SENATE
COUNSEL, RESEARCH, & FISCAL ANALYSIS

BILL SUMMARY

S.F. No. 3054 – Human Services Omnibus Appropriations (1st Engrossment)

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ARTICLE 1: AGING AND OLDER ADULT SERVICES

Section 1 amends **144A.071, subdivision 4a – Exceptions for replacement beds**, by striking paragraph (cc), which had authorized the commissioner of health to license and certify beds that had undergone replacement or remodeling as part of a planned closure. The option of a planned closure is being repealed in SF 3054.

All other changes in this section are removing obsolete language.

Section 2 amends **144A.071, subdivision 4c – Exceptions for replacement beds after June 30**, by making conforming changes related to the repeal of nursing facility planned closure rate adjustments and striking obsolete language.

Section 3 amends **144A.071, subdivision 4d – Consolidation of nursing facilities**, by making conforming changes related to the repeal of nursing facility planned closure rate adjustments.

Section 4 amends **144A.161, subdivision 10 – Facility closure rate adjustment**, by making conforming changes related to the repeal of nursing facility planned closure rate adjustments.

Section 5 amends **144A.1888**, by making a conforming change related to the repeal of the nursing facility planned closure rate adjustment and by removing reference to the regional planning group.

Section 6 amends **256.9657, subdivision 1 – Nursing home license surcharge**, by removing obsolete language related to nursing facility beds on layaway status being subject to the nursing home bed surcharge, and by incorporating the current surcharge into paragraph (a)

and striking paragraphs (b) through (d), which contained a historical record of prior increases in the nursing home bed surcharge.

This section does NOT increase the current nursing home bed surcharge.

Section 7 adds **256.9746 – AGE-FRIENDLY MINNESOTA COUNCIL**, which codifies the Age-Friendly Minnesota Council, formally known as the Governor's Council on an Age-Friendly Minnesota.

Section 8 adds **256.9747 – AGE-FRIENDLY MINNESOTA GRANTS**, which codifies the two grants currently administered by the Governor's Council on an Age-Friendly Minnesota.

Section 9 amends **256B.431, subdivision 30 – Bed layaway and delicensure**, by making conforming changes related to the repeal of single-bed room incentives from nursing facility payment rates and by removing the commissioner's authority to adjust nursing facility property rates for beds placed on or removed from layaway status.

Section 10 amends **256B.434, subdivision 4 – Alternate rates for nursing facilities**, by repealing the automatic inflation adjustment for nursing home property rates determined under the alternative payment rate system.

Section 11 amends **256R.02, subdivision 18 – Employer health insurance costs**, by clarifying the definition of "employer health insurance costs" with respect to actual expenses incurred by a self-insured plan.

Section 12 amends **256R.02, subdivision 19 – External fixed costs**, by making conforming changes to the definition of "external fixed costs" related to the repeal of nursing facility planned closure rate adjustments, single-bed room incentives, and border city rate adjustments.

Section 13 amends **256R.02, subdivision 22 – Fringe benefit costs**, by clarifying which health insurance costs associated with family members of part-time employees are allowable fringe benefits costs.

Section 14 adds **256R.02, subdivision 36a – Patient driven payment model or PDPM**, which defines the new case mix classification system that will be phased in beginning October 1, 2025.

Section 15 adds **256R.02, subdivision 45a – Resource utilization group or RUG**, which defines the existing case mix classification system that will be phased out beginning October 1, 2025.

Section 16 amends **256R.10, subdivision 8 – Employer health insurance costs**, by clarifying that the employer health insurance costs are allowable only for eligible nursing facility employees who work at least 30 hours a week and for those employees' spouses and dependents.

This section also places limits on the allowable value of employer health insurance costs, provides direction to the commissioner on calculating the limit, and requires the commissioner to adjust the limit annually by an annual percentage change in CPI-U.

Section 17 amends **256R.23, subdivision 5 – Determination of total care-related payment rate limits**, by modifying the calculation of each facility's total care related payment rate limit such that lower quality facilities will have a lower limit than under current law.

Section 18 amends **256R.23, subdivision 7 – Determination of direct care payment rates**, by limiting future increases in each facility's direct care payment rate to four percent over the facility's direct care payment rate in the previous year.

Section 19 amends **256R.23, subdivision 8 – Determination of other care-related payment rates**, by limiting future increases in each facility's other care-related payment rate to four percent over the facility's other care-related payment rate in the previous year.

Section 20 amends **256R.24, subdivision 3 – Determination of the other operating payment rate**, by limiting future increases in each facility's other operating payment rate to four percent over the facility's other operating payment rate in the previous year.

Section 21 amends **256R.25 – EXTERNAL FIXED COSTS PAYMENT RATE**, by removing paragraph (f), the planned closure rate adjustment; paragraph (h), the single-room incentive; and paragraph (o), the border city facility rate adjustment.

This section also restructures the remaining paragraphs by making them subdivisions.

Section 22 amends **256R.26, subdivision 9 – Transition period**, by making conforming changes related to the repeal of the nursing facility planned closure rate adjustment, the repeal of the single-bed room incentive, and the repeal of alternative payment rate system property rate inflation, as well as other conforming changes.

Section 23 amends **256R.27, subdivision 2 – Determination of interim payment rates**, by making conforming changes related to restructuring the external fixed costs statute.

Section 24 amends **256R.27, subdivision 3 – Determination of settle-up payment rates**, by making conforming changes related to restructuring the external fixed costs statute.

Section 25 amends **256R.43 – BED HOLDS**, by clarifying that beds on layaway status are not to be included in the calculation of leave day payments.

Section 26 adds **256R.531 – PATIENT DRIVEN PAYMENT MODEL PHASE-IN**, which specifies the calculation of nursing facility total payment rate add-ons to facilitate the transition for the RUG-IV case mix classification system to the PDPM case mix classification system.

Section 27 adds **256R.532 – NURSING FACILITY RATE ADD-ON FOR WORKFORCE STANDARDS**, which specifies the value of the nursing facility total payment rate add-on to fund the initial wage standards adopted by the Nursing Home Workforce Standards Board

and authorizes the commissioner of human services in consultation with the commissioner of labor and industry to determine the value of this add-on for rate years beginning on or after January 1, 2030.

Section 28 amends **GOVERNOR'S COUNCIL ON AN AGE-FRIENDLY MINNESOTA**, by sunsetting the Governor's Council on an Age-Friendly Minnesota on June 30, 2025. Earlier in this article, the Governor's Council is being continued as a legislatively created council.

