

1.1 **Senator Marty from the Committee on Finance, to which was re-referred**

1.2 **S.F. No. 3054:** A bill for an act relating to human services; modifying provisions relating
1.3 to aging and older adult services, disability services, substance use disorder treatment,
1.4 housing supports, health care, direct care and treatment services, and the Department of
1.5 Health; establishing the Department of Direct Care and Treatment and the Advisory Council
1.6 on Direct Care and Treatment; dissolving the Direct Care and Treatment executive board;
1.7 establishing the Age-Friendly Minnesota Council; repealing the legislative task force on
1.8 guardianship; extending the Mentally Ill and Dangerous Civil Commitment Reform Task
1.9 Force; making conforming changes; establishing grants; requiring reports; appropriating
1.10 money; amending Minnesota Statutes 2024, sections 10.65, subdivision 2; 15.01; 15.06,
1.11 subdivision 1; 15A.0815, subdivision 2; 15A.082, subdivisions 1, 3, 7; 43A.08, subdivisions
1.12 1, 1a; 43A.241; 144A.071, subdivisions 4a, 4c, 4d; 144A.161, subdivision 10; 144A.1888;
1.13 144A.351, subdivision 1; 144A.474, subdivision 11; 144A.4799; 144G.31, subdivision 8;
1.14 144G.52, subdivisions 1, 2, 3, 5, 7, 8, 9, 10; 144G.53; 144G.54, subdivisions 2, 3, 7; 144G.55,
1.15 subdivisions 1, 2; 179A.54, by adding a subdivision; 245.021; 245.073; 245A.042, by adding
1.16 a subdivision; 245A.06, subdivisions 1a, 2; 245A.10, subdivision 3; 245C.16, subdivision
1.17 1; 245D.091, subdivisions 2, 3; 245D.12; 245G.01, subdivision 13b, by adding subdivisions;
1.18 245G.02, subdivision 2; 245G.05, subdivision 1; 245G.07, subdivisions 1, 3, 4, by adding
1.19 subdivisions; 245G.11, subdivisions 6, 7, by adding a subdivision; 245G.22, subdivisions
1.20 11, 15; 246.13, subdivision 1; 246B.01, by adding a subdivision; 246C.01; 246C.015,
1.21 subdivision 3, by adding a subdivision; 246C.02, subdivision 1; 246C.04, subdivisions 2,
1.22 3; 246C.07, subdivisions 1, 2, 8; 246C.08; 246C.09, subdivision 3; 246C.091, subdivisions
1.23 2, 3, 4; 252.021, by adding a subdivision; 252.32, subdivision 3; 252.50, subdivision 5;
1.24 253.195, by adding a subdivision; 253B.02, subdivisions 3, 4c, by adding a subdivision;
1.25 253B.03, subdivision 7; 253B.041, subdivision 4; 253B.09, subdivision 3a; 253B.18,
1.26 subdivision 6; 253B.19, subdivision 2; 253B.20, subdivision 2; 253D.02, subdivision 3, by
1.27 adding a subdivision; 254A.19, subdivision 4; 254B.01, subdivision 10; 254B.02, subdivision
1.28 5; 254B.03, subdivisions 1, 3; 254B.04, subdivisions 1a, 5, 6, 6a; 254B.05, subdivisions 1,
1.29 4, 5, by adding a subdivision; 254B.06, by adding a subdivision; 254B.09, subdivision 2;
1.30 254B.19, subdivision 1; 256.01, subdivision 29; 256.043, subdivision 3, by adding a
1.31 subdivision; 256.045, subdivisions 6, 7, by adding a subdivision; 256.476, subdivision 4;
1.32 256.9657, subdivision 1; 256B.04, subdivision 21; 256B.0625, subdivisions 5m, 17;
1.33 256B.0659, subdivision 17a; 256B.0757, subdivision 4c; 256B.0761, subdivision 4;
1.34 256B.0911, subdivisions 24, 26, by adding subdivisions; 256B.0924, subdivision 6;
1.35 256B.0949, subdivisions 2, 15, 16, 16a, by adding a subdivision; 256B.19, subdivision 1;
1.36 256B.431, subdivision 30; 256B.434, subdivision 4; 256B.4914, subdivisions 3, 5, 5a, 5b,
1.37 6a, 6b, 6c, 7a, 7b, 7c, 8, 9, by adding subdivisions; 256B.761; 256B.766; 256B.85,
1.38 subdivisions 2, 5, 6, 7, 7a, 8, 8a, 11, 13, 16, 17, 17a, 20, by adding a subdivision; 256B.851,
1.39 subdivisions 5, 6, 7, by adding subdivisions; 256G.08, subdivisions 1, 2; 256G.09,
1.40 subdivisions 1, 2, 3; 256I.05, by adding subdivisions; 256R.02, subdivisions 18, 19, 22, by
1.41 adding subdivisions; 256R.10, subdivision 8; 256R.23, subdivisions 5, 7, 8; 256R.24,
1.42 subdivision 3; 256R.25; 256R.26, subdivision 9; 256R.27, subdivisions 2, 3; 256R.43;
1.43 260E.14, subdivision 1; 352.91, subdivisions 2a, 3c, 3d, 4a; 524.3-801; 611.43, by adding
1.44 a subdivision; 611.46, subdivision 1; 611.55, by adding a subdivision; 611.57, subdivision
1.45 2; 626.5572, subdivision 13; Laws 2021, chapter 30, article 12, section 5, as amended; Laws
1.46 2021, First Special Session chapter 7, article 13, sections 73; 75, subdivision 6, as amended;
1.47 Laws 2023, chapter 61, article 1, section 61, subdivision 4; article 9, section 2, subdivisions
1.48 13, 16, as amended; Laws 2024, chapter 127, article 49, section 9, subdivisions 1, 8, 9, by
1.49 adding a subdivision; article 50, section 41, subdivision 2; article 53, section 2, subdivisions
1.50 13, 15; proposing coding for new law in Minnesota Statutes, chapters 245A; 245D; 246;
1.51 246C; 256; 256R; repealing Minnesota Statutes 2024, sections 245A.042, subdivisions 2,
1.52 3, 4; 245G.01, subdivision 20d; 245G.07, subdivision 2; 246B.01, subdivision 2; 246C.015,
1.53 subdivisions 5a, 6; 246C.06, subdivisions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10; 246C.07, subdivisions
1.54 4, 5; 252.021, subdivision 2; 253.195, subdivision 2; 253B.02, subdivision 7b; 253D.02,
1.55 subdivision 7a; 254B.01, subdivisions 5, 15; 256.045, subdivision 1a; 256G.02, subdivision
1.56 5a; 256R.02, subdivision 38; 256R.12, subdivision 10; 256R.23, subdivision 6; 256R.36;
1.57 256R.40; 256R.41; 256R.481; Laws 2023, chapter 59, article 3, section 11; Laws 2024,

