean a person who is required to register as a
- 89.8 predatory offender under section 243.166; and
- 89.9 (7) "treatment facility" means a facility as defined in section 253B.02, subdivision 19.
- 89.10 (b) To promote public safety and for the purposes and subject to the requirements of
- 89.11 this paragraph, the executive board or the executive board's designee shall have access to,
- 89.12 and may review and disclose, medical and criminal history data as provided by this section,
- 89.13 as necessary to comply with Minnesota Rules, part 1205.0400, to:
- 89.14 (1) determine whether a patient is required under state law to register as a predatory
- 89.15 offender according to section 243.166;
- 89.16 (2) facilitate and expedite the responsibilities of the special review board and
- 89.17 end-of-confinement review committees by corrections institutions and state treatment
- 89.18 facilities;
- 89.19 (3) prepare, amend, or revise the abuse prevention plans required under section 626.557,
- 89.20 subdivision 14, and individual patient treatment plans required under section 253B.03,
- 89.21 subdivision 7;
- 89.22 (4) facilitate the custody, supervision, and transport of individuals transferred between
- 89.23 the Department of Corrections and ~~the Department of Direct Care and Treatment~~; and
- 89.24 (5) effectively monitor and supervise individuals who are under the authority of the
- 89.25 Department of Corrections, ~~the Department of Direct Care and Treatment~~, and the supervisory
- 89.26 authorities listed in section 13.84, subdivision 1.
- 89.27 (c) The state-operated services treatment facility or a designee must make a good faith
- 89.28 effort to obtain written authorization from the patient before releasing information from the
- 89.29 patient's medical record.
- 89.30 (d) If the patient refuses or is unable to give informed consent to authorize the release
- 89.31 of information required under this subdivision, the chief executive officer ~~for state-operated~~

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

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

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

90.8 Sec. 16. Minnesota Statutes 2022, section 246.234, as amended by Laws 2024, chapter
90.9 79, article 1, section 11, is amended to read:

90.10 **246.234 RECIPROCAL EXCHANGE OF CERTAIN PERSONS.**

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

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

90.19 Sec. 17. Minnesota Statutes 2022, section 246.36, as amended by Laws 2024, chapter 79,
90.20 article 1, section 14, is amended to read:

90.21 **246.36 ACCEPTANCE OF VOLUNTARY, UNCOMPENSATED SERVICES.**

90.22 For the purpose of carrying out a duty, the executive board ~~shall have authority to~~ may
90.23 accept uncompensated and voluntary services and ~~to~~ may enter into contracts or agreements
90.24 with private or public agencies, organizations, or persons for uncompensated and voluntary
90.25 services as the executive board deems practicable. Uncompensated and voluntary services
90.26 do not include services mandated by licensure and certification requirements for health care
90.27 facilities. The volunteer agencies, organizations, or persons who provide services to residents
90.28 of state facilities operated under the authority of the executive board are not subject to the
90.29 procurement requirements of chapters 16A and 16C. ~~The agencies, organizations, or persons~~
90.30 ~~may purchase supplies, services, and equipment to be used in providing services to residents~~
90.31 ~~of state facilities through the Department of Administration.~~

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

91.1 Sec. 18. Minnesota Statutes 2023 Supplement, section 246C.01, is amended to read:

91.2 **246C.01 TITLE.**

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

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

91.5 Sec. 19. Minnesota Statutes 2023 Supplement, section 246C.02, as amended by Laws
91.6 2024, chapter 79, article 1, section 19, is amended to read:

91.7 **246C.02 ~~DEPARTMENT OF~~ DIRECT CARE AND TREATMENT;**
91.8 **ESTABLISHMENT.**

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

91.12 ~~Subd. 2. **Mission.** (a) The executive board shall develop and maintain direct care and~~
91.13 ~~treatment in a manner consistent with applicable law, including chapters 13, 245, 246, 246B,~~
91.14 ~~252, 253, 253B, 253C, 253D, 254A, 254B, and 256.~~

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

91.17 Subd. 3. **Direct care and treatment services.** Direct Care and Treatment ~~services~~ shall
91.18 provide direct care and treatment services that include specialized inpatient programs at
91.19 secure treatment facilities, community preparation services, regional treatment centers,
91.20 enterprise services, consultative services, aftercare services, community-based services and
91.21 programs, transition services, nursing home services, and other services consistent with the
91.22 mission of the Department of Direct Care and Treatment state law, including this chapter
91.23 and chapters 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256. Direct
91.24 Care and Treatment shall provide direct care and treatment services in coordination with
91.25 the commissioner of human services, counties, and other vendors.

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

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

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

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

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

92.4 Sec. 20. Minnesota Statutes 2023 Supplement, section 246C.04, as amended by Laws
92.5 2024, chapter 79, article 1, section 21, is amended to read:

92.6 **246C.04 TRANSFER OF DUTIES.**

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

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

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

92.19 Subd. 2. **Transfer of custody of civilly committed persons.** The commissioner of
92.20 human services shall continue to exercise all authority and responsibility for and retain
92.21 custody of persons subject to civil commitment under chapter 253B or 253D until July 1,
92.22 2025. Effective July 1, 2025, custody of persons subject to civil commitment under chapter
92.23 253B or 253D and in the custody of the commissioner of human services as of that date is
92.24 hereby transferred to the executive board without any further act or proceeding. Authority
92.25 and responsibility for the commitment of such persons is transferred to the executive board
92.26 July 1, 2025.

92.27 Subd. 3. **Control of direct care and treatment.** The commissioner of human services
92.28 shall continue to exercise all authorities and responsibilities under this chapter and chapters
92.29 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256, with reference to
92.30 any state-operated service, program, or facility subject to transfer under this act until July
92.31 1, 2025. Effective July 1, 2025, the powers and duties vested in or imposed upon the
92.32 commissioner of human services with reference to any state-operated service, program, or
92.33 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. 21. 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 other than the chief executive officer 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.

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

95.2 Sec. 22. **[246C.07] POWERS AND DUTIES OF EXECUTIVE BOARD.**

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

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

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

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

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

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

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

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

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

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

95.29 (2) establish policies and procedures to govern the operation of the facilities, programs,
95.30 and services under the direct authority of Direct Care and Treatment;

- 96.1 (3) employ personnel and delegate duties and responsibilities to personnel as deemed
96.2 appropriate by the executive board, subject to chapters 43A and 179A and in accordance
96.3 with this chapter;
- 96.4 (4) review and approve the operating budget proposal for Direct Care and Treatment;
- 96.5 (5) accept and use gifts, grants, or contributions from any nonstate source or refuse to
96.6 accept any gift, grant, or contribution if acceptance would not be in the best interest of the
96.7 state;
- 96.8 (6) deposit all money received as gifts, grants, or contributions pursuant to section
96.9 246C.091, subdivision 1;
- 96.10 (7) expend or use any gift, grant, or contribution as nearly in accordance with the
96.11 conditions of the gift, grant, or contribution identified by the donor for a certain institution
96.12 or purpose, compatible with the best interests of the individuals under the jurisdiction of
96.13 the executive board and of the state;
- 96.14 (8) comply with all conditions and requirements necessary to receive federal aid or block
96.15 grants with respect to the establishment, construction, maintenance, equipment, or operation
96.16 of adequate facilities and services consistent with the mission of Direct Care and Treatment;
- 96.17 (9) enter into information-sharing agreements with federal and state agencies and other
96.18 entities, provided the agreements include adequate protections with respect to the
96.19 confidentiality and integrity of the information to be shared and comply with all applicable
96.20 state and federal laws, regulations, and rules;
- 96.21 (10) enter into interagency or service level agreements with a state department listed in
96.22 section 15.01; a multimember state agency described in section 15.012, paragraph (a); or
96.23 the Department of Information Technology Services;
- 96.24 (11) enter into contractual agreements with federally recognized Indian Tribes with a
96.25 reservation in Minnesota;
- 96.26 (12) enter into contracts with public and private agencies, private and nonprofit
96.27 organizations, and individuals, using appropriated money;
- 96.28 (13) establish and maintain any administrative units reasonably necessary for the
96.29 performance of administrative functions common to all programs or divisions of Direct
96.30 Care and Treatment;
- 96.31 (14) authorize the method of payment to or from Direct Care and Treatment as part of
96.32 programs administered by Direct Care and Treatment, including authorization of the receipt

97.1 or disbursement of money held by Direct Care and Treatment in a fiduciary capacity as part
97.2 of the programs administered by Direct Care and Treatment;

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

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

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

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

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

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

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

97.26 Subd. 6. **Acceptance of voluntary, uncompensated services.** For the purpose of carrying
97.27 out a duty, the executive board may accept uncompensated and voluntary services and may
97.28 enter into contracts or agreements with private or public agencies, organizations, or persons,
97.29 for uncompensated and voluntary services, as the executive board may deem practicable.
97.30 Uncompensated and voluntary services do not include services mandated by licensure or
97.31 certification requirements for health care facilities. The volunteer agencies, organizations,
97.32 or persons who provide services to residents of state facilities operated under the authority

98.1 of Direct Care and Treatment are not subject to the procurement requirements of chapter
98.2 16A or 16C.

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

98.4 Sec. 23. **[246C.08] CHIEF EXECUTIVE OFFICER; SERVICE; DUTIES.**

98.5 Subdivision 1. **Service.** The Direct Care and Treatment chief executive officer is
98.6 appointed by the governor with the advice and consent of the senate and serves at the pleasure
98.7 of the governor.

98.8 Subd. 2. **Powers and duties.** (a) The chief executive officer shall serve as chair of the
98.9 executive board. The chief executive officer is responsible for the administrative and
98.10 operational management of the agency in accordance with this chapter.

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

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

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

98.22 Sec. 24. **[246C.091] DIRECT CARE AND TREATMENT ACCOUNTS.**

98.23 Subdivision 1. **Gifts, grants, and contributions account.** (a) A gifts, grants, and
98.24 contributions account is created in the special revenue fund in the state treasury. All money
98.25 received by the executive board as a gift, grant, or contribution must be deposited in the
98.26 gifts, grants, and contributions account. Beginning July 1, 2025, except as provided in
98.27 paragraph (b), money in the account is annually appropriated to the Direct Care and
98.28 Treatment executive board to accomplish the purposes of this chapter. Gifts, grants, or
98.29 contributions received by the executive board exceeding current agency needs must be
98.30 invested by the State Board of Investment in accordance with section 11A.24. Disbursements
98.31 from the gifts, grants, and contributions account must be made in the manner provided for
98.32 the issuance of other state payments.

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

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

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

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

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

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

Sec. 25. Minnesota Statutes 2022, section 256.88, is amended to read:

256.88 SOCIAL WELFARE FUND ESTABLISHED.

Except as otherwise expressly provided, all moneys and funds held by the commissioner of human services, the Direct Care and Treatment executive board, and the local social

100.1 services agencies of the several counties in trust or for the benefit of children with a disability
100.2 and children who are dependent, neglected, or delinquent, children born to mothers who
100.3 were not married to the children's fathers at the times of the conception nor at the births of
100.4 the children, persons determined to have developmental disability, mental illness, or substance
100.5 use disorder, or other wards or beneficiaries, under any law, shall be kept in a single fund
100.6 to be known as the "social welfare fund" which shall be deposited at interest, held, or
100.7 disbursed as provided in sections 256.89 to 256.92.