Section 29 adds **AGE-FRIENDLY MINNESOTA COUNCIL; CONTINUATION OF APPOINTMENTS AND DESIGNATION OF INITIAL TERMS**, which specifies that the current appointees to the Governor's Council on an Age-Friendly Minnesota are appointed to the Age-Friendly Minnesota Council by operation of law, specifies how the newly formed Age-Friendly Minnesota Council will conduct its first meeting, and how the initial terms of the transferred appointments will be treated with respect to the statutorily required staggered terms of council members.

Section 30 is a **REPEALER**, which repeals

- the definition of "prior system operating cost payment rate" and the initial VBR implementation hold harmless;
- the planned closure rate adjustments, the single-bed room incentive; and the border city facility rate adjustment;
- the allocation of self-insurance cost; and
- the prohibition on reductions to a facility's total care-related payment rate limit greater than five percent of the median total care-related costs per day.

ARTICLE 2: DISABILITY SERVICES

Section 1 amends **144A.351, subdivision 1 – Report requirements**, by requiring the commissioners of health and human services to incorporate into their currently required long-term services and supports report information on the availability and utilization of integrated community supports.

Section 2 adds **179A.54, subdivision 12 – Minnesota Caregiver Retirement Fund Trust**, which authorizes the state of Minnesota and exclusive representative of individual providers of direct support services to establish a Minnesota Caregiver Retirement Fund Trust for purposes of establishing a future retirement program for individual providers of direct support services, provides for future funding of the trust, and specifies the governance structure and administration of the trust.

Section 3 adds **245A.042, subdivision 5 – Compliance education required**, which requires the commissioner of human services to make license compliance education available to all 245D providers of home and community-based services to teach providers how to achieve and maintain compliance with the 245A licensing requirements and 245D service standards.

Section 4 amends **245A.06, subdivision 1a – Correction orders and conditional licenses for programs licensed as home and community-based services**, by requiring the

commissioner to warn a license holder prior to issuing a conditional license for violations that do not imminently endanger the health, safety or rights of the person served by the program that continued license violations may result in an order of conditional license; by authorizing the commissioner to reduce the length of conditional licensure if the licensee demonstrates compliance; and by requiring the commissioner to issue a report on licensing actions involving 245D providers.

Section 5 amends **245A.06, subdivision 2 – Reconsideration of correction orders**, by requiring the commissioner to agree to licensee funded mediation when requested by a 245D provider whose request for reconsideration of a conditional license is denied by the commissioner.

This section also strikes obsolete language related to licensed family child care providers.

Section 6 amends **245A.10, subdivision 3 – Application fee for initial license or certification**, by increasing from $500 to $10,000 the per location license fee for new DHS licenses, except for 245D providers, who pay for one statewide license regardless of the number of locations at which the provider provides services.

Child foster residence setting, adult foster care, or a community residential setting are exempt from this fee increase under existing law (see 245A.10, subdivision 1, paragraph (b)).

Section 7 adds **245A.142 – EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION PROVISIONAL LICENSURE**, which establishes a provisional licensing structure for EIDBI providers until a comprehensive licensing structure is developed and enacted by the legislature.

> **Subdivision 1** – **Regulatory powers**, requires the commissioner to implement the provisional licensing regulations specified in this section.
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> **Subdivision 2** – **Provisional license**, imposes a moratorium on enrolling new EIDBI providers after December 31, 2025; requires all providers enrolled prior to January 1, 2026, to submit a provisional license application before April 2, 2026; and requires the commissioner to disenroll any enrolled EIDBI provider who has not submitted an application before April 2, 2026; requires the commissioner of human services to process and issue all provisional licenses by January 1, 2027; and forbids any EIDBI provider to operate after January 1, 2027 unless provisionally licensed.
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> **Subdivision 3** – **Provisional license regulatory functions**, specifies the commissioner's authorities with respect to regulating provisionally licensed EIDBI providers.
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> **Subdivision 4** – **Provisional license requirements**, specifies the documentation a provisional license applicant must submit to be considered for a provisional license and by cross-refence to the existing medical assistance EIDBI benefit statute, specifies the requirements with which an EIDBI provisional licensee must comply.

Subdivision 5 – **Reporting of maltreatment**, repeats an existing 256B.0949 EIDBI provider requirement to report maltreatment.

Subdivision 6 – **Background studies**, repeats an existing 256B.0949 EIDBI provider requirement to conduct background studies.

Subdivision 7 – **Revocations**, authorizes the commissioner to revoke a provisional license for substantial noncompliance with provisional license requirements.

Subdivision 8 – **Reconsideration**, provides limited reconsideration rights for a license applicant whose provisional license application was denied or a provisional licensee whose license is revoked.

Subdivision 9 – **Continued operation**, specifies those conditions under which a EIDBI program may continue to operate while a provisional license denial or revocation is being reconsidered.

Subdivision 10 – **Disenrollment**, requires the commissioner to disenroll any EIDBI provider whose provisional license application or denied or revoked.

Subdivision 11 – **Transition to nonprovisional EIDBI license; future license standards**, requires the commissioner to develop a plan and proposal for license standards for EIDBI providers and submit it to the Legislature by January 1, 2028.

Section 8 amends **245C.16, subdivision 1 – Determining immediate risk of harm**, by removing the commissioner's authority to permit an individual providing EIDBI services to continue to provide services after determining the individual has a disqualifying characteristic.

Section 9 amends **245D.091, subdivision 2 – Positive support professional qualifications**, by modifying the level of education and training required to be a positive support professional to permit a person who has completed a competency-based training program as determined by the commissioner to qualify.

Section 10 amends **245D.091, subdivision 3 – Positive support analyst qualifications**, by modifying the level of education required to be a positive support professional to permit a person who has completed a competency-based training program as determined by the commissioner to qualify as a positive support analyst; and by modifying the training requirements to permit a person who has obtained a baccalaureate degree in a behavioral science or related field to demonstrate expertise in positive support services without any specific prior experience.

Section 11 adds **245D.12, subdivision 2 – Setting approval moratorium**, by imposing a two-year temporary moratorium on approving integrated community supports settings for which a capacity report was submitted on or after July 1, 2025, and specifying limited exceptions to the moratorium.

