

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 2640

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DATE	D-PG	OFFICIAL STATUS
03/17/2025	864	Introduction and first reading Referred to Human Services

1.1A bill for an act

1.2relating to human services; modifying community first services and supports

1.3reimbursement rates; increasing certain budgets for consumer-direct community

1.4supports; establishing the Minnesota Caregiver Defined Contribution Retirement

1.5Fund Trust; appropriating money; amending Minnesota Statutes 2024, sections

1.6179A.54, by adding a subdivision; 256B.0659, subdivision 17a; 256B.85,

1.7subdivisions 7a, 8, 16; 256B.851, subdivisions 5, 6.

1.8BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.9Section 1. Minnesota Statutes 2024, section 179A.54, is amended by adding a subdivision

1.10to read:

1.11Subd. 12. Minnesota Caregiver Defined Contribution Retirement Fund Trust. (a)

1.12The state and an exclusive representative certified pursuant to this section may establish a

1.13joint labor and management trust, referred to as the Minnesota Caregiver Defined

1.14Contribution Retirement Fund Trust, for the exclusive purpose of creating, implementing,

1.15and administering a retirement plan for individual providers of direct support services who

1.16are represented by the exclusive representative.

1.17(b) The state must make financial contributions to the Minnesota Caregiver Defined

1.18Contribution Retirement Fund Trust pursuant to a collective bargaining agreement negotiated

1.19under this section. The financial contributions by the state must be held in trust for the

1.20purpose of paying, from principal, income, or both, the costs associated with creating,

1.21implementing, and administering a defined contribution retirement plan for individual

1.22providers of direct support services working under a collective bargaining agreement and

1.23providing services through a covered program under section 256B.0711. A board of trustees

1.24composed of an equal number of trustees appointed by the governor and trustees appointed

by the exclusive representative under this section must administer, manage, and otherwise jointly control the Minnesota Caregiver Defined Contribution Retirement Fund Trust. The trust must not be an agent of either the state or the exclusive representative.

(c) A third-party administrator, financial management institution, other appropriate entity, or any combination thereof may provide trust administrative, management, legal, and financial services to the board of trustees as designated by the board of trustees from time to time. The services must be paid from the money held in trust and created by the state's financial contributions to the Minnesota Caregiver Defined Contribution Retirement Fund Trust.

(d) The state is authorized to purchase liability insurance for members of the board of trustees appointed by the governor.

(e) Financial contributions to or participation in the management or administration of the Minnesota Caregiver Defined Contribution Retirement Fund Trust must not be considered an unfair labor practice under section 179A.13, or a violation of Minnesota law.

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

Sec. 2. Minnesota Statutes 2024, section 256B.0659, subdivision 17a, is amended to read:

Subd. 17a. **Enhanced rate.** (a) An enhanced rate of 107.5 percent of the rate paid for personal care assistance services shall be paid for services provided to persons who qualify for ten or more hours of personal care assistance services per day when provided by a personal care assistant who meets the requirements of subdivision 11, paragraph (d). This paragraph expires upon the effective date of paragraph (b).

(b) Effective January 1, 2026, or upon federal approval, whichever is later, an enhanced rate of 112.5 percent of the rate paid for personal care assistance services shall be paid for services provided to persons who qualify for ten or more hours of personal care assistance services per day when provided by a personal care assistant who meets the requirements of subdivision 11, paragraph (d).

~~(b)~~ (c) A personal care assistance provider must use all additional revenue attributable to the rate enhancements under this subdivision for the wages and wage-related costs of the personal care assistants, including any corresponding increase in the employer's share of FICA taxes, Medicare taxes, state and federal unemployment taxes, and workers' compensation premiums. The agency must not use the additional revenue attributable to any enhanced rate under this subdivision to pay for mileage reimbursement, health and

dental insurance, life insurance, disability insurance, long-term care insurance, uniform allowance, contributions to employee retirement accounts, or any other employee benefits.