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

100.9 Sec. 26. Minnesota Statutes 2022, section 256.89, is amended to read:

100.10 **256.89 FUND DEPOSITED IN STATE TREASURY.**

100.11 The social welfare fund and all accretions thereto shall be deposited in the state treasury,
100.12 as a separate and distinct fund, to the credit of the commissioner of human services and the
100.13 Direct Care and Treatment executive board as ~~trustee~~ trustees for ~~the~~ their respective
100.14 beneficiaries thereof in proportion to ~~their~~ the beneficiaries' several interests. The
100.15 commissioner of management and budget shall be responsible only to the commissioner of
100.16 human services and the Direct Care and Treatment executive board for the sum total of the
100.17 fund, and shall have no duties nor direct obligations toward the beneficiaries thereof
100.18 individually. Subject to the applicable rules of the commissioner of human services or the
100.19 Direct Care and Treatment executive board, money so received by a local social services
100.20 agency may be deposited by the executive secretary of the local social services agency in
100.21 a local bank carrying federal deposit insurance, designated by the local social services
100.22 agency for this purpose. The amount of such deposit in each such bank at any one time shall
100.23 not exceed the amount protected by federal deposit insurance.

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

100.25 Sec. 27. Minnesota Statutes 2022, section 256.90, is amended to read:

100.26 **256.90 SOCIAL WELFARE FUND; USE; DISPOSITION; DEPOSITORIES.**

100.27 The commissioner of human services, in consultation with the Direct Care and Treatment
100.28 executive board, at least 30 days before the first day of January and the first day of July in
100.29 each year shall file with the commissioner of management and budget an estimate of the
100.30 amount of the social welfare fund to be held in the treasury during the succeeding six-month
100.31 period, subject to current disbursement. Such portion of the remainder thereof as may be at
100.32 any time designated by the request of the commissioner of human services may be invested
100.33 by the commissioner of management and budget in bonds in which the permanent trust

101.1 funds of the state of Minnesota may be invested, upon approval by the State Board of
101.2 Investment. The portion of such remainder not so invested shall be placed by the
101.3 commissioner of management and budget at interest for the period of six months, or when
101.4 directed by the commissioner of human services, for the period of 12 months thereafter at
101.5 the highest rate of interest obtainable in a bank, or banks, designated by the board of deposit
101.6 as a suitable depository therefor. All the provisions of law relative to the designation and
101.7 qualification of depositories of other state funds shall be applicable to sections 256.88 to
101.8 256.92, except as herein otherwise provided. Any bond given, or collateral assigned or both,
101.9 to secure a deposit hereunder may be continuous in character to provide for the repayment
101.10 of any moneys belonging to the fund theretofore or thereafter at any time deposited in such
101.11 bank until its designation as such depository is revoked and the security thereof shall be not
101.12 impaired by any subsequent agreement or understanding as to the rate of interest to be paid
101.13 upon such deposit, or as to time for its repayment. The amount of money belonging to the
101.14 fund deposited in any bank, including other state deposits, shall not at any time exceed the
101.15 amount of the capital stock thereof. In the event of the closing of the bank any sum deposited
101.16 therein shall immediately become due and payable.

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

101.18 Sec. 28. Minnesota Statutes 2022, section 256.91, is amended to read:

101.19 **256.91 PURPOSES.**

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

101.31 When any such person dies or is finally discharged from the guardianship, care, custody,
101.32 and control of the commissioner of human services or the Direct Care and Treatment
101.33 executive board, the amount then remaining subject to use for the benefit of the person shall

102.1 be paid as soon as may be from the social welfare fund to the persons thereto entitled by
102.2 law.

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

102.4 Sec. 29. Minnesota Statutes 2022, section 256.92, is amended to read:

102.5 **256.92 COMMISSIONER OF HUMAN SERVICES AND DIRECT CARE AND**
102.6 **TREATMENT, ACCOUNTS.**

102.7 It shall be the duty of the commissioner of human services, the Direct Care and Treatment
102.8 executive board, and of the local social services agencies of the several counties of this state
102.9 to cause to be deposited with the commissioner of management and budget all moneys and
102.10 funds in their possession or under their control and designated by section 256.91 as and for
102.11 the social welfare fund; and all such moneys and funds shall be so deposited in the state
102.12 treasury as soon as received. The commissioner of human services, in consultation with the
102.13 Direct Care and Treatment executive board, shall keep books of account or other records
102.14 showing separately the principal amount received and deposited in the social welfare fund
102.15 for the benefit of any person, together with the name of such person, and the name and
102.16 address, if known to the commissioner of human services or the Direct Care and Treatment
102.17 executive board, of the person from whom such money was received; and, at least once
102.18 every two years, the amount of interest, if any, which the money has earned in the social
102.19 welfare fund shall be apportioned thereto and posted in the books of account or records to
102.20 the credit of such beneficiary.

102.21 The provisions of sections 256.88 to 256.92 shall not apply to any fund or money now
102.22 or hereafter deposited or otherwise disposed of pursuant to the lawful orders, decrees,
102.23 judgments, or other directions of any district court having jurisdiction thereof.

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

102.25 Sec. 30. Laws 2023, chapter 61, article 8, section 1, the effective date, is amended to read:

102.26 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

102.27 Sec. 31. Laws 2023, chapter 61, article 8, section 2, the effective date, is amended to read:

102.28 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

102.29 Sec. 32. Laws 2023, chapter 61, article 8, section 3, the effective date, is amended to read:

102.30 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

103.1 Sec. 33. Laws 2023, chapter 61, article 8, section 8, the effective date, is amended to read:

103.2 **EFFECTIVE DATE.** This section is effective ~~January~~ July 1, 2025 2024.

103.3 Sec. 34. Laws 2024, chapter 79, article 1, section 18, is amended to read:

103.4 Sec. 18. **246C.015 DEFINITIONS.**

103.5 Subdivision 1. **Scope.** For purposes of this chapter, the following terms have the meanings
103.6 given.

103.7 Subd. 2. **Chief executive officer.** "Chief executive officer" means the ~~Department of~~
103.8 Direct Care and Treatment chief executive officer appointed according to section 246C.08.

103.9 Subd. 3. **Commissioner.** "Commissioner" means the commissioner of human services.

103.10 Subd. 4. **Community preparation services.** "Community preparation services" means
103.11 specialized inpatient or outpatient services operated outside of a secure environment but
103.12 administered by a secure treatment facility.

103.13 Subd. 5. **County of financial responsibility.** "County of financial responsibility" has
103.14 the meaning given in section 256G.02, subdivision 4.

103.15 Subd. 5a. **Direct Care and Treatment.** "Direct Care and Treatment" means the agency
103.16 of Direct Care and Treatment established under this chapter.

103.17 Subd. 6. **Executive board.** "Executive board" means the ~~Department of~~ Direct Care and
103.18 Treatment executive board established under section 246C.06.

103.19 Subd. 7. **Executive medical director.** "Executive medical director" means the licensed
103.20 physician serving as executive medical director in the ~~Department of~~ Direct Care and
103.21 Treatment under section 246C.09.

103.22 Subd. 8. **Head of the facility or head of the program.** "Head of the facility" or "head
103.23 of the program" means the person who is charged with overall responsibility for the
103.24 professional program of care and treatment of the facility or program.

103.25 Subd. 9. **Indian.** "Indian" has the meaning given in section 260.755, subdivision 7.

103.26 Subd. 10. **Secure treatment facility.** "Secure treatment facility" means a facility as
103.27 defined in section 253B.02, subdivision 18a, or 253D.02, subdivision 13.

103.28 Subd. 11. **Tobacco; tobacco-related device.** "Tobacco" and "tobacco-related device"
103.29 have the meanings given in section 609.685, subdivision 1.

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

104.1 Sec. 35. Laws 2024, chapter 79, article 1, section 23, is amended to read:

104.2 Sec. 23. **246C.06 EXECUTIVE BOARD; POWERS AND DUTIES** MEMBERSHIP;
104.3 GOVERNANCE.

104.4 Subdivision 1. **Establishment.** The Direct Care and Treatment executive board ~~of the~~
104.5 ~~Department of Direct Care and Treatment~~ is established.

104.6 Subd. 2. **Membership of the executive board.** ~~The executive board shall consist of no~~
104.7 ~~more than five members, all appointed by the governor.~~ (a) The Direct Care and Treatment
104.8 executive board consists of ten members with eight voting members and two nonvoting
104.9 members. The eight voting members must include six members appointed by the governor
104.10 with the advice and consent of the senate in accordance with paragraph (b), the chief
104.11 executive officer, and the commissioner of human services or a designee. The two nonvoting
104.12 members must be appointed in accordance with paragraph (c). Section 15.0597 applies to
104.13 all executive board appointments except for the commissioner of human services.

104.14 (b) The executive board voting members appointed by the governor other than the chief
104.15 executive officer must meet the following qualifications:

104.16 (1) one member must be a licensed physician who is a psychiatrist or has experience in
104.17 serving behavioral health patients;

104.18 (2) two members must have experience serving on a hospital or nonprofit board; and

104.19 (3) three members must have experience working: (i) as a public labor union
104.20 representative; (ii) in the delivery of behavioral health services or care coordination or in
104.21 traditional healing practices; (iii) as a licensed health care professional; (iv) within health
104.22 care administration; or (v) with residential services.

104.23 (c) The executive board nonvoting members must be appointed as follows:

104.24 (1) one member appointed by the Association of Counties; and

104.25 (2) one member who has an active role as a union representative representing staff at
104.26 Direct Care and Treatment appointed by joint representatives of the following unions:

104.27 American Federation of State and Municipal Employees (AFSCME); Minnesota Association
104.28 of Professional Employees (MAPE); Minnesota Nurses Association (MNA); Middle
104.29 Management Association (MMA); and State Residential Schools Education Association
104.30 (SRSEA).

104.31 (d) Membership on the board must include representation from outside the seven-county
104.32 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, the chief executive officer, 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~~

106.1 spent attending board meetings, incur child care expenses that would not otherwise have
106.2 been incurred, may be reimbursed for those expenses upon board authorization.

106.3 (c) The commissioner of management and budget must publish the daily compensation
106.4 rate for voting members of the executive board determined under paragraph (b) on the
106.5 Department of Management and Budget's website.

106.6 (d) Voting members of the executive board must adopt internal standards prescribing
106.7 what constitutes a day spent on board activities for the purposes of making payments
106.8 authorized under paragraph (b).

106.9 (e) All other requirements under section 15.0575, subdivision 3, apply to the
106.10 compensation of executive board members.

106.11 (f) This subdivision does not apply to the chief executive officer or the commissioner
106.12 of human services or their designee.

106.13 Subd. 5. ~~Federal aid or block grants~~ Chair; officers. ~~The executive board may comply~~
106.14 ~~with all conditions and requirements necessary to receive federal aid or block grants with~~
106.15 ~~respect to the establishment, constructions, maintenance, equipment, or operation of adequate~~
106.16 ~~facilities and services consistent with the mission of the Department of Direct Care and~~
106.17 ~~Treatment.~~ (a) The chief executive officer shall serves as the chair.

