SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 1561

(SENATE AUTHORS: MANN, Utke and Boldon)

DATE	D-PG	OFFICIAL STATUS
02/17/2025	422	Introduction and first reading Referred to Health and Human Services

A bill for an act

relating to human services; establishing grant programs for various purposes related to children's mental health; modifying provisions governing long-term care consultation services; modifying rates for certain children's mental health services; establishing the psychiatric residential treatment facility working group; requiring reports; appropriating money; amending Minnesota Statutes 2024, sections 245.4907, subdivision 3; 245I.04, subdivision 12; 256.01, by adding a subdivision; 256B.0616, subdivisions 4, 5; 256B.0911, subdivisions 1, 10, 13, 14, 17, by adding subdivisions; 256B.4911, subdivision 6; proposing coding for new law in Minnesota Statutes, chapter 245.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2024, section 245.4907, subdivision 3, is amended to read:

Subd. 3. **Allowable grant activities.** Grantees must use grant funding to provide training for mental health ~~certified~~ family peer ~~specialists~~ specialist candidates and continuing education to certified family peer specialists as specified in section 256B.0616, subdivision 5.

Sec. 2. **[245.4908] YOUTH CARE PROFESSIONAL GRANT PROGRAM.**

Subdivision 1. **Establishment.** The commissioner of human services must establish a competitive youth care professional grant to provide funding for required nonfacility specific and nonprogram specific orientation and training of direct care staff in the following settings and programs:

(1) children's residential facilities licensed under Minnesota Rules, parts 2960.0010 to 2960.0750;

(2) children's residential programs certified under Minnesota Rules, parts 2960.0010 to 2960.0750; and

(3) day treatment programs described in section 256B.0943.

Subd. 2. **Eligible applicants.** An eligible applicant is a Minnesota-based third-party training provider that:

(1) is affiliated with a research institution conducting regular inquiry into child and youth development;

(2) has experience developing, facilitating, and evaluating child and youth training content provided to a Minnesota workforce;

(3) has expertise in curriculum development for both synchronous and asynchronous virtual training; and

(4) has expertise in utilizing learner management systems for transferable electronic training records.

Subd. 3. **Program development.** (a) The commissioner must contract with the grantee to establish nonfacility specific and nonprogram specific orientation and training curricula and accompanying assessment mechanisms. The contract must contain a complete list of orientation and training topics the grantee must include in the curricula and standards for demonstrating competency in the topics included in the curricula. The curricula must include how to provide services to a person according to a trauma-informed model of care.

(b) When developing the nonfacility specific and nonprogram specific orientation and training curricula, the grantee must consult with children's residential program staff and day treatment program staff.

(c) The grantee must include all nonfacility specific and nonprogram specific orientation and training topics required of the targeted direct care staff under Minnesota Rules, parts 2960.0010 to 2960.0750, and as applicable, chapter 245I.

Subd. 4. **Training activities.** The grantee must maintain a learning management system that keeps a record of each training participant's progress toward completing the curricula, including the results of competency assessments.

Subd. 5. **Youth care professional registry.** (a) The grantee must create and maintain a youth care professional registry. Training participants who have successfully completed the training program and demonstrated the relevant competencies may elect to be included on the registry. When a training participant elects to be included on the registry, the grantee

must enter the training participant's name and training completion date on the youth care professional registry.

(b) If the registrant gives written permission, the grantee must share the registrant's record with an any child-serving organization that specifically requests the registrant's record.

Sec. 3. **[245.4909] HIGH-FIDELITY WRAPAROUND GRANTS.**

Subdivision 1. **Establishment.** The commissioner of human services shall establish a high-fidelity wraparound grant program to provide additional funding for a comprehensive child and family-driven response to children experiencing serious mental health or behavioral challenges through the implementation of a high-fidelity wraparound service model.

Subd. 2. **Eligible applicants.** An eligible applicant is a community-based service provider or a county with a commitment to providing high-fidelity wraparound services. Applicants other than counties must partner with a county. Applicants must describe county efforts to leverage an enhanced children's mental health targeted case management rate to support base funding for high-fidelity wraparound services provided to recipients of medical assistance.