Section 12 adds **245D.13 – OUT-OF-HOME RESPITE CARE SERVICES FOR CHILDREN**, which modifies home and community-based services standards for out-of-home respite services for children.

> **Subdivision 1** - **Licensed setting required**, requires a license holder with a home and community-based services license providing out-of-home respite services for children to do so only in a licensed setting unless exempt.
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> **Subdivision 2** - **Exemption from licensed setting requirement**, specifies when a license holder may provide out-of-home respite services for children in an unlicensed residential setting by clarifying that the exemption from the requirement that respite for children be provided in a licensed setting does not apply to respite provided to children in foster care under Chapters 260C or 260D, and by requiring that all employees have completed a background study, the setting be approved by the recipient's case manager and legal representative, all service recipients in the setting be under the age of 22, the provider's license has been in good standing for the previous 24 months, and other specified conditions.
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> **Subdivision 3** - **Documentation requirements**, specifies documentation requirements.

Section 13 amends **252.32, subdivision 3 – Amount of support grant; use**, by permitting the use of family support grants to pay for adaptive or one-on-one swimming lessons to prevent drowning.

Section 14 amends **256.476, subdivision 4 – Support grants; criteria and limitations**, by permitting the use of consumer support grants to pay for adaptive or one-on-one swimming lessons to prevent drowning provided.

Section 15 adds **256.4768 – DISABILITY SERVICES TECHNOLOGY AND ADVOCACY EXPANSION GRANT**, which establishes a new 5-year grant program to educate, train and raise public awareness among people with disabilities, disability providers, and other interested parties in the use and benefits of the use of assistive technology and remote support tools.

Section 16 amends **256B.04, subdivision 21 – Provider enrollment**, by authorizing the commissioner to increase the frequency of medical assistance enrollment revalidations for provider types the commissioner determines are "high-risk" provider types.

Section 17 amends **256B.0659, subdivision 17a – Enhanced rate**, by increasing the enhanced rate for PCA services provided to persons who qualify for ten or more hours of service a day from 107.5 percent of the standard rate to 112.5 percent of the standard rate, effective January 1, 2026.

Section 18 amends **256B.0911, subdivision 24 – Remote reassessments**, by increasing from 2 to 4 the number of remote annual reassessments that are permitted before an in-

person annual reassessment is required for individuals receiving services under one of the disability waivers.

Section 19 adds **256B.0911, subdivision 24a – Verbal attestation to replace required reassessment signatures**, which requires the commissioner to accept verbal attestation in lieu of signatures on reassessments.

Section 20 adds **256B.0911, subdivision 25a – Attesting to no changes in needs or services**, which allows in lieu of an annual reassessment for a person who is older than 21 and younger than 65 who is receiving services under one of the disability waivers or under CFSS to make an informed choice for two consecutive years to attest that the person has no change in needs since the person's last assessment and requires a certified assessor to review the prior assessment and confirm that the attestation is accurate.

Section 21 amends **256B.0911, subdivision 26 – Determination of institutional level of care**, by specifying that for purposes of the CADI and BI waiver only, a person does not meet the nursing facility level of care if the person currently lives alone or will live alone or be homeless without the person's current housing; and by providing that the lead agency must verify that the person does not meet some other criteria sufficient for a nursing facility level of care, and if the person does not, provide 90 days of continued disability wavier services while advising the person of other available services.

Section 22 amends **256B.0924, subdivision 6 – Payment for targeted case management**, by authorizing the commissioner to make payments to Tribes for the provision of vulnerable adult and developmental disability case management services.

Section 23 amends **256B.0949, subdivision 2 – Definitions**, by adding a definition of "employee" for the purposes of the EIDBI medical assistance benefit to clarify that "employee" does not include independent contracts.

Section 24 amends **256B.0949, subdivision 15 – EIDBI provider qualifications**, by clarifying that qualified supervising professionals, and level I, II, and III treatment providers must all be employees of the EIDBI agency for whom they are providing services and are not permitted to be independent contractors.

Section 25 amends **256B.0949, subdivision 16 – Agency duties**, by modifying the clinical supervision requires for EIDBI services. For each ten hours of direct treatment per person, a qualifying supervising professional must provide 1 hour of clinical supervision that meets clinical licensure requirements for quality supervision and effective intervention and at least once a month, the supervision must be in-person.

Section 26 amends **256B.0949, subdivision 16a – Background studies**, by making a clarifying change to terminology.

Section 27 adds **256B.0949, subdivision 18 – Provisional licensure**, which requires the commissioner to begin issuing provisional licenses to EIDBI providers beginning January 1, 2026.

Section 28 amends **256B.19, subdivision 1 – Division of cost**, by requiring a 2 percent county share for community residential services, family residential services, customized living, and integrated community supports provided under one of the disability waivers.

Section 29 amends **256B.4914, subdivision 3 – Applicable services**, by requiring that night supervision be billed under the disability waiver rate system as either awake night supervision or asleep overnight supervision. This section also strikes obsolete language.

Section 30 amends **256B.4914, subdivision 5 – Base wage index; establishment**, by eliminating future updates to the wage data used in the base wage index in the disability waiver rate system.

See the amendment to *256B.4914, subdivision 5b – Standard component value adjustments*, below for more information on this change.

Section 31 amends **256B.4914, subdivision 5a – Base wage index; calculations**, by specifying the base wage for awake overnight supervision and asleep overnight supervision for the purpose of the disability wavier rate system.

Section 32 amends **256B.4914, subdivision 5b – Standard component value adjustments**, by adding an inflation adjustment to the wage data used in the base wage index.

The amendments in this section should be read in conjunction with the amendments to *256B.4914, subdivision 5 – Base wage index; establishment*, above. The base wage index update that is being eliminated would have repopulated the base wage index with new wage data drawn from the Bureau of Labor Statistics' annual wage survey of various occupations. The change in this section will instead continue to use the current wage data in the base wage index and inflate the calculated base wages by the same change in CPI-U that is used to inflate the other DWRS component values.

This section also strikes obsolete language.

Section 33 amends **256B.4914, subdivision 6a – Community residential services**; **component values and calculation of payment rates**, by increasing the competitive workforce factor from 6.7 to 9.71 effective January 1, 2026, and from 9.71 to 21.79 effective January 1, 2028.

Section 34 amends **256B.4914, subdivision 6b – Family residential services; component values and calculation of payment rates**, by increasing the competitive workforce factor from 6.7 to 9.71 effective January 1, 2026, and from 9.71 to 21.79 effective January 1, 2028.

