Priority Admissions Panel Recommendations	HF/SF	County Bill SF2628/HF2416
Fund the addition of a 50-bed facility on the campus of Anoka Metro Regional Treatment Center.	HF 2587/SF2901 Section 1. **ANOKA METRO REGIONAL TREATMENT CENTER.** Subdivision 1. **Appropriation.** $..... is appropriated from the bond proceeds fund to the commissioner of administration to predesign, design, and complete site preparation for a new 50-bed psychiatric facility on the campus of the Anoka Metro Regional Treatment Center. Subd. 2. **Bond sale.** To provide the money appropriated in this section from the bond proceeds fund, the commissioner of management and budget shall sell and issue bonds of the state in an amount up to $..... in the manner, upon the terms, and with the effect prescribed by Minnesota Statutes, sections 16A.631 to 16A.675, and by the Minnesota Constitution, article XI, sections 4 to 7. **EFFECTIVE DATE.** This section is effective the day following final enactment.	Sec. 8. **APPROPRIATION; EXPANDED CAPACITY AT SECURE TREATMENT FACILITIES.** $..... in fiscal year 2026 and $..... in fiscal year 2027 are appropriated from the general fund to the Direct Care and Treatment executive board to expand forensic mental health program capacity at secure treatment facilities by 20 percent over the available capacity as of June 30, 2025. The expanded capacity is estimated to be an additional 72 fully staffed beds. Sec. 9. **APPROPRIATION; EXPANDED CAPACITY AT ANOKA-METRO REGIONAL TREATMENT CENTER.** $..... in fiscal year 2026 and $..... in fiscal year 2027 are appropriated from the general fund to the Direct Care and Treatment executive board to expand adult mental health treatment service capacity at Anoka-Metro Regional Treatment Center by 20 percent over the available capacity as of June 30, 2025. The expanded capacity is estimated to be an additional 22 fully staffed beds. Sec. 10. **APPROPRIATION; EXPANDED CAPACITY AT ADULT COMMUNITY BEHAVIOR HEALTH HOSPITALS.** $..... in fiscal year 2026 and $..... in fiscal year 2027 are appropriated from the general fund to the Direct Care and Treatment executive board to expand adult mental health service capacity at community behavioral health hospitals by 20 percent over the available capacity as of June 30, 2025. The expanded capacity is estimated to be an additional 19 fully staffed beds.
Increase Medicaid rates for community and hospital providers.	SF1402/HF1005	

Increase funds for the First Episode of Psychosis and First Episode of Bipolar Disorder Programs.	SF 953/HF2143	
Increase funding for mobile crisis teams and allow money to purchase protected transport vehicle	SF1599/HF973	
Establish a task force on transport holds and provide education to law enforcement on transport holds.	Amendment ready: Sec. 2. **TRANSPORT HOLD WORK GROUP.** Subdivision 1. **Establishment and membership.** The transport hold work group is established to find solutions when a person may be taken into custody and transported for emergency admission under section 253B.051. The members of the workgroup shall be: (1) the commissioner of human services or a representative; (2) a representative of the Minnesota County Attorneys Association; (3) the state public defender or a representative; (4) a commitment defense attorney; (5) at least two mental health professionals with experience in crisis response, one must be from outside the seven-county Metro area, appointed by the commissioner of human services; (6) at least two mental health professionals from underrepresented communities as defined in 148E.025 subdivision 20; (7) a representative of the Minnesota Sheriffs Association; (8) a representative of the Minnesota Chiefs of Police Association; (9) a representative of the Association of Minnesota Counties; (10) a representative of the National Alliance on Mental Illness Minnesota; and	

	(11) the ombudsman for mental health and developmental disabilities or a representative. Subd. 2. **Duties.** (a) Members must be selected by the authorities under subdivision 1 by July 31, 2025. The work group shall convene by September 15, 2025 and meet at least monthly. The work group shall select a chair. The duties of the work group are to: (1) determine best practices when a person must be taken into custody and transported for emergency admission under section 253B.051; (2) determine best practices when a peace officer may use authorized force to take a person into custody and transport the person under section 253B.051; and (3) develop recommendations for policy changes and funding needs to safely transport people in mental health crises, including alternatives to law enforcement. (b) By February 1, 2026 the work group shall submit a written report to the Governor, and chairs and ranking minority members of the legislative committees and divisions with jurisdiction over human services and public safety on the work group's activities and recommendations. Subd. 3. **Administration**. (a) The Department of Human Services must provide administrative support to the work group and must assist in creation of the report under subdivision 2. (b) Members of the task force serve without compensation. Subd. 4. **Expiration**. The work group shall expire February 1, 2026.	