~~(e)~~ (d) Any change in the eligibility criteria for the enhanced rate for personal care assistance services as described in this subdivision and referenced in subdivision 11, paragraph (d), does not constitute a change in a term or condition for individual providers as defined in section 256B.0711, and is not subject to the state's obligation to meet and negotiate under chapter 179A.

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

Sec. 3. Minnesota Statutes 2024, section 256B.85, subdivision 7a, is amended to read:

Subd. 7a. **Enhanced rate.** (a) An enhanced rate of 107.5 percent of the rate paid for CFSS must be paid for services provided to persons who qualify for ten or more hours of CFSS per day when provided by a support worker who meets the requirements of subdivision 16, paragraph (e). This paragraph expires upon the effective date of paragraph (b).

(b) Effective January 1, 2026, or upon federal approval, whichever is later, an enhanced rate of 112.5 percent of the rate paid for CFSS must be paid for services provided to persons who qualify for ten or more hours of CFSS per day when provided by a support worker who meets the requirements of subdivision 16, paragraph (e).

~~(b)~~ (c) An agency provider must use all additional revenue attributable to the rate enhancements under this subdivision for the wages and wage-related costs of the support workers, including any corresponding increase in the employer's share of FICA taxes, Medicare taxes, state and federal unemployment taxes, and workers' compensation premiums. The agency provider must not use the additional revenue attributable to any enhanced rate under this subdivision to pay for mileage reimbursement, health and dental insurance, life insurance, disability insurance, long-term care insurance, uniform allowance, contributions to employee retirement accounts, or any other employee benefits.

~~(e)~~ (d) Any change in the eligibility criteria for the enhanced rate for CFSS as described in this subdivision and referenced in subdivision 16, paragraph (e), does not constitute a change in a term or condition for individual providers as defined in section 256B.0711, and is not subject to the state's obligation to meet and negotiate under chapter 179A.

EFFECTIVE DATE. This section is effective the day following federal approval.

4.1 Sec. 4. Minnesota Statutes 2024, section 256B.85, subdivision 8, is amended to read:

4.2 Subd. 8. **Determination of CFSS service authorization amount.** (a) All community
4.3 first services and supports must be authorized by the commissioner or the commissioner's
4.4 designee before services begin. The authorization for CFSS must be completed as soon as
4.5 possible following an assessment but no later than 40 calendar days from the date of the
4.6 assessment.

4.7 (b) The amount of CFSS authorized must be based on the participant's home care rating
4.8 described in paragraphs (d) and (e) and any additional service units for which the participant
4.9 qualifies as described in paragraph (f).

4.10 (c) The home care rating shall be determined by the commissioner or the commissioner's
4.11 designee based on information submitted to the commissioner identifying the following for
4.12 a participant:

4.13 (1) the total number of dependencies of activities of daily living;

4.14 (2) the presence of complex health-related needs; and

4.15 (3) the presence of Level I behavior.

4.16 (d) The methodology to determine the total service units for CFSS for each home care
4.17 rating is based on the median paid units per day for each home care rating from fiscal year
4.18 2007 data for the PCA program.

4.19 (e) Each home care rating is designated by the letters P through Z and EN and has the
4.20 following base number of service units assigned:

4.21 (1) P home care rating requires Level I behavior or one to three dependencies in ADLs
4.22 and qualifies the person for five service units;

4.23 (2) Q home care rating requires Level I behavior and one to three dependencies in ADLs
4.24 and qualifies the person for six service units;

4.25 (3) R home care rating requires a complex health-related need and one to three
4.26 dependencies in ADLs and qualifies the person for seven service units;

4.27 (4) S home care rating requires four to six dependencies in ADLs and qualifies the person
4.28 for ten service units;

4.29 (5) T home care rating requires four to six dependencies in ADLs and Level I behavior
4.30 and qualifies the person for 11 service units;