106.18 (b) The executive board must elect officers from among the voting membership appointed
106.19 by the governor. The elected officers shall serve for one year.

106.20 Subd. 6. ~~Operation of a communication systems account~~ Terms. ~~(a) The executive~~
106.21 ~~board may operate a communications systems account established in Laws 1993, First~~
106.22 ~~Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared~~
106.23 ~~communication costs necessary for the operation of the regional treatment centers the~~
106.24 ~~executive board supervises.~~ Except for the commissioner of human services and the chief
106.25 executive officer, executive board members must not serve more than two consecutive terms
106.26 unless service beyond two consecutive terms is approved by the majority of voting members.
106.27 The chief executive officer and the commissioner of human services or designee shall serve
106.28 until replaced by the governor.

106.29 ~~(b) Each account must be used to manage shared communication costs necessary for the~~
106.30 ~~operations of the regional treatment centers the executive board supervises. The executive~~
106.31 ~~board may distribute the costs of operating and maintaining communication systems to~~
106.32 ~~participants in a manner that reflects actual usage. Costs may include acquisition, licensing,~~
106.33 ~~insurance, maintenance, repair, staff time, and other costs as determined by the executive~~

107.1 ~~board.~~ An executive board member may resign at any time by giving written notice to the
107.2 executive board.

107.3 ~~(c) Nonprofit organizations and state, county, and local government agencies involved~~
107.4 ~~in the operation of regional treatment centers the executive board supervises may participate~~
107.5 ~~in the use of the executive board's communication technology and share in the cost of~~
107.6 ~~operation.~~ The initial term of the member appointed under subdivision 2, paragraph (b),
107.7 clause (1), is two years. The initial term of the members appointed under subdivision 2,
107.8 paragraph (b), clause (2), is three years. The initial term of the members appointed under
107.9 subdivision 2, paragraph (b), clause (3), and the members appointed under subdivision 2,
107.10 paragraph (c), is four years.

107.11 ~~(d) The executive board may accept on behalf of the state any gift, bequest, devise,~~
107.12 ~~personal property of any kind, or money tendered to the state for any lawful purpose~~
107.13 ~~pertaining to the communication activities under this section. Any money received for this~~
107.14 ~~purpose must be deposited into the executive board's communication systems account.~~
107.15 ~~Money collected by the executive board for the use of communication systems must be~~
107.16 ~~deposited into the state communication systems account and is appropriated to the executive~~
107.17 ~~board for purposes of this section.~~ After the initial term, the term length of all appointed
107.18 executive board members is four years.

107.19 Subd. 7. **Conflicts of interest.** Executive board members must recuse themselves from
107.20 discussion of and voting on an official matter if the executive board member has a conflict
107.21 of interest. A conflict of interest means an association, including a financial or personal
107.22 association, that has the potential to bias or have the appearance of biasing an executive
107.23 board member's decision in matters related to Direct Care and Treatment or the conduct of
107.24 activities under this chapter.

107.25 Subd. 8. **Meetings.** The executive board must meet at least four times per fiscal year at
107.26 a place and time determined by the executive board.

107.27 Subd. 9. **Quorum.** A majority of the voting members of the executive board constitutes
107.28 a quorum. The affirmative vote of a majority of the voting members of the executive board
107.29 is necessary and sufficient for action taken by the executive board.

107.30 Subd. 10. **Immunity; indemnification.** (a) Members of the executive board are immune
107.31 from civil liability for any act or omission occurring within the scope of the performance
107.32 of their duties under this chapter.

108.1 (b) When performing executive board duties or actions, members of the executive board
108.2 are employees of the state for purposes of indemnification under section 3.736, subdivision
108.3 9.

108.4 Subd. 11. **Rulemaking.** (a) The executive board is authorized to adopt, amend, and
108.5 repeal rules in accordance with chapter 14 under the executive board's authority to implement
108.6 this chapter or any responsibilities of Direct Care and Treatment specified in state law.

108.7 (b) Until July 1, 2030, the executive board may adopt rules using the expedited
108.8 rulemaking process in section 14.389.

108.9 (c) All orders, rules, delegations, permits, and other privileges issued or granted by the
108.10 Department of Human Services with respect to any function of Direct Care and Treatment
108.11 and in effect at the time of the establishment of Direct Care and Treatment shall continue
108.12 in effect as if such establishment had not occurred. The executive board may amend or
108.13 repeal rules applicable to Direct Care and Treatment that were established by the Department
108.14 of Human Services in accordance with chapter 14.

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

108.16 Sec. 36. Laws 2024, chapter 79, article 1, section 24, is amended to read:

108.17 Sec. 24. **246C.10 FORENSIC SERVICES.**

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

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

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

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

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

109.1 Sec. 37. Laws 2024, chapter 79, article 1, section 25, subdivision 3, is amended to read:

109.2 Subd. 3. **Comprehensive system of services.** The establishment of state-operated,
109.3 community-based programs must be within the context of a comprehensive definition of
109.4 the role of state-operated services in the state. The role of state-operated services must be
109.5 defined within the context of a comprehensive system of services for persons with
109.6 developmental disability.

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

109.8 Sec. 38. Laws 2024, chapter 79, article 10, section 1, is amended to read:

109.9 Section 1. **REVISOR INSTRUCTION.**

109.10 The revisor of statutes shall renumber each provision of Minnesota Statutes listed in
109.11 column A as amended in this act to the number listed in column B.

109.12	Column A	Column B
109.13	245.036	246C.16, subdivision 1
109.14	245.037	246C.16, subdivision 2
109.15	245.041	246C.15
109.16	245.474, subdivision 1	246C.12, subdivision 1
109.17	245.474, subdivision 2	246C.12, subdivision 2
109.18	245.474, subdivision 3	246C.12, subdivision 3
109.19	245.474, subdivision 4	246C.12, subdivision 4
109.20	246.0135, paragraph (a)	246C.18, subdivision 2, paragraph (a)
109.21	246.0135, paragraph (b)	246C.18, subdivision 2, paragraph (b)
109.22	246.0135, paragraph (c)	246C.18, subdivision 2, paragraph (c)
109.23	246.0135, paragraph (d)	246C.18, subdivision 3
109.24	246.018, subdivision 1	246C.09, subdivision 1
109.25	246.018, subdivision 2	246C.09, subdivision 2
109.26	246.018, subdivision 3	246C.09, subdivision 3
109.27	246.018, subdivision 4	246C.09, subdivision 4
109.28		246C.06, subdivision 7 <u>246C.07,</u>
109.29	246.12	<u>subdivision 7</u>
109.30	246.128	246C.18, subdivision 1
109.31	246.129	246C.18, subdivision 4
109.32	246.14	246C.16, subdivision 3
109.33	246.23, subdivision 2	246.555, subdivision 1
109.34	246.23, subdivision 3	246.555, subdivision 2

110.1	246.23, subdivision 4	246.555, subdivision 3
110.2	246.23, subdivision 5	246.555, subdivision 4
110.3	246.23, subdivision 6	246.555, subdivision 5
110.4		246C.06, subdivision 8 <u>246C.07,</u>
110.5	246.234	<u>subdivision 5</u>
110.6	246.24	246C.16, subdivision 4
110.7	246.27	246C.19
110.8		246C.06, subdivision 9 <u>246C.07,</u>
110.9	246.36	<u>subdivision 6</u>
110.10	246.41, subdivision 1	246C.06, subdivision 10, paragraph
110.11		(a)
110.12	246.41, subdivision 2	246C.06, subdivision 10, paragraph
110.13		(b)
110.14	246.41, subdivision 3	246C.06, subdivision 10, paragraph
110.15		(c)
110.16	246.70	246C.18, subdivision 5
110.17	246B.02	246C.13
110.18	251.012, subdivision 1	246.575, subdivision 1
110.19	251.012, subdivision 2	246.575, subdivision 2
110.20	251.012, subdivision 3	246.575, subdivision 3
110.21	251.012, subdivision 4	246.575, subdivision 4
110.22	251.041	176.87
110.23	251.042	176.871
110.24	251.043, subdivision 1	176.872, subdivision 1
110.25	251.043, subdivision 1a	176.872, subdivision 2
110.26	251.043, subdivision 1b	176.872, subdivision 3
110.27	251.043, subdivision 2	176.872, subdivision 4
110.28	251.043, subdivision 3	176.872, subdivision 5
110.29	251.044	176.873
110.30	251.051	176.874
110.31	251.052	176.875
110.32	251.053	176.876
110.33	251.15, subdivision 1	176.872, subdivision 6, paragraph (a)
110.34	251.15, subdivision 2	176.872, subdivision 6, paragraph (b)
110.35	251.17	246C.14
110.36	252.50, subdivision 2	246C.16, subdivision 5
110.37	252.50, subdivision 4	246C.10, subdivision 2
110.38	252.50, subdivision 6	246.65
110.39	252.50, subdivision 7	246.585
110.40	252.50, subdivision 8	246.588

111.1	252.50, subdivision 10	246.611
111.2	253.015, subdivision 1	253B.10, subdivision 6
111.3	253.016	246.554
111.4	253.017, subdivision 1	246.591
111.5	253.017, subdivision 2	246C.10, subdivision 3
111.6	253.017, subdivision 3	246C.10, subdivision 4
111.7	253.13	253.245
111.8	253C.01, subdivision 1	245A.27, subdivision 1
111.9	253C.01, subdivision 2	245A.27, subdivision 2
111.10	253C.01, subdivision 3	245A.27, subdivision 3
111.11	256.0121, subdivision 1	246.595, subdivision 1
111.12	256.0121, subdivision 2	246.595, subdivision 2
111.13	256.0121, subdivision 3	246.595, subdivision 3

111.14 Sec. 39. Laws 2024, chapter 79, article 10, section 6, is amended to read:

111.15 Sec. 6. **EFFECTIVE DATE.**

111.16 ~~(a) Article 1, section 23, is effective July 1, 2024.~~ This act is effective July 1, 2024.

111.17 ~~(b) Article 1, sections 1 to 22 and 24 to 31, and articles 2 to 10 are effective January 1,~~
 111.18 ~~2025.~~

111.19 Sec. 40. **INITIAL APPOINTMENTS AND COMPENSATION OF THE DIRECT**
 111.20 **CARE AND TREATMENT EXECUTIVE BOARD AND CHIEF EXECUTIVE**
 111.21 **OFFICER.**

111.22 Subdivision 1. **Executive board.** (a) The initial appointments of the members of the
 111.23 Direct Care and Treatment executive board under Minnesota Statutes, section 246C.06,
 111.24 must be made by January 1, 2025.

111.25 (b) Prior to the first Compensation Council determination of the daily compensation rate
 111.26 for voting members of the executive board under Minnesota Statutes, section 246C.06,
 111.27 subdivision 4, paragraph (b), voting members of the executive board must be paid the per
 111.28 diem rate provided for in Minnesota Statutes, section 15.0575, subdivision 3, paragraph (a).