Section 35 amends **256B.4914, subdivision 6c – Integrated community supports; component values and calculation of payment rates,** by increasing the competitive workforce factor from 6.7 to 9.71 effective January 1, 2026, and from 9.71 to 21.79 effective January 1, 2028.

Section 36 amends **256B.4914, subdivision 7a – Adult day services; component values and calculation of payment rates**, by increasing the competitive workforce factor from 6.7 to 9.71 effective January 1, 2026, and from 9.71 to 21.79 effective January 1, 2028; and by reducing the absence and utilization factor from 9.4 to 3.9 effective January 1, 2026.

Section 37 amends **256B.4914, subdivision 7b – Day support services; component values and calculation of payment rates**, by increasing the competitive workforce factor from 6.7 to 9.71 effective January 1, 2026, and from 9.71 to 21.79 effective January 1, 2028; and by reducing the absence and utilization factor from 9.4 to 3.9 effective January 1, 2026.

Section 38 amends **256B.4914, subdivision 7c – Prevocational services; component values and calculation of payment rates**, by increasing the competitive workforce factor from 6.7 to 9.71 effective January 1, 2026, and from 9.71 to 21.79 effective January 1, 2028; and by reducing the absence and utilization factor from 9.4 to 3.9 effective January 1, 2026.

Section 39 amends **256B.4914, subdivision 8 – Unit-based services with programming; component values and calculation of payment rates**, by increasing the competitive workforce factor from 6.7 to 9.71 effective January 1, 2026, and from 9.71 to 21.79 effective January 1, 2028; and by limiting billing of individual home supports with training or family training to 8 hours a day.

Section 40 amends **256B.4914, subdivision 9 – Unit-based services without programming; component values and calculation of payment rates,** by clarifying the services included in unit-based services without programming; and by increasing the competitive workforce factor from 6.7 to 9.71 effective January 1, 2026, and from 9.71 to 21.79 effective January 1, 2028.

Section 41 adds **256B.4914, subdivision 14a – Limitations on rate exceptions for residential services**, which establishes limits and conditions on DWRS rate exceptions and annual exception renewals for community residential services, customized living services, family residential services, and integrated community supports.

> **Paragraph (a)** specifies that the limitations and renewal requirements under this section are effective July 1, 2026.
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> **Paragraph (b)** prohibits the commissioner from considering rate exceptions to the absence and utilization factor unless the person for whom the rate exception is sought is receiving hospital or crisis respite services.
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> **Paragraph (c)** prohibits the commissioner from considering a rate exception related to a person's behavioral needs without a documented behavioral diagnosis or a documented assessed need for behavioral support.
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> **Paragraph (d)** prohibits the commissioner from authorizing a rate exception for costs to provide positive support.
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> **Paragraph (e)** prohibits the commissioner from authorizing rate exceptions for increased community time or transportation.

Paragraph (f) prohibits the commissioner from renewing a rate exception in the absence of (1) an annual reassessment that the individual continues to have extraordinary needs, and (2) documentation from the provider of the pay scale and a description of the costs incurred as a result of the additional revenue from the increased rate.

Paragraph (g) prohibits the commissioner from increasing a rate for a rate exception renewal related to direct care or supervision by more than the percent increase in the most recent increase to the relevant base wage.

Paragraph (h) requires the commissioner to publish an online report on the impact of the limitations and renewal requirements under this statutory section on state spending on HCBS spending.

Section 42 adds **256B.4914, subdivision 20 – Sanctions and monetary recovery**, which clarifies that payments for disability wavier services are subject to the same sanctions and monetary requirements as apply to all medical assistance payments.

Section 43 amends **256B.85, subdivision 2 – Definitions**, by modifying the definition of "consultation services" such that it defines a service and not a provider type.

Section 44 amends **256B.85, subdivision 5 – Assessment requirements**, by removing language that is recreated in subdivision 5a, with the exception that the reference to the required use of consultation services is omitted in subdivision 5a.

Section 45 adds **256B.85, subdivision 5a – Temporary authorization without assessment**, which contains most of the language stricken from subdivision 5 with the exception that the reference to the required use of consultation services.

Section 46 amends **256B.85, subdivision 6 – Community first services and supports service delivery plan**, by striking language from paragraph (a) and recreating the stricken language in paragraph (f) but without the requirement that a participant use consultation services when using the agency model. This section makes other conforming changes related to removing the requirement that a participant who chooses the agency model must use consultation services.

Section 47 amends **256B.85, subdivision 7 – Community first services and supports; covered services**, by including swimming lessons as a covered CFSS service, and by making conforming, clarifying, and technical changes related to consultation services.

Section 48 amends **256B.85, subdivision 7a – Enhanced rate**, by increasing the enhanced rate for CFSS services provided to persons who qualify for ten or more hours of service a day from 107.5 percent of the standard rate to 112.5 percent of the standard rate, effective January 1, 2026; and effective January 1, 2027, repealing the requirement that a support worker providing services that qualify for an enhanced rate have additional training in addition to the person-centered training already required under the CFSS statute.

Section 49 amends **256B.85, subdivision 8 – Determination of CFSS service authorization amount**, by modifying the service budget for the CFSS budget model to account for changes to the CFSS budget models and allow for administrative expenses.

Section 50 amends **256B.85, subdivision 8a – Authorizations; exceptions**, by making a conforming change.

Section 51 amends **256B.85, subdivision 11 – Agency-provider model**, by specifying that use of consultation services under the CFSS agency model is optional, and if a participant chooses the agency-model without optional consultation services, then the provider-agency must perform certain functions that a consultation service provider would have performed, including orientation to CFSS and informing the participant of participant protections.

Section 52 amends **256B.85, subdivision 13 – Budget model**, by making a clarifying technical change.

Section 53 amends **256B.85, subdivision 16 – Support workers requirements**, by repealing effective January 1, 2027, the requirement that a support worker providing services that qualify for an enhanced rate have additional training in addition to the person-centered training already required under the CFSS statute.

Section 54 amends **256B.85, subdivision 17 – Consultation Services**, by making conforming and clarifying changes related to the proposal to make consultation services an optional service under the CFSS budget model.

Section 55 amends **256B.85, subdivision 17a – Consultation services provider qualifications and requirements**, by making clarifying and technical changes.