Subd. 3. **Grant activities.** Grantees must comply with relevant mental health targeted case management services standards described in section 256B.0625, subdivision 20, and deliver high-fidelity wraparound services through an evidence-based model approved by the commissioner. Permissible uses of awarded grant money include paying for start-up costs and ancillary care. A grantee may use awarded grant funds to pay for the provision of high-fidelity wraparound services, but only after determining and documenting that no other payor, including the county and medical assistance, is liable for the cost of services.

Subd. 4. **Technical assistance to counties.** The commissioner shall clearly communicate to county human services directors that the delivery of high-fidelity wraparound services provides an opportunity for a county to apply for an enhanced rate for children's mental health targeted case management. The commissioner shall provide timely clear direction and enhanced rate application support to counties that express interest in supporting the provision of high-fidelity wraparound services.

Subd. 5. **Data collection and outcome measurement.** Grantees shall provide the commissioner with service utilization and outcome data no more frequently than twice per year. The commissioner shall design the data requirements in consultation with the grantee.

Sec. 4. Minnesota Statutes 2024, section 245I.04, subdivision 12, is amended to read:

Subd. 12. **Mental health certified family peer specialist qualifications.** A mental health certified family peer specialist must:

(1) have raised or be currently raising a child with a mental illness or have lived experience as a youth with a mental illness;

(2) have experience navigating the children's mental health system; and

(3) have a valid certification as a mental health certified family peer specialist under section 256B.0616.

Sec. 5. Minnesota Statutes 2024, section 256.01, is amended by adding a subdivision to read:

Subd. 44. **Youth care transition teams.** (a) The commissioner shall establish and maintain youth care transition teams to facilitate the transition of youth from inpatient psychiatric settings, emergency departments, inpatient hospitalization, juvenile detention facilities, residential treatment facilities, and child and adolescent behavioral health hospitals to the community or to a less restrictive care setting. Each multidisciplinary team must consist of at least one mental health professional as defined in section 245I.04, subdivision 2, and a family peer specialist. Teams must coordinate with family caregivers, the setting from which the child is discharging, community providers, lead agencies, health carriers as defined in section 62A.011, the Department of Human Services, and other involved parties. Teams must support the youth's transition to necessary care and treatment in a community setting or a setting that is less restrictive than the setting from which the youth is discharging.

(b) The commissioner must ensure that the teams make available at least 90 days of direct support to the youth and caregivers to support and stabilize the youth's transition to community.

Sec. 6. Minnesota Statutes 2024, section 256B.0616, subdivision 4, is amended to read:

Subd. 4. **Family peer support ~~specialist~~ program providers.** The commissioner shall develop a process to certify family peer support ~~specialist~~ programs, in accordance with the federal guidelines, in order for the program to bill for reimbursable services. Family peer support programs must operate within an existing mental health community provider or center.

Sec. 7. Minnesota Statutes 2024, section 256B.0616, subdivision 5, is amended to read:

Subd. 5. **Certified family peer specialist training and certification.** (a) The commissioner shall develop ~~a~~ or approve the use of an existing training and certification process for ~~certified~~ certifying family peer specialists. ~~The~~ Family peer specialist candidates must have raised or be currently raising a child with a mental illness~~,~~ or have lived experience as a youth with a mental illness; have ~~had~~ experience navigating the children's mental health system~~,~~; and ~~must~~ demonstrate leadership and advocacy skills and a strong dedication to family-driven and family-focused services. The training curriculum must teach participating family peer ~~specialists~~ specialist candidates specific skills relevant to providing peer support to other parents and youth.

(b) In addition to initial training and certification, the commissioner shall develop ongoing continuing educational workshops on pertinent issues related to family peer support counseling.

(c) Initial training leading to certification as a family peer specialist and continuing education for certified family peer specialists must be delivered by the commissioner or a third-party organization approved by the commissioner. An approved third-party organization may also provide continuing education of certified family peer specialists.

Sec. 8. Minnesota Statutes 2024, section 256B.0911, subdivision 1, is amended to read:

Subdivision 1. **Purpose and goal.** (a) The purpose of long-term care consultation services is to assist persons with long-term or chronic care needs in making care decisions and selecting support and service options that meet their needs and reflect their preferences. The availability of, and access to, information and other types of assistance, including long-term care consultation assessment and support planning, is also intended to prevent or delay institutional placements and to provide access to transition assistance after placement. Further, the goal of long-term care consultation services is to contain costs associated with unnecessary institutional admissions. Long-term care consultation services must be available to any person regardless of public program eligibility.