111.29 (c) The executive board is exempt from Minnesota Statutes, section 13D.01, until the
 111.30 authority and responsibilities for Direct Care and Treatment are transferred to the executive
 111.31 board in accordance with Minnesota Statutes, section 246C.04.

112.1 Subd. 2. **Chief executive officer.** Until the governor appoints the initial chief executive
112.2 officer for Direct Care and Treatment, the chief executive officer of the direct care and
112.3 treatment division of the Department of Human Services shall hold that position.

112.4 Subd. 3. **Commissioner of human services to consult.** In preparing the budget estimates
112.5 required under Minnesota Statutes, section 16A.10, for the direct care and treatment division
112.6 for the 2026-2027 biennial budget and any legislative proposals for the 2025 legislative
112.7 session that involve direct care and treatment operations, the commissioner of human services
112.8 must consult with the Direct Care and Treatment executive board before submitting the
112.9 budget estimates or legislative proposals. If the executive board is not appointed by the date
112.10 the budget estimates must be submitted to the commissioner of management and budget,
112.11 the commissioner of human services must provide the executive board with a summary of
112.12 the budget estimates that were submitted.

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

112.14 Sec. 41. **REVISOR INSTRUCTION.**

112.15 The revisor of statutes shall change the term "Department of Human Services" to "Direct
112.16 Care and Treatment" wherever the term appears in respect to the governmental entity with
112.17 programmatic direction and fiscal control over state-operated services, programs, or facilities
112.18 under Minnesota Statutes, chapter 246C. The revisor may make technical and other necessary
112.19 changes to sentence structure to preserve the meaning of the text.

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

112.21 Sec. 42. **REVISOR INSTRUCTION.**

112.22 The revisor of statutes shall change the term "Department of Direct Care and Treatment"
112.23 to "Direct Care and Treatment" wherever the term appears in respect to the governmental
112.24 entity with programmatic direction and fiscal control over state-operated services, programs,
112.25 or facilities under Minnesota Statutes, chapter 246C. The revisor may make technical and
112.26 other necessary changes to sentence structure to preserve the meaning of the text.

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

112.28 Sec. 43. **REVISOR INSTRUCTION.**

112.29 The revisor of statutes, in consultation with the House Research Department; the Office
112.30 of Senate Counsel, Research, and Fiscal Analysis; the Department of Human Services; and
112.31 Direct Care and Treatment, shall make necessary cross-reference changes to conform with

this act. The revisor may make technical and other necessary changes to sentence structure to preserve the meaning of the text. The revisor may alter the coding in this act to incorporate statutory changes made by other law in the 2024 regular legislative session.

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

Sec. 44. **REPEALER.**

(a) Minnesota Statutes 2022, section 246.41, is repealed.

(b) Minnesota Statutes 2023 Supplement, section 246C.03, is repealed.

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

ARTICLE 6

MISCELLANEOUS

Section 1. **[246.0142] FREE COMMUNICATION SERVICES FOR CONFINED PERSONS.**

Subdivision 1. **Free communication services.** (a) A facility must provide confined persons with voice communication services. A facility may supplement voice communication services with other communication services, including but not limited to video communication and email or electronic messaging services. A facility must at least continue to offer the services the facility offered as of January 1, 2023.

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

Subd. 2. **Communication services restrictions.** Nothing in this section allows a confined person to violate an active protection order, harassment restraining order, or other no-contact order or directive. Notwithstanding section 241.252, subdivisions 2 and 4, nothing in this section entitles a civilly committed person to communication services restricted or limited under section 253B.03, subdivision 3, or 253D.19.

Subd. 3. **Revenue prohibited.** An agency operating a facility must not receive revenue from the provision of voice communication services or any other communication services under this section.

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

114.1 facility's in-person visitation program or be counted toward a confined person's in-person
114.2 visitation limit.

114.3 (b) Notwithstanding paragraph (a), the agency operating the facility may waive the
114.4 in-person visitation program requirement under this subdivision if there is:

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

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

114.7 Subd. 5. **Reporting.** (a) By January 15 of each year, the Department of Direct Care and
114.8 Treatment must report the information described in paragraph (b) to the commissioner of
114.9 corrections. By March 15 of each year, the commissioner of corrections shall submit a
114.10 summary of the information submitted under this paragraph to the chairs and ranking minority
114.11 members of the legislative committees having jurisdiction over corrections and human
114.12 services policy and finance.

114.13 (b) The Department of Direct Care and Treatment must include the following information
114.14 covering the previous calendar year in its annual report to the commissioner of corrections
114.15 required under paragraph (a):

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

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

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

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

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

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

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

Sec. 2. **PLANNING COMMUNITY CARE HUB GRANT.**

Subdivision 1. **Establishment.** The commissioner of health shall establish a single grant to develop and design programs to expand and strengthen the community care hub model, which organizes and supports a network of health and social care service providers to address health-related social needs.

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

(b) "Community-based organization" means a public or private nonprofit organization of demonstrated effectiveness that is representative of a community or significant segments of a community and provides educational or related services to individuals in the community.

(c) "Community care hub" means a nonprofit organization that provides a centralized administrative and operational interface between health care institutions and a network of community-based organizations that provide health promotion and social care services.

(d) "Health-related social needs" means the individual-level, adverse social conditions that can negatively impact a person's health or health care, such as poor health literacy, food insecurity, housing instability, and lack of access to transportation.

(e) "Social care services" means culturally informed services to address health-related social needs and community-informed health promotion programs.

Subd. 3. **Eligible applicants.** To be eligible for the single grant available under this section, a grant applicant must:

(1) be recognized as a selected community care hub by the federal Administration for Community Living and the Centers for Disease Control and Prevention;

(2) hold contracts with health plans within Minnesota that allow the applicant to provide social care services to a plan's covered member population; and

(3) demonstrate active engagement in providing, coordinating, and aiding health care and social care services at the community level.

Subd. 4. **Eligible uses.** The grantee must use awarded funding to develop and design programs that support the development of a social care network that provides services to address health-related social needs. Activities eligible for funding under this section include but are not limited to education activities, feasibility studies, program design, and pilots.

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

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~~ 2025, or upon federal approval, whichever is later. The commissioner shall notify the revisor of statutes when federal approval is obtained.

ARTICLE 8

APPROPRIATIONS

Section 1. **HUMAN SERVICES APPROPRIATION.**

The dollar amounts shown in the columns marked "Appropriations" are added to or, if shown in parentheses, are subtracted from the appropriations in Laws 2023, chapter 61, article 9, and Laws 2023, chapter 70, article 20, from the general fund or any fund named for the purposes specified in this article, to be available for the fiscal years indicated for each purpose. The figures "2024" and "2025" used in this article mean that the appropriations

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listed under them are available for the fiscal years ending June 30, 2024, or June 30, 2025,
respectively. "The first year" is fiscal year 2024. "The second year" is fiscal year 2025. "The
biennium" is fiscal years 2024 and 2025.

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

117.8

117.9

Sec. 2. COMMISSIONER OF HUMAN
SERVICES

117.10

<u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>(4,872,000)</u>	<u>\$</u>	<u>50,381,000</u>
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117.11

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The amounts that may be spent for each
purpose are specified in the following
subdivisions.

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<u>Subd. 2. Central Office; Operations</u>	<u>(3,030,000)</u>	<u>2,485,000</u>
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(a) Carryforward Authority.
Notwithstanding Minnesota Statutes, section
16A.28, subdivision 3, \$2,186,000 in fiscal
year 2025 is available until June 30, 2027.

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117.21

(b) Base Level Adjustment. The general fund
base is increased by \$25,000 in fiscal year
2026 and \$25,000 in fiscal year 2027.

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117.23

<u>Subd. 3. Central Office; Aging and Disability</u> <u>Services</u>	<u>(1,342,000)</u>	<u>4,846,000</u>
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(a) Tribal Vulnerable Adult and
Developmental Disabilities Targeted Case
Management Medical Assistance Benefit.
\$200,000 in fiscal year 2025 is for a contract
to develop a Tribal vulnerable adult and
developmental disabilities targeted case
management medical assistance benefit under
Minnesota Statutes, section 256B.0924. This
is a onetime appropriation.

117.33

117.34

(b) Carryforward Authority.
Notwithstanding Minnesota Statutes, section

118.1	<u>16A.28, subdivision 3, \$4,057,000 in fiscal</u>		
118.2	<u>year 2025 is available until June 30, 2027.</u>		
118.3	<u>(c) Base Level Adjustment. The general fund</u>		
118.4	<u>base is increased by \$177,000 in fiscal year</u>		
118.5	<u>2026 and \$177,000 in fiscal year 2027.</u>		
118.6	<u>Subd. 4. Central Office; Behavioral Health,</u>		
118.7	<u>Housing, and Deaf and Hard-of-Hearing</u>		
118.8	<u>Services</u>	<u>-0-</u>	<u>935,000</u>
118.9	<u>Carryforward Authority. Notwithstanding</u>		
118.10	<u>Minnesota Statutes, section 16A.28,</u>		
118.11	<u>subdivision 3, \$935,000 in fiscal year 2025 is</u>		
118.12	<u>available until June 30, 2027.</u>		
118.13	<u>Subd. 5. Forecasted Programs; Medical</u>		
118.14	<u>Assistance</u>	<u>-0-</u>	<u>4,758,000</u>
118.15	<u>Critical Access Nursing Facility Rate</u>		
118.16	<u>Adjustments. \$3,277,000 is for rate</u>		
118.17	<u>adjustments for critical access nursing</u>		
118.18	<u>facilities under Minnesota Statutes, section</u>		
118.19	<u>256R.47. Notwithstanding Minnesota Statutes,</u>		
118.20	<u>section 16A.28, subdivision 3, this</u>		
118.21	<u>appropriation is available until June 30, 2027.</u>		
118.22	<u>This is a onetime appropriation.</u>		
118.23	<u>Subd. 6. Forecasted Programs; Alternative Care</u>	<u>-0-</u>	<u>49,000</u>
118.24	<u>Subd. 7. Grant Programs; Refugee Services</u>		
118.25	<u>Grants</u>	<u>-0-</u>	<u>8,868,000</u>
118.26	<u>Subd. 8. Grant Programs; Health Care Grants</u>	<u>-0-</u>	<u>500,000</u>
118.27	<u>Community Care Hub Grant. \$500,000 in</u>		
118.28	<u>fiscal year 2025 is from the general fund for</u>		
118.29	<u>the community care hub planning grant.</u>		
118.30	<u>Notwithstanding Minnesota Statutes, section</u>		
118.31	<u>16A.28, subdivision 3, this appropriation is</u>		
118.32	<u>available until June 30, 2027. This is a onetime</u>		
118.33	<u>appropriation. Notwithstanding Minnesota</u>		
118.34	<u>Statutes, section 16B.98, subdivision 14, the</u>		

119.1 commissioner must not use any of this grant

119.2 amount for administrative costs.