(6) U home care rating requires four to six dependencies in ADLs and a complex health-related need and qualifies the person for 14 service units;

(7) V home care rating requires seven to eight dependencies in ADLs and qualifies the person for 17 service units;

(8) W home care rating requires seven to eight dependencies in ADLs and Level I behavior and qualifies the person for 20 service units;

(9) Z home care rating requires seven to eight dependencies in ADLs and a complex health-related need and qualifies the person for 30 service units; and

(10) EN home care rating includes ventilator dependency as defined in section 256B.0651, subdivision 1, paragraph (g). A person who meets the definition of ventilator-dependent and the EN home care rating and utilize a combination of CFSS and home care nursing services is limited to a total of 96 service units per day for those services in combination. Additional units may be authorized when a person's assessment indicates a need for two staff to perform activities. Additional time is limited to 16 service units per day.

(f) Additional service units are provided through the assessment and identification of the following:

(1) 30 additional minutes per day for a dependency in each critical activity of daily living;

(2) 30 additional minutes per day for each complex health-related need; and

(3) 30 additional minutes per day for each behavior under this clause that requires assistance at least four times per week:

(i) level I behavior that requires the immediate response of another person;

(ii) increased vulnerability due to cognitive deficits or socially inappropriate behavior; or

(iii) increased need for assistance for participants who are verbally aggressive or resistive to care so that the time needed to perform activities of daily living is increased.

(g) The service budget for budget model participants shall be based on:

(1) assessed units as determined by the home care rating; and

(2) an adjustment needed for administrative expenses. This paragraph expires upon the effective date of paragraph (h).

6.1 (h) Effective January 1, 2026, or upon federal approval, whichever is later, the service
6.2 budget for budget model participants shall be based on:

6.3 (1) assessed units as determined by the home care rating and the payment methodologies
6.4 under section 256B.851; and

6.5 (2) an adjustment needed for administrative expenses.

6.6 **EFFECTIVE DATE.** This section is effective the day following final approval.

6.7 Sec. 5. Minnesota Statutes 2024, section 256B.85, subdivision 16, is amended to read:

6.8 Subd. 16. **Support workers requirements.** (a) Support workers shall:

6.9 (1) enroll with the department as a support worker after a background study under chapter
6.10 245C has been completed and the support worker has received a notice from the
6.11 commissioner that the support worker:

6.12 (i) is not disqualified under section 245C.14; or

6.13 (ii) is disqualified, but has received a set-aside of the disqualification under section
6.14 245C.22;

6.15 (2) have the ability to effectively communicate with the participant or the participant's
6.16 representative;

6.17 (3) have the skills and ability to provide the services and supports according to the
6.18 participant's CFSS service delivery plan and respond appropriately to the participant's needs;

6.19 (4) complete the basic standardized CFSS training as determined by the commissioner
6.20 before completing enrollment. The training must be available in languages other than English
6.21 and to those who need accommodations due to disabilities. CFSS support worker training
6.22 must include successful completion of the following training components: basic first aid,
6.23 vulnerable adult, child maltreatment, OSHA universal precautions, basic roles and
6.24 responsibilities of support workers including information about basic body mechanics,
6.25 emergency preparedness, orientation to positive behavioral practices, orientation to
6.26 responding to a mental health crisis, fraud issues, time cards and documentation, and an
6.27 overview of person-centered planning and self-direction. Upon completion of the training
6.28 components, the support worker must pass the certification test to provide assistance to
6.29 participants;

6.30 (5) complete employer-directed training and orientation on the participant's individual
6.31 needs;

7.1 (6) maintain the privacy and confidentiality of the participant; and

7.2 (7) not independently determine the medication dose or time for medications for the
7.3 participant.