(b) The commissioner of human services shall seek to maximize use of available federal and state funds and establish the broadest program possible within the funding available.

(c) Long-term care consultation services must be coordinated with long-term care options counseling, long-term care options counseling ~~for assisted living~~ at critical care transitions, the Disability Hub, and preadmission screening.

(d) A lead agency providing long-term care consultation services shall encourage the use of volunteers from families, religious organizations, social clubs, and similar civic and service organizations to provide community-based services.

Sec. 9. Minnesota Statutes 2024, section 256B.0911, subdivision 10, is amended to read:

Subd. 10. **Definitions.** (a) For purposes of this section, the following definitions apply.

(b) "Available service and setting options" or "available options," with respect to the home and community-based waivers under chapter 256S and sections 256B.092 and 256B.49, means all services and settings defined under the waiver plan for which a waiver applicant or waiver participant is eligible.

(c) "Competitive employment" means work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting, and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

(d) "Cost-effective" means community services and living arrangements that cost the same as or less than institutional care. For an individual found to meet eligibility criteria for home and community-based service programs under chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally approved waiver plan for each program.

(e) "Independent living" means living in a setting that is not controlled by a provider.

(f) "Informed choice" has the meaning given in section 256B.4905, subdivision 1a.

(g) "Lead agency" means a county administering or a Tribe or health plan under contract with the commissioner to administer long-term care consultation services.

(h) "Long-term care consultation services" means the activities described in subdivision 11.

(i) "Long-term care options counseling" means the services provided by sections 256.01, subdivision 24, and 256.975, subdivision 7, and also includes telephone assistance and follow-up after a long-term care consultation assessment has been completed.

(j) "Long-term care options counseling ~~for assisted living~~ at critical care transitions" means the services provided under section 256.975, ~~subdivisions~~ subdivision 7e ~~to 7g~~.

(k) "Minnesota health care programs" means the medical assistance program under this chapter and the alternative care program under section 256B.0913.

(l) "Person-centered planning" is a process that includes the active participation of a person in the planning of the person's services, including in making meaningful and informed choices about the person's own goals, talents, and objectives, as well as making meaningful and informed choices about the services the person receives, the settings in which the person receives the services, and the setting in which the person lives.

(m) "Preadmission screening" means the services provided under section 256.975, subdivisions 7a to 7c.

Sec. 10. Minnesota Statutes 2024, section 256B.0911, subdivision 13, is amended to read:

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

(b) MnCHOICES certified assessors must:

(1) either have ~~a bachelor's~~ at least an associate's degree in ~~social work~~ human services, nursing with a public health nursing certificate, or other closely related field or be a registered nurse; and

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

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

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

Sec. 11. Minnesota Statutes 2024, section 256B.0911, subdivision 14, is amended to read:

Subd. 14. **Use of MnCHOICES certified assessors required.** (a) Each lead agency shall use MnCHOICES certified assessors who have completed MnCHOICES training and the certification process determined by the commissioner in subdivision 13.

(b) Each lead agency must ensure that the lead agency has sufficient numbers of certified assessors to provide long-term consultation assessment and support planning within the timelines and parameters of the service.

(c) A lead agency may choose, according to departmental policies, to contract with a qualified, certified assessor to conduct assessments and reassessments on behalf of the lead agency.

(d) Tribes and health plans under contract with the commissioner must provide long-term care consultation services as specified in the contract.

(e) A lead agency must provide the commissioner with an administrative contact for communication purposes.

(f) A lead agency may contract with hospitals to conduct assessments of patients in the hospital on behalf of the lead agency when the lead agency has failed to meet its obligations under subdivision 17 to complete within 20 working days an assessment of a person in a hospital (1) who has requested long-term care consultation services, or (2) for whom long-term care consultation services have been recommended and the commissioner has also failed to meet the commissioner's obligation under subdivision 34 to complete an assessment within ten working days of the recommendation. The contracted assessment must be conducted by a hospital employee who is a qualified, certified assessor. The hospital employees who perform assessments under the contract between the hospital and the lead agency may perform assessments in addition to other duties assigned to the employee by the hospital, except the hospital employees who perform the assessments under contract with the lead agency must not perform any waiver-related tasks other than assessments. The reimbursement by the county to the hospital for each assessment conducted must not exceed the sum of the average reimbursement from the commissioner to the county per assessment, plus the county share as determined under subdivision 33.