chapter 79, article 1, section 20; Laws 2024, chapter 125, article 5, sections 40; 41; Laws 2024, chapter 127, article 46, section 39; article 50, sections 40; 41, subdivisions 1, 3.

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

Page 10, delete section 2

Page 13, delete section 3 and insert:

"Sec. 2. Minnesota Statutes 2024, section 144A.071, subdivision 4d, is amended to read:

Subd. 4d. **Consolidation of nursing facilities.** (a) The commissioner of health, in consultation with the commissioner of human services, may approve a request for net savings from a consolidation of nursing facilities which includes to be applied to reduce the costs of a moratorium exception project application under section 144A.073, subdivision 2. For purposes of this subdivision, "consolidation" means the closure of one or more facilities and the upgrading of the physical plant of the remaining nursing facility or facilities, the costs of which exceed the threshold project limit under subdivision 2, clause (a). The commissioners shall consider the criteria in this section, section 144A.073, and section 256R.40, in approving or rejecting a consolidation proposal. In the event the commissioners approve the request, the commissioner of human services shall calculate an external fixed costs rate adjustment according to clauses (1) to (3):

(1) the closure of beds shall not be eligible for a planned closure rate adjustment under section 256R.40, subdivision 5;

(2) the construction project permitted in this clause shall not be eligible for a threshold project rate adjustment under section 256B.434, subdivision 4f, or a moratorium exception adjustment under section 144A.073; and