Section 56 amends **256B.85, subdivision 20 – Participant protections**, by clarifying who is responsible for providing CFSS participants with information, counseling, training, and assistance, as needed, to ensure that the participant is able to choose and manage services, models, and budgets.

Section 57 amends **256B.851, subdivision 5 – Payment rates; component values**, by making conforming technical changes.

Section 58 adds **256B.851, subdivision 5a – Payment rates; implementation factor**, which increases the CFSS payment rate implementation factor from 92.08 to 92.20 effective January 1, 2026.

Section 59 adds **256B.851, subdivision 5b – Payment rates; worker retention component**, which specifies the increased CFSS payment rate worker retention components that will be effective January 1, 2026.

Section 60 adds **256B.851, subdivision 5c – Payment rates; enhanced worker retention component**, which specifies the new enhanced worker retention component, effective January 1, 2027, for CFSS support workers who have completed specified orientations.

Section 61 amends **256B.851, subdivision 6 – Payment rates; rate determination**, by making conforming changes related to the CFSS payment rate components.

Section 62 amends **256B.851, subdivision 7 – Treatment of rate adjustments provided outside of cost components**, by making technical and conforming changes.

Section 63 adds **256B.851, subdivision 7a – Budget determinations**, which requires the commissioner to adjust the budgets of CFSS budget model participants to account for rates that incorporate worker retention and enhanced worker retention components.

Section 64 amends **260E.14, subdivision 1**, by specifying that the department of human services is the lead investigative agency of allegations of maltreatment of a minor in an EIDBI program.

Section 65 amends **626.5572, subdivision 13 – Lead investigative agency**, by specifying that the department of human services is the lead investigative agency of allegations of maltreatment of a vulnerable adult in an EIDBI program.

Section 66 amends **WAIVER REIMAGINE PHASE II**, by delaying by an additional year the currently expected implementation date of the two-waiver disability waiver structure and individual budgets until at least January 1, 2028, and by requiring the commissioner to develop an individual budget rate exception methodology to accommodate self-direction of home care nursing.

Section 67 amends **Online support planning tool**, by requiring the commissioner to implement by January 1, 2027, an online support planning and tracking tool for people with disabilities to track their individual budgets and service choices.

Section 68 adds **BUDGET INCREASE FOR CONSUMER-DIRECTED COMMUNITY SUPPORTS**, which requires the commissioner of human services to adjust CDCS budgets to accommodate the estimated increase in expenses resulting from implementation of individual provider collective bargaining agreement.

Section 69 adds **ENHANCED BUDGET INCREASE FOR CONSUMER-DIRECTED COMMUNITY SUPPORTS**, which requires the commissioner of human services to increase the CDCS budget exception percentage from 7.5 percent to 12.5 percent.

Section 70 adds **STIPEND PAYMENTS TO SEIU HEALTHCARE MINNESOTA & IOWA BARGAINING UNIT MEMBERS**, which requires the commissioner to make payments to bargaining unit members and specifies how the payments will be treated for the purposes of state income tax, and eligibility for various state programs, including medical assistance.

Section 71 adds **DIRECTION TO COMMISSIONER; COST REPORTING IMPROVEMENT AND DIRECT CARE STAFF REVIEW**, which requires the commissioner of human services to both review the data collection requirements for providers reimbursed under DWRS and review the medical assistance direct support professional compensation requirements for providers reimbursed under DWRS.

Section 72 adds **COMMUNITY FIRST SERVICES AND SUPPORTS REIMBURSEMENT DURING ACUTE CARE HOSPITAL STAYS**, which permits medical assistance reimbursement for CFSS services provided while participant is receiving acute inpatient hospital services.

Section 73 adds **POSITIVE SUPPORTS COMPETENCY PROGRAM**, which requires the commissioner of human services to develop and implement a competency-based training program for positive support professionals and positive support analysts.

Section 74 adds **DIRECTION TO COMMISSIONER; INTEGRATED COMMUNITY SUPPORTS CODIFICATION**, which requires the commissioner to consult with interested parties to develop draft legislation to codify in Minnesota statute the standards and requirements for integrated community supports provided under the disability waivers.

Section 75 adds **DIRECTION TO COMMISSIONER; PROVISIONAL OR TRANSITIONAL APPROVAL OF INTEGRATED COMMUNITY SERVICES SETTINGS**, which requires the commissioner of human services to develop proposed draft legislation to improve the process by which integrated community supports settings are approved. The improved process must allow an applicant to receive preliminary approval of setting prior to gaining control of the setting and must allow an applicant to substitute an alternative setting during the application process.

Section 76 adds **DIRECTION TO THE COMMISSIONER; GUIDANCE TO COUNTIES**, which requires the commissioner of human services to issue to counties guidance related to authorizing adaptive and one-on-one swimming lessons under the family support grant, consumer support grant, the disability waivers, and CFSS.

Section 77 adds **DIRECTION TO THE COMMISSIONER; SWIMMING LESSONS COVERED UNDER DISABILITY WAIVERS**, which requires the commissioner to permit adaptive and one-one-one swim lessons as a reimbursable cost under the disability waivers.

Section 78 is a **REPEALER**, which repeals obsolete home-and community based licensing provisions, direct care provider premiums, and the legislative task force on guardianship.

ARTICLE 3: SUBSTANCE USE DISORDER TREATMENT

Section 1 amends **245G.01, subdivision 13b – Guest speaker**, by making a conforming clarifying change.

Section 2 adds **245G.01, Subdivision 13d – Individual counseling**, which provides a definition of individual counseling.

Section 3 adds **245G.01, Subdivision 20f – Psychoeducation**, which provides a definition of psychoeducation.

Section 4 adds **245G.01, Subdivision 20g – Psychosocial treatment services**, which provides a definition of psychosocial treatment services.

Section 5 adds **245G.01, Subdivision 20h – Recovery support services**, which provides a definition of recovery support services.

Section 6 adds **245G.01, Subdivision 26a – Treatment coordination**, which provides a definition of treatment coordination.

Section 7 amends **245G.02, subdivision 2 – Exemption from license requirement**, by making a conforming change to a cross-reference.

Section 8 amends **245G.05, subdivision 1 – Comprehensive assessment**, by permitting certain staff members of a substance use disorder treatment program other than alcohol and drug counselors to perform comprehensive assessments of clients. Staff permitted to perform comprehensive assessments include qualified mental health professionals, qualified clinical trainees, and qualified advanced practice registered nurses.