Sec. 12. Minnesota Statutes 2024, section 256B.0911, subdivision 17, is amended to read:

Subd. 17. **MnCHOICES assessments.** (a) A ~~person requesting long-term care consultation services must be visited by a~~ long-term care consultation team must complete an assessment of a person requesting long-term care consultation services or for whom long-term care consultation services were recommended within 20 working days after the date on which an assessment was requested or recommended. For each day that a lead agency is out of compliance with the required timeline for completing an assessment under this paragraph, the lead agency shall forfeit to the commissioner of human services a fine of $250. The commissioner must deposit all forfeitures under this paragraph into the general fund. The commissioner may waive the daily fines in part or in whole upon a determination by the commissioner that the lead agency lacks sufficient staff to meet the required timelines. If the lead agency is aggrieved by the decision of the commissioner to not waive the fines, the lead agency may appeal to the district court having jurisdiction over the lead agency responsible for providing the long-term care consultation services at issue under section 256.045, subdivision 7.

(b) Assessments must be conducted according to this subdivision and subdivisions 19 to 21, 23, 24, and 29 to 31.

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

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

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

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

Sec. 13. Minnesota Statutes 2024, section 256B.0911, is amended by adding a subdivision to read:

Subd. 34. **State assessors.** (a) The commissioner must create a pool of state employees who are qualified, certified assessors. A member of the state-employed certified assessor pool may perform other duties as assigned. A member of the state-employed certified assessor pool must not be assigned or perform any duties related to appeals under section 256.045 of certified assessors' decisions regarding eligibility for services and programs as defined in subdivision 11, clauses (5), (7) to (10), and (15); certified assessors' decisions regarding the need for institutional level of care; or lead agencies' final decisions regarding eligibility for public programs.

(b) The commissioner must deploy a state-employed certified assessor who must complete an assessment within ten business days of a request from a facility if the conditions of paragraph (c) or (d) are met. For the purposes of this subdivision, "facility" means a hospital, a licensed health care facility, a licensed residential setting, a licensed assisted living facility, or any correctional facility enumerated in section 241.91.

(c) If a lead agency fails to meet its obligation under subdivision 17 to complete within 20 working days an assessment of a person in a facility who has requested long-term care consultation services or for whom long-term care consultation services have been recommended, the facility may request that the commissioner deploy a state-employed certified assessor to conduct an assessment of that person on behalf of the lead agency.

(d) If at any time a lead agency informs a facility that the lead agency will not meet its obligation under subdivision 17 to complete an assessment of the person in the facility who has requested long-term care consultation services or for whom long-term care services were requested, the facility may request that the commissioner deploy a state-employed certified assessor to conduct the assessment of that person on behalf of the lead agency.

(e) For each assessment conducted under this subdivision, the commissioner shall recoup from the lead agency the sum of the average reimbursement from the commissioner to the lead agency per assessment, plus the county share as determined under subdivision 33.

Sec. 14. Minnesota Statutes 2024, section 256B.0911, is amended by adding a subdivision to read:

Subd. 35. **Report on assessment completions.** (a) The commissioner shall issue a public report twice per year containing summary data on the completion of assessments under this section. Lead agencies must submit to the commissioner in the form and manner determined by the commissioner all summary data the commissioner requests for the purposes of the report.

(b) The report must include:

(1) the total number of assessments performed since the previous reporting period;

(2) the total number of initial assessments performed since the previous reporting period;

(3) the total number of reassessments performed since the previous reporting period;

(4) the number and percentage of assessments completed within the required timeline, by a lead agency;

(5) the average length of time to complete an assessment, by a lead agency;

(6) the number and percentage of all assessments performed on behalf of a lead agency by a state-employed assessor under subdivision 34, by a lead agency;

(7) the number and percentage of all assessments performed on behalf of a lead agency by a hospital under subdivision 14, paragraph (f), by a lead agency;

(8) summary data of the location in which the assessments were performed; and

(9) other information the commissioner determines is valuable to assess the capacity of lead agencies to complete assessments within the timelines prescribed by law.