119.3 **Subd. 9. Grant Programs; Other Long Term**

119.4 **Care Grants**

-0-

1,675,000

119.5 **(a) Health Awareness Hub Pilot Project.**

119.6 \$575,000 in fiscal year 2025 is for a grant to

119.7 the Organization for Liberians in Minnesota

119.8 for a health awareness hub pilot project. The

119.9 pilot project must seek to address health care

119.10 education and the physical and mental

119.11 wellness needs of elderly individuals within

119.12 the African immigrant community by offering

119.13 culturally relevant support, resources, and

119.14 preventive care education from medical

119.15 practitioners who have a similar background,

119.16 and by making appropriate referrals to

119.17 culturally competent programs, supports, and

119.18 medical care. Within six months of the

119.19 conclusion of the pilot project, the

119.20 Organization for Liberians in Minnesota must

119.21 provide the commissioner with an evaluation

119.22 of the project as determined by the

119.23 commissioner. Notwithstanding Minnesota

119.24 Statutes, section 16A.28, subdivision 3, this

119.25 appropriation is available until June 30, 2027.

119.26 This is a onetime appropriation.

119.27 Notwithstanding Minnesota Statutes, section

119.28 16B.98, subdivision 14, the commissioner

119.29 must not use any of this grant amount for

119.30 administrative costs.

119.31 **(b) Chapter 245D Compliance Support**

119.32 **Grant.** \$450,000 in fiscal year 2025 is for a

119.33 grant to Equitable Development Action to

119.34 support minority providers licensed under

119.35 Minnesota Statutes, chapter 245D, as intensive

120.1 support services providers to build skills and
120.2 the infrastructure needed to increase the
120.3 quality of services provided to the people the
120.4 providers serve while complying with the
120.5 requirements of Minnesota Statutes, chapter
120.6 245D, and to enable the providers to accept
120.7 clients with high behavioral needs.
120.8 Notwithstanding Minnesota Statutes, section
120.9 16A.28, subdivision 3, this appropriation is
120.10 available until June 30, 2027. This is a onetime
120.11 appropriation. Notwithstanding Minnesota
120.12 Statutes, section 16B.98, subdivision 14, the
120.13 commissioner must not use any of this grant
120.14 amount for administrative costs.

120.15 **(c) Linguistically and Culturally Specific**
120.16 **Training Pilot Project. \$650,000 in fiscal**
120.17 **year 2025 is for a grant to the Minnesota**
120.18 **Ethnic Providers Network to collaborate with**
120.19 **the commissioner of human services to**
120.20 **develop and implement a pilot program to**
120.21 **provide: (1) linguistically and culturally**
120.22 **specific in-person training to bilingual**
120.23 **individuals, particularly bilingual women,**
120.24 **from diverse ethnic backgrounds; and (2)**
120.25 **technical assistance to Minnesota Ethnic**
120.26 **Provider Network member providers to ensure**
120.27 **successful implementation of the pilot**
120.28 **program, including training, resources, and**
120.29 **ongoing support. Within six months of the**
120.30 **conclusion of the pilot project, the Minnesota**
120.31 **Ethnic Providers Network must provide the**
120.32 **commissioner with an evaluation of the project**
120.33 **as determined by the commissioner.**
120.34 Notwithstanding Minnesota Statutes, section
120.35 16A.28, subdivision 3, this appropriation is
120.36 available until June 30, 2027. This is a onetime

121.1 appropriation. Notwithstanding Minnesota
 121.2 Statutes, section 16B.98, subdivision 14, the
 121.3 commissioner must not use any of this grant
 121.4 amount for administrative costs.

121.5 (d) SEWA-AIFW. \$250,000 in fiscal year
 121.6 2025 is for a grant to SEWA-AIFW. Of this
 121.7 amount, \$75,000 is for SEWA-AIFW's South
 121.8 Asian persons of neurodiverse abilities
 121.9 (SAPNA) program and \$175,000 is for
 121.10 SEWA-AIFW's senior program. This is a
 121.11 onetime appropriation. Notwithstanding
 121.12 Minnesota Statutes, section 16A.28,
 121.13 subdivision 3, this appropriation is available
 121.14 until June 30, 2027. Notwithstanding
 121.15 Minnesota Statutes, section 16B.98,
 121.16 subdivision 14, the commissioner must not
 121.17 use any of this grant amount for administrative
 121.18 costs.

121.19 **Subd. 10. Grant Programs; Aging and Adult**
 121.20 **Services Grants**

-0-

9,000,000

121.21 **(a) Caregiver Respite Services Grants.**
 121.22 \$4,000,000 in fiscal year 2025 is for caregiver
 121.23 respite services grants under Minnesota
 121.24 Statutes, section 256.9756. Notwithstanding
 121.25 Minnesota Statutes, section 16A.28,
 121.26 subdivision 3, this appropriation is available
 121.27 until June 30, 2027. This is a onetime
 121.28 appropriation.

121.29 **(b) Caregiver Support Programs.**
 121.30 \$5,000,000 in fiscal year 2025 is for the
 121.31 Minnesota Board on Aging for the purposes
 121.32 of the caregiver support programs under
 121.33 Minnesota Statutes, section 256.9755.
 121.34 Programs receiving funding under this
 121.35 paragraph must include an ALS-specific

122.1 respite service in their caregiver support
 122.2 program. This is a onetime appropriation.

122.3 **(c) Electronic Visit Verification**

122.4 **Implementation Grants. \$2,000,000 in fiscal**
 122.5 year 2025 is for electronic visit verification
 122.6 implementation grants. This is a onetime
 122.7 appropriation. Notwithstanding Minnesota
 122.8 Statutes, section 16A.28, subdivision 3, this
 122.9 appropriation is available until June 30, 2027.
 122.10 Notwithstanding Minnesota Statutes, section
 122.11 16B.98, subdivision 14, the commissioner
 122.12 must not use any of this grant amount for
 122.13 administrative costs.

122.14 <u>Subd. 11. Grant Programs; Disabilities Grants</u>	<u>8,900,000</u>	<u>10,561,000</u>
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122.15 **(a) Capital Improvement for Accessibility.**
 122.16 \$400,000 in fiscal year 2025 is for a payment
 122.17 to Anoka County to make capital
 122.18 improvements to existing space in the Anoka
 122.19 County Human Services building in the city
 122.20 of Blaine, including making bathrooms fully
 122.21 compliant with the Americans with Disabilities
 122.22 Act with adult changing tables and ensuring
 122.23 barrier-free access for the purposes of
 122.24 improving and expanding the services an
 122.25 existing building tenant can provide to adults
 122.26 with developmental disabilities. This is a
 122.27 onetime appropriation. Notwithstanding
 122.28 Minnesota Statutes, section 16B.98,
 122.29 subdivision 14, the commissioner must not
 122.30 use any of this grant amount for administrative
 122.31 costs.

122.32 **(b) Own Home Services Provider**

122.33 **Capacity-Building Grants. \$5,000,000 in**
 122.34 fiscal year 2025 is for the own home services
 122.35 provider capacity-building grant program.

123.1 Notwithstanding Minnesota Statutes, section
123.2 16A.28, subdivision 3, this appropriation is
123.3 available until June 30, 2027. This is a onetime
123.4 appropriation. Notwithstanding Minnesota
123.5 Statutes, section 16B.98, subdivision 14, the
123.6 commissioner must not use any of this grant
123.7 amount for administrative costs.

123.8 **(c) Dakota County Disability Services**
123.9 **Workforce Shortage Pilot Project.**
123.10 \$1,000,000 in fiscal year 2025 is for a grant
123.11 to Dakota County for innovative solutions to
123.12 the disability services workforce shortage. Up
123.13 to \$500,000 of this amount must be used to
123.14 develop and test an online application for
123.15 matching requests for services from people
123.16 with disabilities to available staff, and up to
123.17 \$500,000 of this amount must be used to
123.18 develop a communities-for-all program that
123.19 engages businesses, community organizations,
123.20 neighbors, and informal support systems to
123.21 promote community inclusion of people with
123.22 disabilities. By October 1, 2026, the
123.23 commissioner shall report the outcomes and
123.24 recommendations of these pilot projects to the
123.25 chairs and ranking minority members of the
123.26 legislative committees with jurisdiction over
123.27 human services finance and policy.

123.28 Notwithstanding Minnesota Statutes, section
123.29 16A.28, subdivision 3, this appropriation is
123.30 available until June 30, 2027. This is a onetime
123.31 appropriation. Notwithstanding Minnesota
123.32 Statutes, section 16B.98, subdivision 14, the
123.33 commissioner must not use any of this grant
123.34 amount for administrative costs.

124.1 **(d) Pediatric Hospital-to-Home Transition**
124.2 **Pilot Program.** \$1,040,000 in fiscal year 2025
124.3 is for the pediatric hospital-to-home pilot
124.4 program. Notwithstanding Minnesota Statutes,
124.5 section 16A.28, subdivision 3, this
124.6 appropriation is available until June 30, 2027.
124.7 This is a onetime appropriation.
124.8 Notwithstanding Minnesota Statutes, section
124.9 16B.98, subdivision 14, the commissioner
124.10 must not use any of this grant amount for
124.11 administrative costs.

124.12 **(e) Artists With Disabilities Support Grant.**
124.13 \$690,000 in fiscal year 2025 is for a grant to
124.14 a nonprofit organization licensed under
124.15 Minnesota Statutes, chapter 245D, located on
124.16 Minnehaha Avenue West in Saint Paul, and
124.17 that supports artists with disabilities in creating
124.18 visual and performing art that challenges
124.19 society's views of persons with disabilities.
124.20 Notwithstanding Minnesota Statutes, section
124.21 16A.28, subdivision 3, this appropriation is
124.22 available until June 30, 2027. This is a onetime
124.23 appropriation. Notwithstanding Minnesota
124.24 Statutes, section 16B.98, subdivision 14, the
124.25 commissioner must not use any of this grant
124.26 amount for administrative costs.

124.27 **(f) Emergency Relief Grants for Rural**
124.28 **EIDBI Providers.** \$600,000 in fiscal year
124.29 2025 is for emergency relief grants for EIDBI
124.30 providers. This is a onetime appropriation.
124.31 Notwithstanding Minnesota Statutes, section
124.32 16B.98, subdivision 14, the commissioner
124.33 must not use any of this grant amount for
124.34 administrative costs.

125.1 (g) Accessible Space, Inc. \$250,000 in fiscal
125.2 year 2025 is for a grant to Accessible Space,
125.3 Inc. for nursing services provided in integrated
125.4 community supports settings, but not
125.5 otherwise reimbursed under Minnesota
125.6 Statutes, section 256B.4914. This is a onetime
125.7 appropriation. Notwithstanding Minnesota
125.8 Statutes, section 16B.98, subdivision 14, the
125.9 commissioner must not use any of this grant
125.10 amount for administrative costs.

125.11 (h) Self-Advocacy Grants for Persons with
125.12 Intellectual and Developmental Disabilities.
125.13 \$648,000 in fiscal year 2025 is for
125.14 self-advocacy grants under Minnesota Statutes,
125.15 section 256.477. Of these amounts, \$438,000
125.16 in fiscal year 2025 are for the activities under
125.17 Minnesota Statutes, section 256.477,
125.18 subdivision 1, paragraph (a), clauses (5) to (7),
125.19 and for administrative costs, and \$210,000 in
125.20 fiscal year 2025 is for the activities under
125.21 Minnesota Statutes, section 256.477,
125.22 subdivision 2. This is onetime appropriation.
125.23 Notwithstanding Minnesota Statutes, section
125.24 16A.28, subdivision 3, this appropriation is
125.25 available until June 30, 2027.