Section 9 amends **245G.07, subdivision 1 – Treatment Service**, by making conforming technical changes; by clarifying the supportive services alone are not treatment services and providing examples of supportive services; and by clarifying the requirements of treatment services provided in a group setting.

Section 10 adds **245G.07, subdivision 1a – Psychosocial treatment service**, which specifies the requirements of psychosocial treatment services, requires a treatment provider when providing psychosocial treatment services to provide the clients with both counseling services and psychoeducation services, and provides the requirements of both.

Section 11 adds **245G.07, subdivision 1b – Treatment coordination**, which specifies the required elements of treatment coordination.

Section 12 adds **245G.07, subdivision 2a – Ancillary treatment service**, which describes recovery support services and peer recovery support services a treatment provider may choose to offer its clients.

Section 13 amends **245G.07, subdivision 3 – Treatment service providers**, by expanding the pool of qualified professionals permitted to provide psychosocial treatment services, treatment coordination, recovery support services, and peer recovery support services.

Section 14 amends **245G.07, subdivision 4 – Location of service provision**, by making conforming technical changes.

Section 15 amends **245G.11, subdivision 6 – Paraprofessionals**, by clarifying the requirements and permissible activities of paraprofessionals within a substance use disorder treatment program.

Section 16 amends **245G.11, subdivision 7 – Treatment coordination provider qualifications**, by modifying the qualifications for individuals providing treatment coordination services, particularly by reducing from 2,000 to 1,000 the number of supervised hours working with individuals with substance use disorder.

Section 17 adds **245G.11, subdivision 12 – Behavioral health practitioners**, which specifies the qualifications, permissible activities and supervision requirements for a behavioral health practitioner.

Section 18 amends **245G.22, subdivision 11 – Waiting list**, by making conforming technical changes.

Section 19 amends **245G.22, subdivision 15 – Nonmedication treatment services**; **documentation**, by making conforming technical changes.

Section 20 amends **254A.19, subdivision 4 – Civil commitments**, by transferring responsibility for determining eligibility for the behavioral health fund from counties to the commissioner of human services.

Section 21 amends **254B.01, subdivision 10 – Psychosocial treatment services**, by making conforming technical changes.

Section 22 amends **254B.02, subdivision 5 – Tribal allocation**, by eliminating future payments to counties for determining eligibility for the behavior health fund and other activities to support individuals with substance use disorder. Only Tribal Nation serving agencies will continue to receive payments.

Section 23 amends **254B.03, subdivision 1 – Financial eligibility determinations**, by transferring the responsibility to determine financial eligibility for the behavioral health fund from counties to the commissioner of human services. Tribal Nations retain their existing responsibility.

Section 24 amends **254B.03, subdivision 3 – Counties to pay state for county share**, by clarifying that counties will continue to pay their existing county share for substance use disorder treatment services funded by the behavioral health fund despite the commissioner now authorizing provision of those services.

Section 25 amends **254B.04, subdivision 1a – Client eligibility**, by making clarifying conforming changes related to transfer of responsibility for determining behavioral health fund eligibility from counties to the commissioner and by limiting eligibility to one 60-day period per year, subject to an appeal for additional eligibility.

Section 26 amends **254B.04, subdivision 5 – Commissioner responsibility to provide administrative services**, by making conforming changes related to transfer of responsibility for determining behavioral health fund eligibility and authorization of BHF services from counties to the commissioner.

Section 27 amends **254B.04, subdivision 6 – Commissioner to determine client financial eligibility**, by making conforming changes related to transfer of responsibility for determining behavioral health fund eligibility and authorization of BHF services from counties to the commissioner and related to reducing BHF eligibility to a single 60-day period per year.

Section 28 amends **254B.04, subdivision 6a – Span of eligibility**, by making conforming changes related to transfer of responsibility for determining behavioral health fund eligibility and authorization of BHF services from counties to the commissioner.

Section 29 amends **254B.05, subdivision 1**, by making conforming changes related to the changes to the licensing requirements for substance use disorder treatment services.

Section 30 amends **254B.05, subdivision 5 – Rate requirements**, by making technical changes to the rate requirements and enhanced rate requirements for substance use disorder treatment services reimbursed by the behavioral health fund.

See also *254B.05, subdivision 6 – Rate adjustments and the Revisor Instructions* related to renumbering section 254B.05.

Section 31 adds **254B.05, subdivision 6 – Rate adjustments**, which modifies the rates for substance use disorder treatment services reimbursed by the behavior fund effective January 1, 2026, and establishes an annual inflation adjustment for these rates beginning January 1, 2028.

Section 32 adds **254B.06, subdivision 5 – Prohibition of duplicative claim submission**, which limits substance use disorder treatment service billing practices that exploit time-based billing codes to fraudulently bill for time during which services were not provided or time during which another service was provided, resulting in billing for the same time period more than once.

Section 33 amends **254B.09, subdivision 2 – American Indian agreements**, by making a technical correction.

Section 34 amends **254B.19, subdivision 1 – Level of care requirements**, by making conforming changes related to the refined definitions of substance use disorder treatment services.

Section 35 amends **256.043, subdivision 3 – Appropriations from registration and license fee account**, by eliminating a $3 million annual statutory appropriation from the opiate epidemic response fund to the commissioner of human services for safe-recovery site start-up and capacity building grants.

Section 36 adds **256.043, subdivision 5 – Transfer from registration and license fee account**, which requires a $1 million annual statutory transfer from the opiate epidemic response fund to the general fund.

Section 37 amends **256B.0625, subdivision 5m – Certified community behavioral health clinic services**, by making a conforming change related to the substance use disorder treatment service definitions.

Section 38 amends **256B.0757, subdivision 4c – Behavioral health home services staff qualifications**, by making a conforming change related to the substance use disorder treatment service definitions.

Section 39 amends **256B.0761 – Services and duration**, by requiring correctional facilities participating in the Reentry Demonstration Project to offer opioid treatment services.

Section 40 amends **256B.761 REIMBURSEMENT FOR MENTAL HEALTH SERVICES**, by removing from this section of statute an annual inflation adjustment for substance use disorder treatment services, but see *254B.05, subdivision 6 – Rate adjustments*.

Section 41 adds **DIRECTION TO COMMISSIONER; SUBSTANCE USE DISORDER TREATMENT STAFF REPORT AND RECOMMENDATIONS**, which requires the commissioner to conduct a study and make recommendations to eliminate any limitations on licensed health professionals' ability to provide substance use disorder treatment services while practicing within their licensed or statutory scopes of practice.