Sec. 15. Minnesota Statutes 2024, section 256B.4911, subdivision 6, is amended to read:

Subd. 6. **Services provided by parents and spouses.** (a) This subdivision limits medical assistance payments under the consumer-directed community supports option for personal assistance services provided by a parent to the parent's minor child or by a participant's spouse. This subdivision applies to the consumer-directed community supports option available under all of the following:

(1) alternative care program;

(2) brain injury waiver;

(3) community alternative care waiver;

(4) community access for disability inclusion waiver;

(5) developmental disabilities waiver; and

(6) elderly waiver.

(b) For the purposes of this subdivision, "parent" means a parent, stepparent, or legal guardian of a minor.

(c) If multiple parents are providing personal assistance services to their minor child or children, each parent may provide up to 40 hours of personal assistance services in any seven-day period regardless of the number of children served. The total number of hours of medical assistance home and community-based services provided by all of the parents must not exceed 80 hours in a seven-day period regardless of the number of children served.

(d) If only one parent is providing personal assistance services to a minor child or children, the parent may provide up to 60 hours of medical assistance home and community-based services in a seven-day period regardless of the number of children served.

(e) A parent may provide personal assistance services to a minor child who has an assessed activity of daily living dependency requiring supervision, direction, cueing, or hands-on assistance, including when provided while traveling temporarily out-of-state.

(f) If a participant's spouse is providing personal assistance services, the spouse may provide up to 60 hours of medical assistance home and community-based services in a seven-day period.

~~(f)~~ (g) This subdivision must not be construed to permit an increase in the total authorized consumer-directed community supports budget for an individual.

Sec. 16. **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY WORKING GROUP.**

(a) By July 15, 2025, the commissioner of human services must convene a working group with participation from organizations operating psychiatric residential treatment facilities, advocates, health care experts, juvenile detention experts, county representatives, and at least one employee of Direct Care and Treatment appointed by the chief executive officer of Direct Care and Treatment, and at least two employees of the Department of Human Services, one of whom must have expertise in behavioral health and one of whom must have expertise in licensing of residential facilities.

(b) By January 15, 2026, the psychiatric residential treatment facility working group must submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over children's mental health and juvenile detention. The submitted report must include recommendations:

(1) to amend the state medical assistance plan to expand access to care provided in psychiatric residential treatment facilities with consideration being given to enhancing flexibilities to serve a continuum of mental health needs;

(2) to develop licensing standards for psychiatric residential treatment facilities to reflect needed flexibilities and broad inclusion of settings where care can be delivered, including in settings operated by Direct Care and Treatment; and

(3) to update the rate methodology for services provided in psychiatric residential treatment facilities to assure high quality of care with required individualization.

(c) When developing the recommendations required under paragraph (b), the working group must:

(1) consider how best to meet the needs of children with high levels of complexity, aggression, and related barriers to being served by community providers; and

(2) determine what would be required, including needed infrastructure, staffing, and sustainable funding sources, to allow qualified residential treatment programs to transition to a psychiatric residential treatment facility standard of care.

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

Sec. 17. **MENTAL HEALTH COLLABORATION HUB INNOVATION PILOT.**

(a) The commissioner of human services shall provide funding and technical assistance to and establish a data sharing agreement with the Mental Health Collaboration Hub to

support the Hub's pilot project to develop and implement innovative care pathways and care facility decompression strategies. This pilot project must fund, track, and evaluate activities that expedite transitions of children from inappropriate care settings to appropriate care settings. A steering committee of expert Mental Health Collaboration Hub participants representing the continuum of children's behavioral health care will guide funding determinations to support the transition of up to 200 children per year.

(b) On January 1, 2027, and each January 1 for the subsequent four years, the Mental Health Collaboration Hub must submit a report to the commissioner and chairs and ranking minority members of the legislative committees with jurisdiction over children's mental health and juvenile detention. The report must describe how the awarded grant money was spent and summarize the impact the pilot project had on participating children, families, and providers.