Extend the Sunset Provision for Two Years During Which Time the Legislature must Develop DCT and Community Capacity	HF2586/SF2902 Sec. 3. Minnesota Statutes 2024, section 253B.10, subdivision 1, e) Patients described in paragraph (b) must be admitted to a state-operated treatment program within 48 hours of the Office of Executive Medical Director, under section 246C.09, or a designee determining that a medically appropriate bed is available. This paragraph expires on June 30, ~~2025~~ 2027.	Sec. 4. Minnesota Statutes 2024, section 253B.10, subdivision 1, is amended to read: Subdivision 1. **Administrative requirements.** (a) When a person is committed, the court shall issue a warrant or an order committing the patient to the custody of the head of the treatment facility, state-operated treatment program, or community-based treatment program. The warrant or order shall state that the patient meets the statutory criteria for civil commitment. (b) The executive board shall prioritize civilly committed patients being admitted from jail or a correctional institution or who are referred to a state-operated treatment facility for competency attainment or a competency examination under sections 611.40 to 611.59 for admission to a medically appropriate state-operated direct care and treatment bed based on the decisions of physicians in the executive medical director's office, using a priority admissions framework. The framework must account for a range of factors for priority admission, including but not limited to: (1) the length of time the person has been on a waiting list for admission to a state-operated direct care and treatment program since the date of the order under paragraph (a), or the date of an order issued under sections 611.40 to 611.59; (2) the intensity of the treatment the person needs, based on medical acuity; (3) the person's revoked provisional discharge status; (4) the person's safety and safety of others in the person's current environment; (5) whether the person has access to necessary or court-ordered treatment;

		(6) distinct and articulable negative impacts of an admission delay on the facility referring the individual for treatment; and (7) any relevant federal prioritization requirements. Patients described in this paragraph must be admitted to a state-operated treatment program within ~~48 hours~~ the timelines specified in section 253B.1005. The commitment must be ordered by the court as provided in section 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2, must be prioritized for admission to a state-operated treatment program using the priority admissions framework in this paragraph. (c) Upon the arrival of a patient at the designated treatment facility, state-operated treatment program, or community-based treatment program, the head of the facility or program shall retain the duplicate of the warrant and endorse receipt upon the original warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must be filed in the court of commitment. After arrival, the patient shall be under the control and custody of the head of the facility or program. (d) Copies of the petition for commitment, the court's findings of fact and conclusions of law, the court order committing the patient, the report of the court examiners, and the prepetition report, and any medical and behavioral information available shall be provided at the time of admission of a patient to the designated treatment facility or program to which the patient is committed. Upon a patient's referral to the executive board for admission pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or correctional facility that has

		provided care or supervision to the patient in the previous two years shall, when requested by the treatment facility or executive board, provide copies of the patient's medical and behavioral records to the executive board for purposes of preadmission planning. This information shall be provided by the head of the treatment facility to treatment facility staff in a consistent and timely manner and pursuant to all applicable laws. ~~(e) Patients described in paragraph (b) must be admitted to a state-operated treatment program within 48 hours of the Office of Executive Medical Director, under section 246C.09, or a designee determining that a medically appropriate bed is available. This paragraph expires on June 30, 2025.~~ ~~(f)~~ (e) Within four business days of determining which state-operated direct care and treatment program or programs are appropriate for an individual, the executive medical ~~director's office~~ director or a designee must notify the source of the referral and the responsible county human services agency, the individual being ordered to direct care and treatment, and the district court that issued the order of the determination. The notice shall include ~~which program or programs are appropriate for~~ the person's relative priority status by quartile and the factors impacting the person's priority status, projected admission date, and contact information for the Direct Care and Treatment Central Preadmissions Office. For any individuals not admitted to a state-operated direct care and treatment program within ten business days after previous notice, the executive medical director or a designee must provide additional notice to the responsible county human services agency, the individual being ordered to