125.26 Subd. 12. **Grant Programs; Adult Mental Health**
125.27 **Grants**

(8,900,000)

(1,561,000)

125.28 **Engagement Services Pilot Project.**
125.29 \$250,000 in fiscal year 2025 is for the
125.30 engagement services pilot project.
125.31 Notwithstanding Minnesota Statutes, section
125.32 16A.28, subdivision 3, this appropriation is
125.33 available until June 30, 2027. This is a onetime
125.34 appropriation. Notwithstanding Minnesota
125.35 Statutes, section 16B.98, subdivision 14, the

126.1	<u>commissioner must not use any of this grant</u>		
126.2	<u>amount for administrative costs.</u>		
126.3	<u>Subd. 13. Grant Programs; Chemical</u>		
126.4	<u>Dependency Treatment Support Grants</u>	<u>(500,000)</u>	<u>-0-</u>
126.5	<u>Subd. 14. Direct Care and Treatment - Mental</u>		
126.6	<u>Health and Substance Abuse</u>	<u>-0-</u>	<u>977,000</u>
126.7	<u>Base Level Adjustment. The general fund</u>		
126.8	<u>base is increased by \$1,011,000 in fiscal year</u>		
126.9	<u>2026 and \$1,011,000 in fiscal year 2027.</u>		
126.10	<u>Subd. 15. Direct Care and Treatment - Forensic</u>		
126.11	<u>Services</u>	<u>-0-</u>	<u>7,182,000</u>
126.12	<u>Base Level Adjustment. The general fund</u>		
126.13	<u>base is increased by \$6,612,000 in fiscal year</u>		
126.14	<u>2026 and \$6,612,000 in fiscal year 2027.</u>		
126.15	<u>Subd. 16. Direct Care and Treatment -</u>		
126.16	<u>Operations</u>	<u>-0-</u>	<u>606,000</u>
126.17	<u>(a) Free Communication Services for</u>		
126.18	<u>Patients and Clients. \$292,000 in fiscal year</u>		
126.19	<u>2025 is for free communication services under</u>		
126.20	<u>Minnesota Statutes, section 246.0142. This is</u>		
126.21	<u>a onetime appropriation. Notwithstanding</u>		
126.22	<u>Minnesota Statutes, section 16A.28,</u>		
126.23	<u>subdivision 3, this appropriation is available</u>		
126.24	<u>until June 30, 2027.</u>		
126.25	<u>(b) Base Level Adjustment. The general fund</u>		
126.26	<u>base is increased by \$617,000 in fiscal year</u>		
126.27	<u>2026 and \$586,000 in fiscal year 2027.</u>		
126.28	<u>EFFECTIVE DATE. This section is effective the day following final enactment.</u>		
126.29	Sec. 3. <u>COMMISSIONER OF HEALTH</u>	<u>\$</u>	<u>0 \$ 262,000</u>
126.30	<u>Subdivision 1. Total Appropriation</u>	<u>-0-</u>	<u>262,000</u>
126.31	<u>This appropriation is from the state</u>		
126.32	<u>government special revenue fund.</u>		

127.1	<u>Subd. 2. Health Protection</u>	<u>-0-</u>	<u>262,000</u>
127.2	<u>(a) Chapter 144G Compliance Support</u>		
127.3	<u>Grant. \$250,000 in fiscal year 2025 is from</u>		
127.4	<u>the dedicated special revenue account</u>		
127.5	<u>established under Minnesota Statutes, section</u>		
127.6	<u>144A.474, subdivision 11, paragraph (j), for</u>		
127.7	<u>a grant to a nonprofit organization to conduct</u>		
127.8	<u>culturally specific outreach and education for</u>		
127.9	<u>small assisted living providers seeking to</u>		
127.10	<u>improve understanding and compliance with</u>		
127.11	<u>physical plant and client-focused licensing</u>		
127.12	<u>requirements under chapter 144G and rules</u>		
127.13	<u>promulgated thereunder. This is a onetime</u>		
127.14	<u>appropriation. Notwithstanding Minnesota</u>		
127.15	<u>Statutes, section 16B.98, subdivision 14, the</u>		
127.16	<u>commissioner must not use any of this grant</u>		
127.17	<u>amount for administrative costs.</u>		
127.18	<u>(b) Base Level Adjustments. The state</u>		
127.19	<u>government special revenue base is increased</u>		
127.20	<u>by \$24,000 in fiscal year 2026 and increased</u>		
127.21	<u>by \$24,000 in fiscal year 2027.</u>		
127.22	<u>EFFECTIVE DATE. This section is effective the day following final enactment.</u>		
127.23	<u>Sec. 4. COUNCIL ON DISABILITY</u>	<u>\$</u>	<u>0 \$</u>
127.24	<u>\$400,000 in fiscal year 2025 is for the</u>		<u>400,000</u>
127.25	<u>Legislative Task Force on Guardianship.</u>		
127.26	<u>Notwithstanding Minnesota Statutes, section</u>		
127.27	<u>16A.28, subdivision 3, this appropriation is</u>		
127.28	<u>available until June 30, 2027. This is a onetime</u>		
127.29	<u>appropriation.</u>		
127.30	Sec. 5. Laws 2023, chapter 61, article 9, section 2, subdivision 5, is amended to read:		
127.31	Subd. 5. Central Office; Aging and Disability		
127.32	Services	40,115,000	11,995,000

128.1 **(a) Employment Supports Alignment Study.**

128.2 \$50,000 in fiscal year 2024 and \$200,000 in
128.3 fiscal year 2025 are to conduct an interagency
128.4 employment supports alignment study. The
128.5 base for this appropriation is \$150,000 in fiscal
128.6 year 2026 and \$100,000 in fiscal year 2027.

128.7 **(b) Case Management Training**

128.8 **Curriculum.** \$377,000 in fiscal year 2024 and
128.9 \$377,000 in fiscal year 2025 are to develop
128.10 and implement a curriculum and training plan
128.11 to ensure all lead agency assessors and case
128.12 managers have the knowledge and skills
128.13 necessary to fulfill support planning and
128.14 coordination responsibilities for individuals
128.15 who use home and community-based disability
128.16 services and live in own-home settings. This
128.17 is a onetime appropriation.

128.18 **(c) Office of Ombudsperson for Long-Term**

128.19 **Care.** \$875,000 in fiscal year 2024 and
128.20 \$875,000 in fiscal year 2025 are for additional
128.21 staff and associated direct costs in the Office
128.22 of Ombudsperson for Long-Term Care.

128.23 **(d) Direct Care Services Corps Pilot Project.**

128.24 \$500,000 in fiscal year 2024 is from the
128.25 general fund for a grant to the Metropolitan
128.26 Center for Independent Living for the direct
128.27 care services corps pilot project. Up to \$25,000
128.28 may be used by the Metropolitan Center for
128.29 Independent Living for administrative costs.
128.30 This is a onetime appropriation and is
128.31 available until June 30, 2026.

128.32 **(e) Research on Access to Long-Term Care**

128.33 **Services and Financing.** Any unexpended
128.34 amount of the fiscal year 2023 appropriation
128.35 referenced in Laws 2021, First Special Session

129.1 chapter 7, article 17, section 16, estimated to
129.2 be \$300,000, is canceled. The amount canceled
129.3 is appropriated in fiscal year 2024 for the same
129.4 purpose.

129.5 (f) **Native American Elder Coordinator.**
129.6 \$441,000 in fiscal year 2024 and \$441,000 in
129.7 fiscal year 2025 are for the Native American
129.8 elder coordinator position under Minnesota
129.9 Statutes, section 256.975, subdivision 6.

129.10 (g) **Grant Administration Carryforward.**

129.11 (1) Of this amount, \$8,154,000 in fiscal year
129.12 2024 is available until June 30, 2027.

129.13 (2) Of this amount, \$1,071,000 in fiscal year
129.14 2025 is available until June 30, 2027.

129.15 (3) Of this amount, \$19,000,000 in fiscal year
129.16 2024 is available until June 30, 2029.

129.17 (h) **Base Level Adjustment.** The general fund
129.18 base is increased by \$8,189,000 in fiscal year
129.19 2026 and increased by \$8,093,000 in fiscal
129.20 year 2027.

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

129.22 Sec. 6. Laws 2023, chapter 61, article 9, section 2, subdivision 13, is amended to read:

129.23 Subd. 13. Grant Programs; Other Long-Term		
129.24 Care Grants	152,387,000	1,925,000

129.25 (a) **Provider Capacity Grant for Rural and**
129.26 **Underserved Communities.** \$17,148,000 in
129.27 fiscal year 2024 is for provider capacity grants
129.28 for rural and underserved communities. Of
129.29 this amount, \$250,000 is for a grant to a
129.30 nonprofit organization to conduct a culturally
129.31 specific outreach and education campaign
129.32 toward existing customized living providers
129.33 that might more appropriately serve their

130.1 clients under a different home and
130.2 community-based services program or license.
130.3 Notwithstanding Minnesota Statutes, section
130.4 16A.28, this appropriation is available until
130.5 June 30, 2027. This is a onetime appropriation.

130.6 **(b) New American Legal, Social Services,**
130.7 **and Long-Term Care Grant Program.**
130.8 \$28,316,000 in fiscal year 2024 is for
130.9 long-term care workforce grants for new
130.10 Americans. Notwithstanding Minnesota
130.11 Statutes, section 16A.28, this appropriation is
130.12 available until June 30, 2027. This is a onetime
130.13 appropriation.

130.14 **(c) Supported Decision Making Programs.**
130.15 \$4,000,000 in fiscal year 2024 is for supported
130.16 decision making grants. This is a onetime
130.17 appropriation and is available until June 30,
130.18 2025.

130.19 **(d) Direct Support Professionals**
130.20 **Employee-Owned Cooperative Program.**
130.21 \$350,000 in fiscal year 2024 is for a grant to
130.22 the Metropolitan Consortium of Community
130.23 Developers for the Direct Support
130.24 Professionals Employee-Owned Cooperative
130.25 program. The grantee must use the grant
130.26 amount for outreach and engagement,
130.27 managing a screening and selection process,
130.28 providing one-on-one technical assistance,
130.29 developing and providing training curricula
130.30 related to cooperative development and home
130.31 and community-based waiver services,
130.32 administration, reporting, and program
130.33 evaluation. This is a onetime appropriation
130.34 and is available until June 30, 2025.

131.1 (e) **Long-Term Services and Supports**

131.2 **Workforce Incentive Grants.** \$83,560,000

131.3 in fiscal year 2024 is for long-term services

131.4 and supports workforce incentive grants

131.5 administered according to Minnesota Statutes,

131.6 section 256.4764. Notwithstanding Minnesota

131.7 Statutes, section 16A.28, this appropriation is

131.8 available until June 30, 2029. This is a onetime

131.9 appropriation.