7.4 (b) The commissioner may deny or terminate a support worker's provider enrollment
7.5 and provider number if the support worker:

7.6 (1) does not meet the requirements in paragraph (a);

7.7 (2) fails to provide the authorized services required by the employer;

7.8 (3) has been intoxicated by alcohol or drugs while providing authorized services to the
7.9 participant or while in the participant's home;

7.10 (4) has manufactured or distributed drugs while providing authorized services to the
7.11 participant or while in the participant's home; or

7.12 (5) has been excluded as a provider by the commissioner of human services, or by the
7.13 United States Department of Health and Human Services, Office of Inspector General, from
7.14 participation in Medicaid, Medicare, or any other federal health care program.

7.15 (c) A support worker may appeal in writing to the commissioner to contest the decision
7.16 to terminate the support worker's provider enrollment and provider number.

7.17 (d) A support worker must not provide or be paid for more than 310 hours of CFSS per
7.18 month, regardless of the number of participants the support worker serves or the number
7.19 of agency-providers or participant employers by which the support worker is employed.
7.20 The department shall not disallow the number of hours per day a support worker works
7.21 unless it violates other law.

7.22 (e) CFSS qualify for an enhanced rate or budget if the support worker providing the
7.23 services:

7.24 (1) provides services, within the scope of CFSS described in subdivision 7, to a participant
7.25 who qualifies for ten or more hours per day of CFSS; and

7.26 (2) satisfies the current requirements of Medicare for training and competency or
7.27 competency evaluation of home health aides or nursing assistants, as provided in the Code
7.28 of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved
7.29 training or competency requirements. This paragraph expires upon the effective date of
7.30 paragraph (f).

7.31 (f) Effective January 1, 2026, or upon federal approval, whichever is later, CFSS qualify
7.32 for an enhanced rate or budget if the support worker providing the services:

(1) provides services, within the scope of CFSS described in subdivision 7, to a participant who qualifies for ten or more hours per day of CFSS; and

(2) satisfies the current requirements of Medicare for training and competency or competency evaluation of home health aides or nursing assistants, as provided in the Code of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved training or competency requirements.

EFFECTIVE DATE. This section is effective the day following federal approval.

Sec. 6. Minnesota Statutes 2024, section 256B.851, subdivision 5, is amended to read:

Subd. 5. Payment rates; component values. (a) The commissioner must use the following component values:

(1) employee vacation, sick, and training factor, 8.71 percent;

(2) employer taxes and workers' compensation factor, 11.56 percent;

(3) employee benefits factor, 12.04 percent;

(4) client programming and supports factor, 2.30 percent;

(5) program plan support factor, 7.00 percent;

(6) general business and administrative expenses factor, 13.25 percent;

(7) program administration expenses factor, 2.90 percent; and

(8) absence and utilization factor, 3.90 percent.

(b) For purposes of implementation, the commissioner shall use the following implementation components:

(1) personal care assistance services and CFSS: 88.19 percent;

(2) enhanced rate personal care assistance services and enhanced rate CFSS: 88.19 percent; and

(3) qualified professional services and CFSS worker training and development: 88.19 percent. This paragraph expires upon the effective date of paragraph (c).

(c) Effective January 1, 2026, or upon federal approval, whichever is later, for purposes of implementation, the commissioner shall use the following implementation components:

(1) personal care assistance services and CFSS: 92.20 percent;

9.1 (2) enhanced rate personal care assistance services and enhanced rate CFSS: 92.20
9.2 percent; and

9.3 (3) qualified professional services and CFSS worker training and development: 92.20
9.4 percent.

9.5 ~~(e)~~ (d) Effective January 1, 2025, for purposes of implementation, the commissioner
9.6 shall use the following implementation components:

9.7 (1) personal care assistance services and CFSS: 92.08 percent;

9.8 (2) enhanced rate personal care assistance services and enhanced rate CFSS: 92.08
9.9 percent; and

9.10 (3) qualified professional services and CFSS worker training and development: 92.08
9.11 percent. This paragraph expires upon the effective date of paragraph (c).