Section 42 adds **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; SUBSTANCE USE DISORDER TREATMENT BILLING UNITS**, which requires the commissioner of human services to establish new billing codes for 15-minute units of individual and group counseling, individual and group psychoeducation and individual and group recovery support services.

Section 43 adds a **REVISOR INSTRUCTION**, which authorizes the revisor of statutes to make statutory changes consistent with the renumbering of section 254B.05.

Section 44 adds a **REVISOR INSTRUCTION**, which requires the revisor of statutes to renumber section 254B.05.

Section 45 adds a **REVISOR INSTRUCTION**, which requires to change the term “mental health practitioner” to “behavioral health practitioner.”

Section 46 is a **REPEALER**, which repeals 245G.01, subdivision 20d, the definition of “skilled treatment services” because that term is replaced with refined substance use disorder treatment service definitions; 245G.07, subdivision 2 – Additional treatment services because most of the content of this subdivision is recreated as subdivision 2a; and 254B.01, subdivision 5 – local agency, because local agencies will no longer have a role in establishing eligibility for or authorizing services reimbursed by the behavior health fund.

ARTICLE 4: HOUSING SUPPORTS

Section 1 adds **256I.05, subdivision 1v – Supplemental rate; Blue Earth County**, which establishes a supplemental rate for a housing supports provider in Blue Earth County.

Section 2 adds **256I.05, subdivision 1w – Supplemental rate; Otter Tail County**, which establishes a supplemental rate for a housing supports provider in Otter Tail County.

ARTICLE 5: HEALTH CARE

Section 1 amends **256.01, subdivision 29 – State medical review team**, by (1) requiring medical assistance providers to provide the state medical review team with access to electronic medical records of individuals seeking a disability determination from the team; and (2) by requiring medical assistance providers to accept electronic signatures for the purposes of authorizing release of a patient's or client's medical records.

Section 2 amends **256B.0625, subdivision 17 – Transportation costs**, by increasing the NEMT base rate for protected transport.

Section 3 amends **256B.766 – REIMBURSEMENT FOR BASIC CARE**, by extending for an additional two years the existing temporary payment methodology for enteral nutrition and supplies.

This section also makes structural, technical, and conforming changes to this statutory section.

ARTICLE 6: DIRECT CARE AND TREATMENT

Section 1 adds **246.0142 FREE COMMUNICATION SERVICES FOR PATIENTS AND CLIENTS**, which requires the commissioner of human services and the Direct Care and Treatment executive board to provide free voice and other communication to patients and clients in the programs and settings under the control of either state agency unless a particular patient or client is subject to a civil commitment order that restricts communication.

Section 2 amends **256G.08, subdivision 1 – Commitment and competency proceedings**, by requiring counties to pay the entire initial costs resulting from a court order for inpatient examination or participation in a competency attainment program.

Section 3 amends **256G.08, subdivision 2 – Responsibility for nonresidents**, by requiring that for a person who is not a resident of the state, financial responsibility for inpatient services or competency attainment programs belongs to the county whose courts issued the order for services.

Section 4 amends **256G.09, subdivision 1 – General procedures**, by requiring disputes regarding which county is the county of financial responsibility for inpatient examinations or

competency attainment programs be handled in the same manner as disputes over the county of financial responsibility following civil commitments.

Section 5 amends **256G.09, subdivision 2 – Financial disputes**, by requiring disputes regarding which county is the county of financial responsibility for inpatient examinations or competency attainment programs be handled in the same manner as disputes over the county of financial responsibility following civil commitments.

Section 6 adds **611.43, subdivision 5 – Costs related to confined treatment**, which requires the facility to which as an individual is confined for inpatient examination to first bill all third parties but specifies that the county in which criminal charges were filed that precipitated the examination is required for any unpaid balance of the cost of care as determined by the DCT executive board.

Section 7 amends **611.46, subdivision 1 – Order to competency attainment program**, by requiring a program or facility at which a defendant is participating in a court order competency attainment program to provide notice regarding a defendant's leave or elopement status from the program.

Section 8 adds **611.55, subdivision 5 – Data Access**, which requires competency attainment programs to provide forensic navigators with private data on defendants participating their programs.

ARTICLE 7: DEPARTMENT OF DIRECT CARE AND TREATMENT ESTABLISHMENT

Articles 7 and 8 modify the governance structure of Direct Care and Treatment by dissolving the Direct Care and Treatment Executive Board and replacing it with a Commissioner of Direct Care and Treatment. Most of the statutory changes required to implement this change in the governance structure of Direct Care and Treatment are accomplished via the Revisor instructions and repealers that appear at the end of articles 7 and 8.

Article 7 contains changes that could not be easily accomplished by a Revisor instruction or that the drafter thought were essential elements of the proposal and should be shown in the bill language.

Sections 1 to 8 reclassify Direct Care and Treatment as a state agency that is a Department and thus headed by a commissioner.

Sections 9 and 10 modify the existing statutes governing the scheduled transfer on July 1, 2025, of the duties and authorities of the commissioner of human services related to direct care and treatment from the commissioner of human services to the proposed commissioner of direct care and treatment.

Sections 11 to 13 and 16 to 19 modify the statutes governing the duties and authorities of the executive board by stating that those duties and authorities will be vested in the commissioner of direct care and treatment. Many of the duties and the authorities transferred by the bill are not included in this portion of the bill, but are included in the revisor

instructions, which will have the same legal effect with respect to the other duties and authorities scheduled to be transferred to the executive board.

Section 14 establishes a permanent advisory council that combines the membership of the repealed executive board and the repealed advisory committee but omits the legislative members who would have been appointed to the repealed advisory committee.

Section 15 grants the commissioner the authority to appoint the chief executive officer of Direct Care and Treatment and specifies the minimum qualifications for the CEO.

Sections 21 and 22 govern the initial appointment of the commissioner of direct care and treatment and requires the governor to make an appointment of a commissioner or name a temporary commissioner by July 1, 2025.

Section 23 explicitly dissolves the executive board the day following final enactment of this proposal, and transfers any duties or authorities, if any, currently vested in the executive board to the commissioner of human services until July 1, 2025, at which time all duties and authorities related to direct care and treatment will be transferred to the commissioner of direct care and treatment.