131.10 (f) **Base Level Adjustment.** The general fund

131.11 base is \$3,949,000 in fiscal year 2026 and

131.12 \$3,949,000 in fiscal year 2027. Of these

131.13 amounts, \$2,024,000 in fiscal year 2026 and

131.14 \$2,024,000 in fiscal year 2027 are for PCA

131.15 background study grants.

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

131.17 Sec. 7. Laws 2023, chapter 61, article 9, section 2, subdivision 16, as amended by Laws

131.18 2023, chapter 70, article 15, section 8, is amended to read:

131.19 Subd. 16. **Grant Programs; Disabilities Grants** 113,684,000 30,377,000

131.20 (a) **Temporary Grants for Small**

131.21 **Customized Living Providers.** \$5,450,000

131.22 in fiscal year 2024 is for grants to assist small

131.23 customized living providers to transition to

131.24 community residential services licensure or

131.25 integrated community supports licensure.

131.26 Notwithstanding Minnesota Statutes, section

131.27 16A.28, this appropriation is available until

131.28 June 30, 2027. This is a onetime appropriation.

131.29 (b) **Lead Agency Capacity Building Grants.**

131.30 \$444,000 in fiscal year 2024 and \$2,396,000

131.31 in fiscal year 2025 are for grants to assist

131.32 organizations, counties, and Tribes to build

131.33 capacity for employment opportunities for

131.34 people with disabilities. The base for this

132.1 appropriation is \$2,413,000 in fiscal year 2026
132.2 and \$2,411,000 in fiscal year 2027.

132.3 **(c) Employment and Technical Assistance**
132.4 **Center Grants.** \$450,000 in fiscal year 2024
132.5 and \$1,800,000 in fiscal year 2025 are for
132.6 employment and technical assistance grants
132.7 to assist organizations and employers in
132.8 promoting a more inclusive workplace for
132.9 people with disabilities.

132.10 **(d) Case Management Training Grants.**
132.11 \$37,000 in fiscal year 2024 and \$123,000 in
132.12 fiscal year 2025 are for grants to provide case
132.13 management training to organizations and
132.14 employers to support the state's disability
132.15 employment supports system. The base for
132.16 this appropriation is \$45,000 in fiscal year
132.17 2026 and \$45,000 in fiscal year 2027.

132.18 **(e) Self-Directed Bargaining Agreement;**
132.19 **Electronic Visit Verification Stipends.**
132.20 \$6,095,000 in fiscal year 2024 is for onetime
132.21 stipends of \$200 to bargaining members to
132.22 offset the potential costs related to people
132.23 using individual devices to access the
132.24 electronic visit verification system. Of this
132.25 amount, \$5,600,000 is for stipends and
132.26 \$495,000 is for administration. This is a
132.27 onetime appropriation and is available until
132.28 June 30, 2025.

132.29 **(f) Self-Directed Collective Bargaining**
132.30 **Agreement; Temporary Rate Increase**
132.31 **Memorandum of Understanding.** \$1,600,000
132.32 in fiscal year 2024 is for onetime stipends for
132.33 individual providers covered by the SEIU
132.34 collective bargaining agreement based on the
132.35 memorandum of understanding related to the

133.1 temporary rate increase in effect between
133.2 December 1, 2020, and February 7, 2021. Of
133.3 this amount, \$1,400,000 of the appropriation
133.4 is for stipends and \$200,000 is for
133.5 administration. This is a onetime
133.6 appropriation.

133.7 **(g) Self-Directed Collective Bargaining**
133.8 **Agreement; Retention Bonuses.** \$50,750,000
133.9 in fiscal year 2024 is for onetime retention
133.10 bonuses covered by the SEIU collective
133.11 bargaining agreement. Of this amount,
133.12 \$50,000,000 is for retention bonuses and
133.13 \$750,000 is for administration of the bonuses.
133.14 This is a onetime appropriation and is
133.15 available until June 30, 2025.

133.16 **(h) Self-Directed Bargaining Agreement;**
133.17 **Training Stipends.** \$2,100,000 in fiscal year
133.18 2024 and \$100,000 in fiscal year 2025 are for
133.19 onetime stipends of \$500 for collective
133.20 bargaining unit members who complete
133.21 designated, voluntary trainings made available
133.22 through or recommended by the State Provider
133.23 Cooperation Committee. Of this amount,
133.24 \$2,000,000 in fiscal year 2024 is for stipends,
133.25 and \$100,000 in fiscal year 2024 and \$100,000
133.26 in fiscal year 2025 are for administration. This
133.27 is a onetime appropriation.

133.28 **(i) Self-Directed Bargaining Agreement;**
133.29 **Orientation Program.** \$2,000,000 in fiscal
133.30 year 2024 and \$2,000,000 in fiscal year 2025
133.31 are for onetime \$100 payments to collective
133.32 bargaining unit members who complete
133.33 voluntary orientation requirements. Of this
133.34 amount, \$1,500,000 in fiscal year 2024 and
133.35 \$1,500,000 in fiscal year 2025 are for the

134.1 onetime \$100 payments, and \$500,000 in
134.2 fiscal year 2024 and \$500,000 in fiscal year
134.3 2025 are for orientation-related costs. This is
134.4 a onetime appropriation.

134.5 **(j) Self-Directed Bargaining Agreement;**
134.6 **Home Care Orientation Trust.** \$1,000,000
134.7 in fiscal year 2024 is for the Home Care
134.8 Orientation Trust under Minnesota Statutes,
134.9 section 179A.54, subdivision 11. The
134.10 commissioner shall disburse the appropriation
134.11 to the board of trustees of the Home Care
134.12 Orientation Trust for deposit into an account
134.13 designated by the board of trustees outside the
134.14 state treasury and state's accounting system.
134.15 This is a onetime appropriation and is
134.16 available until June 30, 2025.

134.17 **(k) HIV/AIDS Supportive Services.**
134.18 \$12,100,000 in fiscal year 2024 is for grants
134.19 to community-based HIV/AIDS supportive
134.20 services providers as defined in Minnesota
134.21 Statutes, section 256.01, subdivision 19, and
134.22 for payment of allowed health care costs as
134.23 defined in Minnesota Statutes, section
134.24 256.9365. This is a onetime appropriation and
134.25 is available until June 30, 2025.

134.26 **(l) Motion Analysis Advancements Clinical**
134.27 **Study and Patient Care.** \$400,000 is fiscal
134.28 year 2024 is for a grant to the Mayo Clinic
134.29 Motion Analysis Laboratory and Limb Lab
134.30 for continued research in motion analysis
134.31 advancements and patient care. This is a
134.32 onetime appropriation and is available through
134.33 June 30, 2025.

134.34 **(m) Grant to Family Voices in Minnesota.**
134.35 \$75,000 in fiscal year 2024 and \$75,000 in

135.1 fiscal year 2025 are for a grant to Family
135.2 Voices in Minnesota under Minnesota
135.3 Statutes, section 256.4776.

135.4 **(n) Parent-to-Parent Programs.**

135.5 (1) \$550,000 in fiscal year 2024 and \$550,000
135.6 in fiscal year 2025 are for grants to
135.7 organizations that provide services to
135.8 underserved communities with a high
135.9 prevalence of autism spectrum disorder. This
135.10 is a onetime appropriation and is available
135.11 until June 30, 2025.

135.12 (2) The commissioner shall give priority to
135.13 organizations that provide culturally specific
135.14 and culturally responsive services.

135.15 (3) Eligible organizations must:

135.16 (i) conduct outreach and provide support to
135.17 newly identified parents or guardians of a child
135.18 with special health care needs;

135.19 (ii) provide training to educate parents and
135.20 guardians in ways to support their child and
135.21 navigate the health, education, and human
135.22 services systems;

135.23 (iii) facilitate ongoing peer support for parents
135.24 and guardians from trained volunteer support
135.25 parents; and

135.26 (iv) communicate regularly with other
135.27 parent-to-parent programs and national
135.28 organizations to ensure that best practices are
135.29 implemented.

135.30 (4) Grant recipients must use grant money for
135.31 the activities identified in clause (3).

135.32 (5) For purposes of this paragraph, "special
135.33 health care needs" means disabilities, chronic

136.1 illnesses or conditions, health-related
136.2 educational or behavioral problems, or the risk
136.3 of developing disabilities, illnesses, conditions,
136.4 or problems.

136.5 (6) Each grant recipient must report to the
136.6 commissioner of human services annually by
136.7 January 15 with measurable outcomes from
136.8 programs and services funded by this
136.9 appropriation the previous year including the
136.10 number of families served and the number of
136.11 volunteer support parents trained by the
136.12 organization's parent-to-parent program.

136.13 (o) **Self-Advocacy Grants for Persons with**
136.14 **Intellectual and Developmental Disabilities.**

136.15 \$323,000 in fiscal year 2024 and \$323,000 in
136.16 fiscal year 2025 are for self-advocacy grants
136.17 under Minnesota Statutes, section 256.477.

136.18 This is a onetime appropriation. Of these
136.19 amounts, \$218,000 in fiscal year 2024 and
136.20 \$218,000 in fiscal year 2025 are for the
136.21 activities under Minnesota Statutes, section
136.22 256.477, subdivision 1, paragraph (a), clauses
136.23 (5) to (7), and for administrative costs, and
136.24 \$105,000 in fiscal year 2024 and \$105,000 in
136.25 fiscal year 2025 are for the activities under
136.26 Minnesota Statutes, section 256.477,
136.27 subdivision 2.

136.28 (p) **Technology for Home Grants.** \$300,000
136.29 in fiscal year 2024 and \$300,000 in fiscal year
136.30 2025 are for technology for home grants under
136.31 Minnesota Statutes, section 256.4773.

136.32 (q) **Community Residential Setting**
136.33 **Transition.** \$500,000 in fiscal year 2024 is
136.34 for a grant to Hennepin County to expedite
136.35 approval of community residential setting

- 137.1 licenses subject to the corporate foster care
- 137.2 moratorium exception under Minnesota
- 137.3 Statutes, section 245A.03, subdivision 7,
- 137.4 paragraph (a), clause (5).
- 137.5 (r) **Base Level Adjustment.** The general fund
- 137.6 base is \$27,343,000 in fiscal year 2026 and
- 137.7 \$27,016,000 in fiscal year 2027.
- 137.8 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 137.9 Sec. 8. Laws 2023, chapter 61, article 9, section 2, subdivision 18, is amended to read:
- 137.10 Subd. 18. **Grant Programs; Chemical**
- 137.11 **Dependency Treatment Support Grants**
- 137.12 Appropriations by Fund
- 137.13 General 54,691,000 5,342,000
- 137.14 Lottery Prize 1,733,000 1,733,000
- 137.15 (a) **Culturally Specific Recovery**
- 137.16 **Community Organization Start-Up Grants.**
- 137.17 \$4,000,000 in fiscal year 2024 is for culturally
- 137.18 specific recovery community organization
- 137.19 start-up grants. Notwithstanding Minnesota
- 137.20 Statutes, section 16A.28, this appropriation is
- 137.21 available until June 30, 2027. This is a onetime
- 137.22 appropriation.
- 137.23 (b) **Safe Recovery Sites.** \$14,537,000 in fiscal
- 137.24 year 2024 is from the general fund for start-up
- 137.25 and capacity-building grants for organizations
- 137.26 to establish safe recovery sites.
- 137.27 Notwithstanding Minnesota Statutes, section
- 137.28 16A.28, this appropriation is onetime and is
- 137.29 available until June 30, 2029.
- 137.30 (c) **Technical Assistance for Culturally**
- 137.31 **Specific Organizations; Culturally Specific**
- 137.32 **Services Grants.** \$4,000,000 in fiscal year
- 137.33 2024 is for grants to culturally specific

138.1 providers for technical assistance navigating
138.2 culturally specific and responsive substance
138.3 use and recovery programs. Notwithstanding
138.4 Minnesota Statutes, section 16A.28, this
138.5 appropriation is available until June 30, 2027.