9.12 ~~(d)~~ (e) The commissioner shall use the following worker retention components:

9.13 (1) for workers who have provided fewer than 1,001 cumulative hours in personal care
9.14 assistance services or CFSS, the worker retention component is zero percent;

9.15 (2) for workers who have provided between 1,001 and 2,000 cumulative hours in personal
9.16 care assistance services or CFSS, the worker retention component is 2.17 percent;

9.17 (3) for workers who have provided between 2,001 and 6,000 cumulative hours in personal
9.18 care assistance services or CFSS, the worker retention component is 4.36 percent;

9.19 (4) for workers who have provided between 6,001 and 10,000 cumulative hours in
9.20 personal care assistance services or CFSS, the worker retention component is 7.35 percent;
9.21 and

9.22 (5) for workers who have provided more than 10,000 cumulative hours in personal care
9.23 assistance services or CFSS, the worker retention component is 10.81 percent. This paragraph
9.24 expires upon the effective date of paragraph (f).

9.25 (f) Effective January 1, 2026, or upon federal approval, whichever is later, the
9.26 commissioner shall use the following worker retention components:

9.27 (1) for workers who have provided fewer than 1,001 cumulative hours in personal care
9.28 assistance services or CFSS, the worker retention component is zero percent;

9.29 (2) for workers who have provided between 1,001 and 2,000 cumulative hours in personal
9.30 care assistance services or CFSS, the worker retention component is 4.05 percent;

(3) for workers who have provided between 2,001 and 6,000 cumulative hours in personal care assistance services or CFSS, the worker retention component is 6.24 percent;

(4) for workers who have provided between 6,001 and 10,000 cumulative hours in personal care assistance services or CFSS, the worker retention component is 9.23 percent;
and

(5) for workers who have provided more than 10,000 cumulative hours in personal care assistance services or CFSS, the worker retention component is 12.69 percent.

~~(e)~~ (g) The commissioner shall define the appropriate worker retention component based on the total number of units billed for services rendered by the individual provider since July 1, 2017. The worker retention component must be determined by the commissioner for each individual provider and is not subject to appeal.

(h) Effective January 1, 2027, or upon federal approval, whichever is later, for purposes of implementation, the commissioner shall use the following implementation components if a worker has completed either the orientation for individual providers offered through the Home Care Orientation Trust or an orientation defined and offered by the commissioner:

(1) for workers who have provided fewer than 1,001 cumulative hours in personal care assistance services or CFSS, the worker retention component is 1.88 percent;

(2) for workers who have provided between 1,001 and 2,000 cumulative hours in personal care assistance services or CFSS, the worker retention component is 5.92 percent;

(3) for workers who have provided between 2,001, and 6,000 cumulative hours in personal care assistance services or CFSS, the worker retention component is 8.11 percent;

(4) for workers who have provided between 6,001 and 10,000 cumulative hours in personal care assistance services or CFSS, the worker retention component is 11.10 percent;
and

(5) for workers who have provided more than 10,000 cumulative hours in personal care assistance services or CFSS, the worker retention component is 14.56 percent.

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

Sec. 7. Minnesota Statutes 2024, section 256B.851, subdivision 6, is amended to read:

Subd. 6. **Payment rates; rate determination.** (a) The commissioner must determine the rate for personal care assistance services, CFSS, extended personal care assistance services, extended CFSS, enhanced rate personal care assistance services, enhanced rate

11.1 CFSS, qualified professional services, and CFSS worker training and development as
11.2 follows:

11.3 (1) multiply the appropriate total wage component value calculated in subdivision 4 by
11.4 one plus the employee vacation, sick, and training factor in subdivision 5;

11.5 (2) for program plan support, multiply the result of clause (1) by one plus the program
11.6 plan support factor in subdivision 5;

11.7 (3) for employee-related expenses, add the employer taxes and workers' compensation
11.8 factor in subdivision 5 and the employee benefits factor in subdivision 5. The sum is
11.9 employee-related expenses. Multiply the product of clause (2) by one plus the value for
11.10 employee-related expenses;