(3) the payment rate for external fixed costs for a remaining facility or facilities shall be increased by an amount equal to 65 percent of the projected net cost savings to the state calculated in paragraph (b), divided by the state's medical assistance percentage of medical assistance dollars, and then divided by estimated medical assistance resident days, as determined in paragraph (c), of the remaining nursing facility or facilities in the request in this paragraph. The rate adjustment is effective on the first day of the month of January or July, whichever date occurs first following both the completion of the construction upgrades in the consolidation plan and the complete closure of the facility or facilities designated for closure in the consolidation plan. If more than one facility is receiving upgrades in the consolidation plan, each facility's date of construction completion must be evaluated separately.

(b) For purposes of calculating the net ~~cost~~ savings ~~to the state~~, the commissioner shall consider clauses (1) to ~~(7)~~ (6):

(1) the annual savings from estimated medical assistance payments from the net number of beds closed taking into consideration only beds that are in active service on the date of the request and that have been in active service for at least three years;

(2) the estimated annual cost of increased case load of individuals receiving services under the elderly waiver;

(3) the estimated annual cost of elderly waiver recipients receiving support under housing support under chapter 256I;

(4) the estimated annual cost of increased case load of individuals receiving services under the alternative care program;

(5) the annual loss of license surcharge payments on closed beds; and

~~(6) the savings from not paying planned closure rate adjustments that the facilities would otherwise be eligible for under section 256R.40; and~~

~~(7) (6) the savings from not paying external fixed costs payment rate adjustments providing a rate adjustment~~ from submission of renovation costs that would otherwise be eligible as threshold projects under section 256B.434, subdivision 4f.

~~(c) For purposes of the calculation in paragraph (a), clause (3), the estimated medical assistance resident days of the remaining facility or facilities shall be computed assuming 95 percent occupancy multiplied by the historical percentage of medical assistance resident days of the remaining facility or facilities, as reported on the facility's or facilities' most recent nursing facility statistical and cost report filed before the plan of closure is submitted, multiplied by 365.~~

~~(d)~~ (c) For purposes of calculating net ~~cost~~ of savings ~~to the state~~ in paragraph (b), the average occupancy percentages will be those ~~reported~~ on the facility's or facilities' most recent nursing facility statistical and cost report filed before the plan of closure is submitted, and the average payment rates shall be calculated based on the approved payment rates in effect at the time the consolidation request is submitted.

~~(e) To qualify for the external fixed costs payment rate adjustment under this subdivision, the closing facilities shall:~~

~~(1) submit an application for closure according to section 256R.40, subdivision 2; and~~

~~(2) follow the resident relocation provisions of section 144A.161.~~

~~(f)~~ (d) The county or counties in which a facility or facilities are closed under this subdivision shall not be eligible for designation as a hardship area under subdivision 3 for five years from the date of the approval of the proposed consolidation. The applicant shall notify the county of this limitation and the county shall acknowledge this in a letter of support.

~~(g) Projects approved on or after March 1, 2020, are not subject to paragraph (a), clauses (2) and (3), and paragraph (c). The 65~~ (e) Sixty-five percent of the projected net cost savings to the state calculated in paragraph (b) must be applied to the moratorium cost of the project and the remainder must be added to the moratorium funding under section 144A.073, subdivision 11.

~~(h) (f) Consolidation project applications not approved by the commissioner prior to March 1, 2020, are subject to the moratorium process under section 144A.073, subdivision 2. Upon request by the applicant, the commissioner may extend this deadline to August 1, 2020, so long as the facilities, bed numbers, and counties specified in the original application are not altered. Proposals from facilities seeking approval for a consolidation project prior to March 1, 2020, must be received by the commissioner no later than January 1, 2020. This paragraph expires August 1, 2020.~~

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

Page 20, after line 20, insert:

"Sec. 10. Minnesota Statutes 2024, section 256.9752, subdivision 2, is amended to read:

Subd. 2. **Authority.** The Minnesota Board on Aging shall allocate to area agencies on aging the state and federal funds which are received for the senior nutrition programs of congregate dining and home-delivered meals in a manner consistent with federal requirements.