Sections 24 to 26 are Revisor instructions to modify terms in Minnesota Statutes to implement the dissolution of the executive board, the elimination of the position of chief executive officer of direct care and treatment, and the replacement of both with a commissioner of direct care and treatment.

Section 27 repeals those portions of Chapter 246C that are no longer relevant under a governance structure with a commissioner. This section also repeals session laws related to: (1) the initial appointments of the executive board, (2) the establishment of the temporary advisory committee, which is replaced with a permanent advisory council, and (3) a conflicting statutory amendment from 2024 that was rendered obsolete but also could not be reconciled by the revisor when publishing the 2024 statutes.

ARTICLE 8: DEPARTMENT OF DIRECT CARE AND TREATMENT CONFORMING CHANGES

Article 8 contains conforming changes to other portions of statute that in the opinion of non-partisan staff could not be clearly communicated in a revisor instruction. Often the changes required in Article 8 are needed because under the proposed changes the chapter or section would have references to two commissioners and as a result the revisor instruction might be ambiguous.

ARTICLE 9: DEPARTMENT OF HEALTH

Section 1 amends **144A.474, subdivision 11 – Fines**, by requiring the commissioner of health to publish on the department's website an annual report of the fines collected from home care agencies and how the money from the fines that is statutorily appropriated to the commissioner was allocated.

Section 2 amends **144A.4799 – HOME CARE AND ASSISTED LIVING ADVISORY COUNCIL**, by modifying the membership of the council, clarifying that the purview of the advisory council includes assisted living services, making conforming changes, and expanding examples of projects and initiatives the council may recommend the commissioner allocate the statutorily appropriated fine revenue collected from home care agencies and assisted living facilities.

Section 3 amends **144G.31, subdivision 8 – Deposit of fines**, by requiring the commissioner of health to publish on the department's website an annual report of the fines collected from assisted living facilities and how the money from the fines that is statutorily appropriated to the commissioner was allocated.

Section 4 amends **144G.52, subdivision 1 – Definition**, by making technical changes to the definition of "termination" to recognize that an assisted living facility cannot terminate housing without also terminating services.

Section 5 amends **144G.52, subdivision 2 – Prerequisite to termination of a contract**, by reducing the minimum timeline for a pre-termination meeting from seven days to 24-hours prior to an expeditated termination.

Section 6 amends **144G.52, subdivision 3 – Termination for nonpayment**, by making technical conforming changes and by requiring an assisted living facility to provide the contact information for the Disability Hub to resident subject to a termination.

Section 7 amends **144G.52, subdivision 5 – Expedited termination**, by permitting an assisted living facility to terminate an assisted living contract if the services the resident requires are not provided by the facility or the resident's needs exceed the facility to provide the necessary level of care.

Section 8 amends **144G.52, subdivision 7 – Notice of contract termination required**, by reducing from 15 to seven days the advanced notice a facility must provide a resident before an expedited termination.

Section 9 amends **144G.52, subdivision 8 – Content of notice of termination**, by requiring a facility to include contact information for the Disability Hub in a termination notice, and by specifying that failure to strictly adhere to the notice timelines alone is not sufficient grounds for an appeal of a termination.

Section 10 amends **144G.52, subdivision 9 – Emergency relocation**, by clarifying the meaning of an emergency relocation by excluding a relocation to an emergency room or hospital to which the resident consents, and allows for retroactive notice of emergency relocations effectuated by law enforcement, ambulance personnel, or other first responders.

Section 11 amends **144G.52, subdivision 10 – Right to return**, by authorizing a facility to prohibit a resident from returning to the facility if a resident or employee of the facility has

obtained a protective order or the resident has been charged with a crime the alleged victim of which is a resident or employee of the facility.

Section 12 amends **144G.53 – ASSISTED LIVING CONTRACT NONRENEWAL**, by making technical conforming changes and by prohibiting a facility from choosing to not renew only a resident's assisted living services.

Section 13 amends **144G.54, subdivision 2 – Permissible grounds to appeal termination**, by requiring a resident who is appealing a termination to specify the permissible grounds for the appeal and to provide the facility with all appeal documents within 3 calendar days of filing an appeal.

Section 14 amends **144G.54, subdivision 3 – Appeals process**, by reducing from 14 calendar days to 7 calendar days the timeframe in which an administrative hearing must be held following an appeal of an expedited termination; by permitting parties to the appeal to submit in-person or sworn written testimony representing the interests of other residents of the facility; and by reducing from 10 business days to 5 business days the time frame in which an administrative judge must issue a recommendation regarding an appeal of an expedited termination.

Section 15 amends **144G.54, subdivision 7 – Application of chapter 504B to appeals of terminations**, by prohibiting a 504B challenge to an assisted living contract termination if the termination was not appealed under this chapter or was appealed by the facility prevailed upon appeal; and by entitling a facility that prevails in an appeal under section 144.54 to a writ of recovery of premises and order to vacate.

Section 16 amends **144G.55, subdivision 1 – Duties of facility**, by clarifying the steps a facility must take following an assisted living contract termination to fulfill its obligations to assist with a coordinated move of the resident to another setting.

Section 17 amends **144G.55, subdivision 2 – Safe location**, by clarifying that a resident cannot prevent a termination by refusing to move to an identified safe location or transferring services to an identified alternative service provider.

Section 18 adds **DIRECTION TO COMMISSIONER; PROVISIONAL OR TRANSITIONAL LICENSURE**, which requires the commissioners of health and of human services to convene a group of interested parties to examine the relationship between the costs of complying with the licensing requirements of 144G and the medical assistance reimbursement rates for services provided in 144G licensed assisted living facilities and to develop draft legislation to better align the costs of complying with the licensing regulations and the reimbursement rates for the services provided.

NOTE: the headnote on this section is misleading and will be amended.

Section 19 adds **DIRECTION TO THE COMMISSIONER OF HEALTH; COMMUNITY CARE HUB GRANT**, which establishes a grant to an existing community care hub to expand and strengthen the community care hub model and conduct an evaluation of the model.

ARTICLE 10 – MISCELLANEOUS

Section 1 delays by one year the due date of an evaluation of the supported decision-making program.

Section 2 to 5 extend by one year the Mentally Ill and Dangerous Civil Commitment Reform Task Force and adds to its duties conducting an evaluation of current statutes related to the process by which former patients may seek and order to expunge or vacate a prior commitment order and making recommendations for statutory changes.