11.11 (4) for client programming and supports, multiply the product of clause (3) by one plus
11.12 the client programming and supports factor in subdivision 5;

11.13 (5) for administrative expenses, add the general business and administrative expenses
11.14 factor in subdivision 5, the program administration expenses factor in subdivision 5, and
11.15 the absence and utilization factor in subdivision 5;

11.16 (6) divide the result of clause (4) by one minus the result of clause (5). The quotient is
11.17 the hourly rate;

11.18 (7) multiply the hourly rate by the appropriate implementation component under
11.19 subdivision 5. This is the adjusted hourly rate; and

11.20 (8) divide the adjusted hourly rate by four. The quotient is the total adjusted payment
11.21 rate.

11.22 (b) In processing personal care assistance provider agency and CFSS provider agency
11.23 claims, the commissioner shall incorporate the worker retention component specified in
11.24 subdivision 5, by multiplying one plus the total adjusted payment rate by the appropriate
11.25 worker retention component under subdivision 5, paragraph (d).

11.26 (c) The commissioner must publish the total final payment rates.

11.27 (d) The commissioner shall increase the authorized amount for the CFSS budget model
11.28 of those CFSS participant-employers employing individual providers who have provided
11.29 more than 1,000 hours of services and individual providers who have completed the
11.30 orientation offered by the Home Care Orientation Trust or an orientation defined and offered
11.31 by the commissioner. The commissioner shall determine the amount and method of the
11.32 authorized amount increase.

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

12.4 Sec. 8. **BUDGET INCREASE FOR CONSUMER-DIRECTED COMMUNITY**
12.5 **SUPPORTS.**

12.6 Effective January 1, 2026, or upon federal approval, whichever is later, the commissioner
12.7 must increase the consumer-directed community support budgets identified in the waiver
12.8 plans under Minnesota Statutes, sections 256B.092 and 256B.49, and chapter 256S; and
12.9 the alternative care program under Minnesota Statutes, section 256B.0913, by 0.13 percent.

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

12.11 Sec. 9. **ENHANCED BUDGET INCREASE FOR CONSUMER-DIRECTED**
12.12 **COMMUNITY SUPPORTS.**

12.13 Effective January 1, 2026, or upon federal approval, whichever is later, the commissioner
12.14 must increase the consumer-directed community supports budget exception percentage
12.15 identified in the waiver plans under Minnesota Statutes, sections 256B.092 and 256B.49,
12.16 and chapter 256S; and the alternative care program under Minnesota Statutes, section
12.17 256B.0913, from 7.5 to 12.5.

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

12.19 Sec. 10. **STIPEND PAYMENTS TO SEIU HEALTHCARE MINNESOTA & IOWA**
12.20 **BARGAINING UNIT MEMBERS.**

12.21 (a) The commissioner of human services shall issue stipend payments to collective
12.22 bargaining unit members as required by the labor agreement between the state of Minnesota
12.23 and the Service Employees International Union (SEIU) Healthcare Minnesota & Iowa.

12.24 (b) The definitions in Minnesota Statutes, section 290.01, apply to this section.

12.25 (c) For the purposes of this section, "subtraction" has the meaning given in Minnesota
12.26 Statutes, section 290.0132, subdivision 1, and the rules in that subdivision apply to this
12.27 section.

12.28 (d) The amount of stipend payments received by SEIU Healthcare Minnesota & Iowa
12.29 collective bargaining unit members under this section is a subtraction.

12.30 (e) The amount of stipend payments received by SEIU Healthcare Minnesota & Iowa
12.31 collective bargaining unit members under this section is excluded from income as defined

13.1 in Minnesota Statutes, sections 290.0693, subdivision 1, paragraph (i), and 290A.03,
13.2 subdivision 3.