		direct care and treatment, and the district court that issued the order of the determination. The additional notice must include updates to the same information providedin the previous notice. Any interested person or the individual being ordered to direct care and treatment may provide additional information to or request updated priority status about the individual ~~to~~ from the executive medical director's office or a designee while the individual is awaiting admission. ~~Updated~~ Priority status ~~of~~ information regarding an individual will only be disclosed to interested persons who are legally authorized to receive private information about the individual, including the designated agency and the facility to which the individual is awaiting admission. Specific updated priority status information may be withheld from the individual being ordered to direct care and treatment if in the judgment of the physicians in the executive medical director's office the information will jeopardize the health or wellbeing of the individual. When an available bed has been identified, the executive medical director's office or a designee must notify the designated agency and the facility where the individual is awaiting admission that the individual has been accepted for admission to a particular state-operated direct care and treatment program and the earliest possible date the admission can occur. The designated agency or facility where the individual is awaiting admission must transport the individual to the admitting state-operated direct care and treatment program no more than 48 hours after the offered admission date.

		Sec. 5. **[253B.1005] ADMISSION TIMELINES.** Subdivision 1. **Admission required within 48 hours.** Patients described in section 253B.10, subdivision 1, paragraph (b), must be admitted to a state-operated treatment program within 48 hours. This subdivision expires upon the effective date of subdivision 2. Subd. 2. **Admission required within ten days.** Effective upon capacity at secure forensic mental health treatment facilities operated by Direct Care and Treatment reaching 431 fully staffed and operational beds, capacity at Anoka-Metro Regional Treatment Center reaching 132 fully staffed and operational beds, and the total capacity at adult community behavioral health hospitals operated by Direct Care and Treatment reaching 115 fully staffed and operational beds, patients described in section 253B.10, subdivision 1, paragraph (b), must be admitted to a state-operated treatment program within ten calendar days. **EFFECTIVE DATE.** This section is effective July 1, 2025. Sec. 6. **[253B.101] COST OF DELAYED ADMISSION.** The Direct Care and Treatment executive board must reimburse any state agency, county, municipality, or other political subdivision of the state for demonstrated costs incurred beyond the first 30 calendar days to confine a civilly committed patient in a jail or a correctional institution who is awaiting admission to a state-operated treatment program. **EFFECTIVE DATE.** This section is effective July 1, 2025, and applies to civil commitments occurring on or after that date.

Panel members wish to review progress on the original recommendations made by the Priority Admissions Task Force in 2024. These included: • Immediately begin to increase capacity of Direct Care and Treatment; • Form Joint Incident collaboration to actively facilitate discharges for DCT patients; • Approve an exception to the Priority Admissions law; • Create and implement new Priority Admissions criteria to the Direct Care and Treatment facilities; • Increase access to services provided in the community; • Provide funding to administer mental health medications to individuals in custody; • Relieve counties of some cost for individuals awaiting transfer to other DCT facilities; • Expedite Minnesota's Section 1115 Waiver Application for Individuals in custody; 25 • Increase Forensic Examiner accessibility.	HF2586/SF2902 **PRIORITY ADMISSIONS REVIEW PANEL.** (a) The Priority Admissions Review Panel is established. (b) The Direct Care and Treatment executive board shall appoint the members of the panel. The panel must consist of all members who served on the Task Force on Priority Admissions to State-Operated Treatment Programs under Laws 2023, chapter 61, article 8, section 13, subdivision 2, and one member who has an active role as a union representative representing staff at Direct Care and Treatment appointed by joint representatives of the American Federation of State, County and Municipal Employees (AFSCME); Minnesota Association of Professional Employees (MAPE); Minnesota Nurses Association (MNA); Middle Management Association (MMA); and State Residential Schools Education Association (SRSEA). (c) The panel must: (1) evaluate the 48-hour timeline for priority admissions required under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), and measure progress toward implementing the recommendations of the task force; (2) develop policy and legislative proposals related to the priority admissions timeline in order to minimize litigation costs, maximize capacity in and access to direct care and treatment programs, and address issues related to individuals awaiting admission to direct care and treatment programs in jails and correctional institutions;	Sec. 7. **PRIORITY ADMISSIONS REVIEW PANEL.** (a) A panel appointed by the Direct Care and Treatment executive board, consisting of all members who served on the Priority Admissions Review Panel under Laws 2024, chapter 127, article 49, section 7, must: (1) evaluate existing mobile crisis programs and funding and make recommendations to improve the quality and availability of mobile crisis services in the state; (2) evaluate the county correctional facility long-acting injectable antipsychotic medication pilot program established under Laws 2024, chapter 127, article 49, section 12, and make recommendations related to the continuation of the pilot program; (3) evaluate existing intensive residential treatment services and make recommendations to improve the quality and availability of intensive residential treatment services in the state; and (4) study local fiscal impacts and provide evaluation support consistent with Minnesota Statutes, section 16A.055, subdivision 1a, of the limited capacity in and access to state-operated treatment programs, nonstate-operated treatment programs, competency evaluations, and competency attainment services. (b) The commissioner of management and budget must provide the panel with technical assistance and with outcome and fiscal analysis for the purposes of the study of local fiscal impacts under paragraph (a), clause (4). (c) By February 1, 2026, the panel must submit a written report to the chairs and ranking minority members of the legislative committees with