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

Sec. 11. Minnesota Statutes 2024, section 256.9752, subdivision 3, is amended to read:

Subd. 3. **Nutrition support services.** (a) Funds allocated to an area agency on aging for nutrition support services may be used for the following:

(1) transportation of home-delivered meals and purchased food and medications to the residence of a senior citizen;

(2) expansion of home-delivered meals into unserved and underserved areas;

- 5.1 (3) transportation to supermarkets or delivery of groceries from supermarkets to homes;
- 5.2 (4) vouchers for food purchases at selected restaurants in isolated rural areas;
- 5.3 (5) the Supplemental Nutrition Assistance Program (SNAP) outreach;
- 5.4 (6) transportation of seniors to congregate dining sites;
- 5.5 (7) nutrition screening assessments and counseling as needed by individuals with special
- 5.6 dietary needs, performed by a licensed dietitian or nutritionist; ~~and~~
- 5.7 (8) other appropriate services which support senior nutrition programs, including new
- 5.8 service delivery models; and
- 5.9 (9) innovative models of providing healthy and nutritious meals to seniors, including
- 5.10 through partnerships with schools, restaurants, and other community partners.

- 5.11 (b) An area agency on aging may transfer unused funding for nutrition support services
- 5.12 to fund congregate dining services and home-delivered meals, but state funds transferred
- 5.13 under this paragraph are not subject to federal requirements."

- 5.14 Page 22, line 27, delete "increase" and insert "adjust"

- 5.15 Page 23, line 7, delete the new language

- 5.16 Page 23, line 21, strike everything after "means"

- 5.17 Page 23, lines 22 to 30, delete the new language and strike the old language

- 5.18 Page 23, line 31, before the period, insert "the items described in section 256R.25"

- 5.19 Page 26, line 17, delete "13" and insert "14"

- 5.20 Page 27, line 3, delete "Consultations" and insert "Consolidation" and strike "shall"

- 5.21 Page 27, line 4, delete the new language and strike the old language

- 5.22 Page 27, line 5, strike "and (6)" and delete the new language and strike ", and 4d" and
- 5.23 insert "is the amount specified in section 256R.405"

- 5.24 Page 27, after line 30, insert:

- 5.25 "Subd. 14. **Workforce standards.** The portion related to implementation of the rules
- 5.26 implemented by the Nursing Home Workforce Standards Board is the amount determined
- 5.27 under section 256R.532."

- 5.28 Page 30, after line 21, insert:

6.1 "Sec. 26. [256R.405] CONSOLIDATION RATES.

6.2 Subdivision 1. **Consolidation rates; generally.** The external fixed costs payment rate
6.3 for nursing facilities that have completed a state approved consolidation project must include
6.4 a consolidation rate adjustment. A facility's consolidation rate adjustment expires upon
6.5 transition to a fair rental value property payment rate under section 256R.26, subdivision
6.6 9. The commissioner must inform the revisor of statutes when a facility's consolidation rate
6.7 adjustment specified under this section expires. This subdivision expires upon the expiration
6.8 of all other subdivisions of this section.

6.9 Subd. 2. **Owatonna.** The consolidation rate for the nursing facility located at 2255 30th
6.10 Street Northwest in Owatonna is \$33.88.

6.11 Subd. 3. **Red Wing.** The consolidation rate for the nursing facility located at 213 Pioneer
6.12 Road in Red Wing is \$73.69.

6.13 Subd. 4. **White Bear Lake.** The consolidation rate for the nursing facility located at
6.14 1891 Florence Street in White Bear Lake is \$25.56.

6.15 Subd. 5. **St. Paul.** The consolidation rate for the nursing facility located at 200 Earl
6.16 Street in St. Paul is \$68.01.

6.17 Subd. 6. **Cambridge.** The consolidation rate for the nursing facility located at 135 Fern
6.18 Street North in Cambridge is \$24.30.

6.19 Subd. 7. **Maple Plain.** The consolidation rate for the nursing facility located at 4848
6.20 Gateway Boulevard in Maple Plain is \$38.76.

6.21 Subd. 8. **Maplewood.** The consolidation rate for the nursing facility located at 1438
6.22 County Road C East in Maplewood is \$55.63.