138.6 **(d) Technical Assistance for Culturally**
138.7 **Specific Organizations; Culturally Specific**
138.8 **Grant Development Training.** \$400,000 in
138.9 fiscal year 2024 is for grants for up to four
138.10 trainings for community members and
138.11 culturally specific providers for grant writing
138.12 training for substance use and recovery-related
138.13 grants. Notwithstanding Minnesota Statutes,
138.14 section 16A.28, this is a onetime appropriation
138.15 and is available until June 30, 2027.

138.16 **(e) Harm Reduction Supplies for Tribal and**
138.17 **Culturally Specific Programs.** \$7,597,000
138.18 in fiscal year 2024 is from the general fund to
138.19 provide sole source grants to culturally
138.20 specific communities to purchase syringes,
138.21 testing supplies, and opiate antagonists.
138.22 Notwithstanding Minnesota Statutes, section
138.23 16A.28, this appropriation is available until
138.24 June 30, 2027. This is a onetime appropriation.

138.25 **(f) Families and Family Treatment**
138.26 **Capacity-Building and Start-Up Grants.**
138.27 \$10,000,000 in fiscal year 2024 is from the
138.28 general fund for start-up and capacity-building
138.29 grants for family substance use disorder
138.30 treatment programs. Notwithstanding
138.31 Minnesota Statutes, section 16A.28, this
138.32 appropriation is available until June 30, 2029.
138.33 This is a onetime appropriation.

138.34 **(g) Start-Up and Capacity Building Grants**
138.35 **for Withdrawal Management.** ~~\$500,000~~ \$0

139.1 in fiscal year 2024 and \$1,000,000 in fiscal
139.2 year 2025 are for start-up and capacity
139.3 building grants for withdrawal management.

139.4 **(h) Recovery Community Organization**

139.5 **Grants.** \$4,300,000 in fiscal year 2024 is from
139.6 the general fund for grants to recovery
139.7 community organizations, as defined in
139.8 Minnesota Statutes, section 254B.01,
139.9 subdivision 8, that are current grantees as of
139.10 June 30, 2023. This is a onetime appropriation
139.11 and is available until June 30, 2025.

139.12 **(i) Opioid Overdose Prevention Grants.**

139.13 (1) \$125,000 in fiscal year 2024 and \$125,000
139.14 in fiscal year 2025 are from the general fund
139.15 for a grant to Ka Joog, a nonprofit organization
139.16 in Minneapolis, Minnesota, to be used for
139.17 collaborative outreach, education, and training
139.18 on opioid use and overdose, and distribution
139.19 of opiate antagonist kits in East African and
139.20 Somali communities in Minnesota. This is a
139.21 onetime appropriation.

139.22 (2) \$125,000 in fiscal year 2024 and \$125,000
139.23 in fiscal year 2025 are from the general fund
139.24 for a grant to the Steve Rummeler Hope
139.25 Network to be used for statewide outreach,
139.26 education, and training on opioid use and
139.27 overdose, and distribution of opiate antagonist
139.28 kits. This is a onetime appropriation.

139.29 (3) \$250,000 in fiscal year 2024 and \$250,000
139.30 in fiscal year 2025 are from the general fund
139.31 for a grant to African Career Education and
139.32 Resource, Inc. to be used for collaborative
139.33 outreach, education, and training on opioid
139.34 use and overdose, and distribution of opiate

140.1 antagonist kits. This is a onetime
140.2 appropriation.

140.3 (j) **Problem Gambling.** \$225,000 in fiscal
140.4 year 2024 and \$225,000 in fiscal year 2025
140.5 are from the lottery prize fund for a grant to a
140.6 state affiliate recognized by the National
140.7 Council on Problem Gambling. The affiliate
140.8 must provide services to increase public
140.9 awareness of problem gambling, education,
140.10 training for individuals and organizations that
140.11 provide effective treatment services to problem
140.12 gamblers and their families, and research
140.13 related to problem gambling.

140.14 (k) **Project ECHO.** \$1,310,000 in fiscal year
140.15 2024 and \$1,295,000 in fiscal year 2025 are
140.16 from the general fund for a grant to Hennepin
140.17 Healthcare to expand the Project ECHO
140.18 program. The grant must be used to establish
140.19 at least four substance use disorder-focused
140.20 Project ECHO programs at Hennepin
140.21 Healthcare, expanding the grantee's capacity
140.22 to improve health and substance use disorder
140.23 outcomes for diverse populations of
140.24 individuals enrolled in medical assistance,
140.25 including but not limited to immigrants,
140.26 individuals who are homeless, individuals
140.27 seeking maternal and perinatal care, and other
140.28 underserved populations. The Project ECHO
140.29 programs funded under this section must be
140.30 culturally responsive, and the grantee must
140.31 contract with culturally and linguistically
140.32 appropriate substance use disorder service
140.33 providers who have expertise in focus areas,
140.34 based on the populations served. Grant funds
140.35 may be used for program administration,

141.1 equipment, provider reimbursement, and
141.2 staffing hours. This is a onetime appropriation.

141.3 **(l) White Earth Nation Substance Use**
141.4 **Disorder Digital Therapy Tool.** \$3,000,000
141.5 in fiscal year 2024 is from the general fund
141.6 for a grant to the White Earth Nation to
141.7 develop an individualized Native American
141.8 centric digital therapy tool with Pathfinder
141.9 Solutions. This is a onetime appropriation.
141.10 The grant must be used to:

141.11 (1) develop a mobile application that is
141.12 culturally tailored to connecting substance use
141.13 disorder resources with White Earth Nation
141.14 members;

141.15 (2) convene a planning circle with White Earth
141.16 Nation members to design the tool;

141.17 (3) provide and expand White Earth
141.18 Nation-specific substance use disorder
141.19 services; and

141.20 (4) partner with an academic research
141.21 institution to evaluate the efficacy of the
141.22 program.

141.23 **(m) Wellness in the Woods.** \$300,000 in
141.24 fiscal year 2024 and \$300,000 in fiscal year
141.25 2025 are from the general fund for a grant to
141.26 Wellness in the Woods for daily peer support
141.27 and special sessions for individuals who are
141.28 in substance use disorder recovery, are
141.29 transitioning out of incarceration, or who have
141.30 experienced trauma. These are onetime
141.31 appropriations.

141.32 **(n) Base Level Adjustment.** The general fund
141.33 base is \$3,247,000 in fiscal year 2026 and
141.34 \$3,247,000 in fiscal year 2027.

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

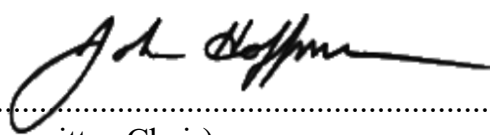
142.2 Delete the title and insert:

142.3 "A bill for an act

142.4 relating to human services; the human services omnibus budget bill; modifying
142.5 provisions related to disability services, aging services, substance use disorder
142.6 treatment services, priority admissions to state-operated programs and civil
142.7 commitment, and Direct Care and Treatment; modifying provisions related to
142.8 licensing of assisted living facilities; making technical changes; appropriating
142.9 money; amending Minnesota Statutes 2022, sections 13.46, subdivisions 1, as
142.10 amended, 10, as amended; 144G.41, subdivision 1, by adding subdivisions;
142.11 144G.63, subdivisions 1, 4; 145.61, subdivision 5; 245.821, subdivision 1; 245.825,
142.12 subdivision 1; 245A.11, subdivision 2a; 246.018, subdivision 3, as amended;
142.13 246.13, subdivision 2, as amended; 246.234, as amended; 246.36, as amended;
142.14 246.511, as amended; 252.27, subdivision 2b; 252.282, subdivision 1, by adding
142.15 a subdivision; 256.88; 256.89; 256.90; 256.91; 256.92; 256B.02, subdivision 11;
142.16 256B.073, subdivision 4; 256B.0911, subdivisions 12, 17, 20, 25; 256B.0913,
142.17 subdivision 5a; 256B.0924, subdivision 3; 256B.434, by adding a subdivision;
142.18 256B.49, subdivision 16, by adding a subdivision; 256B.4911, by adding
142.19 subdivisions; 256B.77, subdivision 7a; 256R.53, by adding a subdivision; 256S.205,
142.20 subdivision 5; 447.42, subdivision 1; Minnesota Statutes 2023 Supplement, sections
142.21 10.65, subdivision 2; 13.46, subdivision 2, as amended; 15.01; 15.06, subdivision
142.22 1; 15A.0815, subdivision 2; 15A.082, subdivisions 1, 3, 7; 43A.08, subdivisions
142.23 1, 1a; 246C.01; 246C.02, as amended; 246C.04, as amended; 246C.05, as amended;
142.24 253B.10, subdivision 1; 256.042, subdivision 2; 256.043, subdivision 3; 256.9756,
142.25 subdivisions 1, 2; 256B.073, subdivision 3; 256B.0911, subdivision 13; 256B.0913,
142.26 subdivision 5; 256B.4914, subdivision 10d; 256R.55, subdivision 9; 270B.14,
142.27 subdivision 1; Laws 2021, First Special Session chapter 7, article 13, section 68;
142.28 Laws 2023, chapter 61, article 1, sections 59, subdivisions 2, 3; 60, subdivisions
142.29 1, 2; 67, subdivision 3; article 4, section 11; article 8, sections 1; 2; 3; 8; article 9,
142.30 section 2, subdivisions 5, 13, 16, as amended, 18; Laws 2024, chapter 79, article
142.31 1, sections 3; 18; 23; 24; 25, subdivision 3; article 10, sections 1; 6; Laws 2024,
142.32 chapter 85, section 53; proposing coding for new law in Minnesota Statutes,
142.33 chapters 144G; 245D; 246; 246C; 256S; repealing Minnesota Statutes 2022,
142.34 sections 246.41; 252.021; 252.27, subdivisions 1a, 2, 3, 4a, 5, 6; 256B.0916,
142.35 subdivision 10; Minnesota Statutes 2023 Supplement, sections 246C.03; 252.27,
142.36 subdivision 2a."

142.37 And when so amended the bill do pass and be re-referred to the Committee on Finance.

142.38 Amendments adopted. Report adopted.

142.39 
142.40
(Committee Chair)

142.41 April 17, 2024.....
142.42 (Date of Committee recommendation)