		jurisdiction over public safety and human services that includes the results of the panel's evaluations and study under paragraph (a) and any legislative proposals the panel recommends as a result of its evaluations and study.
Quarterly data would be required to be shared with members to measure the impact of changes and to inform future legislation and timelines. Data to be shared may include priority admission waitlist data, engagement by the admissions team, priority notices, and time spent on a waitlist for DCT admission, among other data elements as needed.	(3) by February 1, 2026, submit a written report to the chairs and ranking minority members of the legislative committees with jurisdiction over public safety and human services that includes legislative proposals to carry out recommendations; and (4) review quarterly data provided by the executive board to measure the impact of changes, including: (i) priority admission waitlist data, including the time each individual spends on the waitlist; (ii) data regarding engagement by the admissions team; (iii) priority notice data; and (iv) other similar data relating to admissions.	
The Review Panel recommends that by Jan. 1, 2026, DCT will publish a publicly accessible dashboard on its referral data on its website. The dashboard will include deidentified data on how many individuals are on DCT waitlists and how long the shortest, average, and longest wait times are for admission to DCT facilities. The dashboard will include data to illustrate the numbers of referrals and admissions, waitlists, and length of time on waitlists, framework category data, and referral sources. The dashboard will be updated quarterly.	HF2586/SF2902 **DIRECT CARE AND TREATMENT ADMISSIONS DASHBOARD.** (a) By January 1, 2026, the Direct Care and Treatment executive board must publish a publicly accessible dashboard on the agency's website regarding referrals under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b). (b) The dashboard required under paragraph (a) must include data on: (1) how many individuals are on the waitlists; (2) how long the shortest, average, and longest wait times are for admission to Direct Care and Treatment facilities; and	Sec. 3. Minnesota Statutes 2024, section 246C.07, is amended by adding a subdivision to read: Subd. 9. **Public notice of admission metrics.** The executive board must establish and update monthly a publicly accessible dashboard that displays data on referrals for services provided by Direct Care and Treatment, including referrals resulting from a court order for competency attainment, a competency examination, or treatment following civil commitment. The dashboard must include at least measures of the number of individuals awaiting admission or acceptance into a program operated by Direct Care