13.3 (f) Notwithstanding any law to the contrary, stipend payments under this section must
13.4 not be considered income, assets, or personal property for purposes of determining or
13.5 recertifying eligibility for:

13.6 (1) child care assistance programs under Minnesota Statutes, chapter 142E;

13.7 (2) general assistance, Minnesota supplemental aid, and food support under Minnesota
13.8 Statutes, chapter 256D;

13.9 (3) housing support under Minnesota Statutes, chapter 256I;

13.10 (4) the Minnesota family investment program under Minnesota Statutes, chapter 142G;
13.11 and

13.12 (5) economic assistance programs under Minnesota Statutes, chapter 256P.

13.13 (g) The commissioner of human services must not consider stipend payments under this
13.14 section as income or assets under Minnesota Statutes, section 256B.056, subdivision 1a,
13.15 paragraph (a); 3; or 3c, or for persons with eligibility determined under Minnesota Statutes,
13.16 section 256B.057, subdivision 3, 3a, or 3b.

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

13.18 Sec. 11. **APPROPRIATION; SELF-DIRECTED COLLECTIVE BARGAINING**
13.19 **AGREEMENT; HEALTH CARE COST STIPENDS.**

13.20 \$30,750,000 in fiscal year 2026 is appropriated from the general fund to the commissioner
13.21 of human services for onetime stipends of \$1,200 to workers covered by the SEIU collective
13.22 bargaining agreement as partial reimbursement for health care costs. Of this amount,
13.23 \$750,000 is for administration of the health care cost stipends. This is a onetime appropriation
13.24 and is available until June 30, 2027.

13.25 Sec. 12. **APPROPRIATION; SELF-DIRECTED COLLECTIVE BARGAINING**
13.26 **AGREEMENT; TRAINING STIPENDS**

13.27 \$2,250,000 in fiscal year 2026 is appropriated from the general fund to the commissioner
13.28 of human services for onetime stipends of \$750 to workers covered by the SEIU collective
13.29 bargaining agreement who complete designated, voluntary training made available through
13.30 or recommended by the State Provider Cooperation Committee. Of this amount, \$250,000

14.1 is for administration of the training stipends. This is a onetime appropriation and is available
14.2 until June 30, 2027.

14.3 Sec. 13. **APPROPRIATION; SELF-DIRECTED COLLECTIVE BARGAINING**
14.4 **AGREEMENT; ORIENTATION PROGRAM.**

14.5 \$5,000,000 in fiscal year 2026 and \$500,000 in fiscal year 2027 are appropriated from
14.6 the general fund to the commissioner of human services for an orientation program for
14.7 workers covered by the SEIU collective bargaining agreement. Of these amounts, \$3,000,000
14.8 in fiscal year 2026 is a onetime appropriation for orientation start-up grants and is available
14.9 until June 30, 2027. Of these amounts, \$1,500,000 in fiscal year 2026 is a onetime
14.10 appropriation for onetime \$100 payments to workers covered by the SEIU collective
14.11 bargaining agreement who complete voluntary orientation requirements. Of these amounts,
14.12 \$500,000 in fiscal year 2026 and \$500,000 in fiscal year 2027 are for orientation-related
14.13 costs.

14.14 Sec. 14. **APPROPRIATION; SELF-DIRECTED COLLECTIVE BARGAINING**
14.15 **AGREEMENT; MINNESOTA CAREGIVER DEFINED CONTRIBUTION**
14.16 **RETIREMENT FUND TRUST.**

14.17 \$350,000 in fiscal year 2026 is appropriated from the general fund to the commissioner
14.18 of human services for the creation of the Minnesota Caregiver Defined Contribution
14.19 Retirement Fund Trust under Minnesota Statutes, section 179A.54, subdivision 12. The
14.20 commissioner shall disburse the appropriation to the board of trustees of the Minnesota
14.21 Caregiver Defined Contribution Retirement Fund Trust. This is a onetime appropriation
14.22 and is available until June 30, 2027.