Sec. 18. **ROOM AND BOARD COSTS IN CHILDREN'S RESIDENTIAL FACILITIES.**

Notwithstanding Laws 2023, chapter 70, article 9, section 41, the room and board rate for children's residential treatment services provided under Minnesota Statutes, section 245.4882, to individuals who do not have a placement under Minnesota Statutes, chapter 260C or 260D, must be equal to the proportion of the service provider's per day IV-E program contract rate that relates to room and board. The commissioner of human services must update the behavioral health fund room and board rate schedule to include these room and board rates by provider.

EFFECTIVE DATE. This section is effective July 1, 2025, and the new rates apply to room and board provided on or after that date.

Sec. 19. **RATE INCREASE FOR IN-HOME CHILDREN'S MENTAL HEALTH SERVICES.**

The commissioner must increase by 50 percent:

(1) the rates that apply to any claim for any children's mental health service submitted with an in-home modifier; and

(2) reimbursement rates for mental health provider travel time directly related to a claim described in clause (1).

Sec. 20. **APPROPRIATION; BRIDGE TO CHILDREN'S RESIDENTIAL MENTAL HEALTH CRISIS STABILIZATION.**

$..... in fiscal year 2026 is appropriated from the general fund to the commissioner of human services for onetime grants to direct service providers and partnering county human services agencies to support the provision of children's residential mental health crisis stabilization services until federal approval is obtained for a children's residential mental health crisis stabilization benefit under medical assistance. This is a onetime appropriation.

Sec. 21. **APPROPRIATION; HIGH-FIDELITY WRAPAROUND GRANTS.**

$..... in fiscal year 2026 and $..... in fiscal year 2027 are appropriated from the general fund to the commissioner of human services for high-fidelity wraparound grants under Minnesota Statutes, section 245.4909.

Sec. 22. **APPROPRIATION; MENTAL HEALTH COLLABORATION HUB INNOVATION PILOT.**

$..... in fiscal year 2026 and $..... in fiscal year 2027 are appropriated from the general fund to the commissioner of human services for a sole-source grant to the Mental Health Collaboration Hub for the Mental Health Collaboration Hub innovation pilot. Up to ten percent of this appropriation may be used to support administrative operations of the Mental Health Collaboration Hub. The general fund base for this appropriation is $..... in fiscal year 2028, $..... in fiscal year 2029, and $0 in fiscal year 2030.

Sec. 23. **APPROPRIATION; PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY WORKING GROUP.**

$..... in fiscal year 2026 is appropriated from the general fund to the commissioner of human services for the psychiatric residential treatment facility working group. This is a onetime appropriation.

Sec. 24. **APPROPRIATION; TARGETED RECRUITMENT FOR RESPITE CARE ACCESS.**

$..... in fiscal year 2026 is appropriated from the general fund to the commissioner of human services for competitive grants to private agencies as defined under Minnesota Statutes, section 142B.01, for targeted recruitment of licensed respite care providers to support children with complex behavioral needs. The commissioner must prioritize: (1) culturally specific engagement with families of children requiring respite services and their

communities; (2) targeted recruitment within expert professional groups; and (3) direct support to license newly recruited respite care providers, train newly licensed respite care providers, and provide individualized care planning for children requiring respite care services. The commissioner may also conduct individualized recruitment activities, support training for licensed respite providers, and provide crisis response care to assure stability and support for children. This is a onetime appropriation.

Sec. 25. **APPROPRIATION; YOUTH CARE PROFESSIONAL TRAINING PROGRAM.**

$1,900,000 in fiscal year 2026 and $1,700,000 in fiscal year 2027 are appropriated from the general fund to the commissioner of human services for youth care professional grants under Minnesota Statutes, section 245.4908.

Sec. 26. **APPROPRIATION; YOUTH CARE TRANSITION TEAM GRANTS.**

$..... in fiscal year 2026 and $..... in fiscal year 2027 are appropriated from the general fund to the commissioner of human services for youth care transition teams under Minnesota Statutes, section 256.01, subdivision 44.

Sec. 27. **REVISOR INSTRUCTION.**

The revisor of statutes shall renumber Minnesota Statutes, section 245.491, as Minnesota statutes, section 245.4919. The revisor shall also make necessary cross-reference changes in Minnesota Statutes and Minnesota Rules consistent with the renumbering.