Relevant admissions policies and contact information for the DCT Central Preadmissions Department shall be made readily available on the publicly accessible site. Individuals and their representatives who are accepted for placement at DCT but who remain on a waitlist should receive information about their relative placement on the waitlist (such as top, mid, or bottom of waiting referrals) when such information does not jeopardize the health or wellbeing of the individual.	(3) the number of referrals, admissions, and waitlists and the length of time of individuals on waitlists; and (4) framework categories and referral sources. (c) Any published data must be deidentified. (d) Data on the dashboard are public data under Minnesota Statutes, section 13.03. (e) The executive board must update the dashboard quarterly. (f) The executive board must also include relevant admissions policies and contact information for the Direct Care and Treatment Central Preadmission Office on the dashboard required under paragraph (a). (g) The executive board must provide information about an individual's relative placement on the waitlist upon request by the individual or the individual's legal representative. Information about the individual's relative placement on the waitlist must be designated as confidential under Minnesota Statutes, section 13.02, subdivision 3, if the information jeopardizes the health or wellbeing of the individual.	and Treatment; the number of individuals awaiting admission or acceptance into a program operated by Direct Care and Treatment, by program; the longest, shortest, and average time individuals are on a waitlist; and the longest, shortest, and average time individuals are on a waitlist, by program. The executive board must also publish monthly publicly relevant information regarding admissions policies, procedures, and factors impacting relative priority status.
Encourage collaboration between community mental health centers and CCBHCs to provide outpatient level of mental health care in the jails and correctional institutions.		
Continue DCT's County Correctional Facility Support Pilot program continue and expand the pilot into the future.		
Provide long-acting injectable antipsychotic medication and related health care costs for jails and correctional facilities.		

Continue Does Not Meet Criteria (DNMC) Payment Relief to Counties for Clients in Certain Situations	HF2586/SF2902 Section 1. Minnesota Statutes 2024, section 246.54, subdivision 1a, is amended to read: Subd. 1a. **Anoka-Metro Regional Treatment Center.** (a) A county's payment of the cost of care provided at Anoka-Metro Regional Treatment Center shall be according to the following schedule: (1) zero percent for the first 30 days; (2) 20 percent for days 31 and over if the stay is determined to be clinically appropriate for the client; and (3) 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged. (b) If payments received by the state under sections 246.50 to 246.53 exceed 80 percent of the cost of care for days over 31 for clients who meet the criteria in paragraph (a), clause (2), the county shall be responsible for paying the state only the remaining amount. The county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53. (c) ~~Between July 1, 2023, and March 31~~ Beginning July 1, 2025, the county is not responsible for the cost of care under paragraph (a), clause (3), for a person who is committed as a person who has a mental illness and is dangerous to the public under section 253B.18 and who is awaiting transfer to another state-operated facility or program. ~~This paragraph expires March 31, 2025.~~	Section 1. Minnesota Statutes 2024, section 246.54, subdivision 1a, is amended to read: Subd. 1a. **Anoka-Metro Regional Treatment Center.** (a) A county's payment of the cost of care provided at Anoka-Metro Regional Treatment Center shall be according to the following schedule: (1) zero percent for the first 30 days; (2) 20 percent for days 31 and over if the stay is determined to be clinically appropriate for the client; and (3) 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged, except as provided in paragraph (c). (b) If payments received by the state under sections 246.50 to 246.53 exceed 80 percent of the cost of care for days over 31 for clients who meet the criteria in paragraph (a), clause (2), the county shall be responsible for paying the state only the remaining amount. The county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53. ~~(c) Between July 1, 2023, and March 31, 2025, the county is not responsible for the cost of care under paragraph (a), clause (3), for a person who is committed as a person who has a mental illness and is dangerous to the public under section 253B.18 and who is awaiting transfer to another state-operated facility or program. This paragraph expires March 31, 2025.~~

	(d) ~~Between April 1, 2025, and June 30~~ Beginning July 1, 2025, the county is not responsible for the cost of care under paragraph (a), clause (3), for a person who is civilly committed, if the client is awaiting transfer: (1) to a facility operated by the Department of Corrections; or (2) to another state-operated facility or program, and the Direct Care and Treatment executive medical director's office or a designee has determined that: (i) the client meets criteria for admission to that state-operated facility or program; and (ii) the state-operated facility or program is the only facility or program that can reasonably serve the client. ~~This paragraph expires June 30, 2025.~~ (e) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision. **EFFECTIVE DATE.** This section is effective retroactively from March 30, 2025. Sec. 2. Minnesota Statutes 2024, section 246.54, subdivision 1b, is amended to read: Subd. 1b. **Community behavioral health hospitals.** (a) A county's payment of the cost of care provided at state-operated community-based behavioral health hospitals for adults and children shall be according to the following schedule: (1) 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged; and	~~(d) Between April 1, 2025, and June 30, 2025,~~ (c) The county is not responsible for the cost of care under paragraph (a), clause (3), for a person who is civilly committed, if the client is awaiting transfer: (1) to a facility operated by the Department of Corrections; or (2) to another state-operated facility or program, and the Direct Care and Treatment executive medical director's office or a designee has determined that: (i) the client meets criteria for admission to that state-operated facility or program; and (ii) the state-operated facility or program is the only facility or program that can reasonably serve the client. ~~This paragraph expires June 30, 2025.~~ ~~(e)~~ (d) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision. **EFFECTIVE DATE.** This section is effective the day following final enactment. Sec. 2. Minnesota Statutes 2024, section 246.54, subdivision 1b, is amended to read: Subd. 1b. **Community behavioral health hospitals.** (a) A county's payment of the cost of care provided at state-operated community-based behavioral health hospitals for adults and children shall be ~~according to the following schedule: (1)~~ 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged~~; and~~, except as provided in

	(2) the county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53. (b) ~~Between July 1, 2023, and March 31~~ Beginning July 1, 2025, the county is not responsible for the cost of care under paragraph (a), clause (1), for a person committed as a person who has a mental illness and is dangerous to the public under section 253B.18 and who is awaiting transfer to another state-operated facility or program. ~~This paragraph expires March 31, 2025.~~ (c) ~~Between April 1, 2025, and June 30~~ Beginning July 1, 2025, the county is not responsible for the cost of care under paragraph (a), clause (1), for a person who is civilly committed, if the client is awaiting transfer: (1) to a facility operated by the Department of Corrections; or (2) to another state-operated facility or program, and the Direct Care and Treatment executive medical director's office or a designee has determined that: (i) the client meets criteria for admission to that state-operated facility or program; and (ii) the state-operated facility or program is the only facility or program that can reasonably serve the client. ~~This paragraph expires June 30, 2025~~ (d) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision. **EFFECTIVE DATE.** This section is effective retroactively from March 30, 2025.	paragraph (c). ~~(2)~~ (b) The county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53. ~~(b) Between July 1, 2023, and March 31, 2025, the county is not responsible for the cost of care under paragraph (a), clause (1), for a person committed as a person who has a mental illness and is dangerous to the public under section 253B.18 and who is awaiting transfer to another state-operated facility or program. This paragraph expires March 31, 2025.~~ (c) ~~Between April 1, 2025, and June 30, 2025,~~ The county is not responsible for the cost of care under paragraph (a)~~, clause (1),~~ for a person who is civilly committed, if the client is awaiting transfer: (1) to a facility operated by the Department of Corrections; or (2) to another state-operated facility or program, and the Direct Care and Treatment executive medical director's office or a designee has determined that: (i) the client meets criteria for admission to that state-operated facility or program; and (ii) the state-operated facility or program is the only facility or program that can reasonably serve the client. ~~This paragraph expires June 30, 2025.~~ (d) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision. **EFFECTIVE DATE.** This section is effective the day following final enactment.

Additional language to Minnesota Statute 246.54 Subd 3 that allows for the Commissioner to waive DNMC charges to counties in certain situations should include a provision for Direct Care and Treatment to review situations where the county has no authority to approve a new placement upon discharge from a DCT bed and determine if a downward adjustment to the charge is appropriate.		
Renew the exception for up to 10 community-based hospital patients to be prioritized for admissions to a DCT bed.	HF2586/SF2902 **DIRECTION FOR LIMITED EXCEPTION FOR ADMISSIONS FROM HOSPITAL SETTINGS.** (a) The commissioner of human services or a designee must immediately approve an exception to add up to ten patients per fiscal year who have been civilly committed and are in hospital settings to the admission waitlist for medically appropriate direct care and treatment beds under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b). (b) The Direct Care and Treatment executive board is subject to the requirement under paragraph (a) on and after the transfer of duties on July 1, 2025, from the commissioner of human services to the executive board under Minnesota Statutes, section 246C.04. (c) This section expires June 30, 2027.	