6.23 Subd. 9. **Apple Valley.** The consolidation rate for the nursing facility located at 14650
6.24 Garrett Avenue in Apple Valley is \$26.99."

6.25 Page 31, delete section 26 and insert:

6.26 "Sec. 28. [256R.531] PATIENT DRIVEN PAYMENT MODEL PHASE-IN.

6.27 Subdivision 1. **PDPM phase-in.** Effective October 1, 2025, through December 31, 2028,
6.28 for each facility, the commissioner shall determine an adjustment to its total payment rate
6.29 as determined under sections 256R.21 and 256R.27 to phase in the transition from the
6.30 RUG-IV case mix classification system to the patient driven payment model (PDPM) case
6.31 mix classification system.

7.1 Subd. 1a. **Definitions.** "Medical assistance facility average case mix index" means the
7.2 facility average case mix index for the subset of a facility's residents that includes only
7.3 medical assistance recipients.

7.4 Subd. 2. **PDPM phase-in rate adjustment.** A facility's PDPM phase-in rate adjustment
7.5 to its total payment rate is equal to:

7.6 (1) the blended medical assistance case mix adjusted direct care payment rate determined
7.7 in subdivision 6; minus

7.8 (2) the PDPM medical assistance case mix adjusted direct care payment rate determined
7.9 in section 256R.23, subdivision 7.

7.10 Subd. 3. **RUG-IV standardized days and RUG-IV facility case mix index.** (a) Effective
7.11 October 1, 2025, through December 31, 2027, for each facility the commissioner must
7.12 determine the RUG-IV standardized days and RUG-IV medical assistance facility average
7.13 case mix index.

7.14 (b) For the rate year beginning January 1, 2028, only:

7.15 (1) for each facility, the commissioner must determine both the RUG-IV facility average
7.16 case mix index and the RUG-IV medical assistance facility average case mix index using
7.17 resident days by the case mix classification on the facility's September 30, 2025, Minnesota
7.18 Statistical and Cost Report; and

7.19 (2) for each facility, the commissioner must determine the RUG-IV standardized days
7.20 by multiplying the facility's resident days on the facility's September 30, 2026, Minnesota
7.21 Statistical and Cost Report by the facility's RUG-IV facility average case mix index
7.22 determined under clause (1).

7.23 Subd. 4. **RUG-IV medical assistance case mix adjusted direct care payment rate.** The
7.24 commissioner must determine a facility's RUG-IV medical assistance case mix adjusted
7.25 direct care payment rate as the product of:

7.26 (1) the facility's RUG-IV direct care payment rate determined in section 256R.23,
7.27 subdivision 7, using the RUG-IV standardized days determined in subdivision 3; and

7.28 (2) the corresponding RUG-IV medical assistance facility average case mix index
7.29 determined in subdivision 3.

7.30 Subd. 5. **PDPM medical assistance case mix adjusted direct care payment rate.** The
7.31 commissioner must determine a facility's PDPM case mix adjusted direct care payment rate
7.32 as the product of:

8.1 (1) the facility's direct care payment rate determined in section 256R.23, subdivision 7;
 8.2 and

8.3 (2) the corresponding medical assistance facility average case mix index.

8.4 Subd. 6. **Blended medical assistance case mix adjusted direct care payment rate.** The
 8.5 commissioner must determine a facility's blended medical assistance case mix adjusted
 8.6 direct care payment rate as the sum of:

8.7 (1) the RUG-IV medical assistance case mix adjusted direct care payment rate determined
 8.8 in subdivision 4 multiplied by the following percentages:

8.9 (i) after September 30, 2025, through December 31, 2026, 75 percent;

8.10 (ii) after December 31, 2026, through December 31, 2027, 50 percent; and

8.11 (iii) after December 31, 2027, through December 31, 2028, 25 percent; and

8.12 (2) the PDPM medical assistance case mix adjusted direct care payment rate determined
 8.13 in subdivision 5 multiplied by the following percentages:

8.14 (i) after September 30, 2025, through December 31, 2026, 25 percent;

8.15 (ii) after December 31, 2026, through December 31, 2027, 50 percent; and

8.16 (iii) after December 31, 2027, through December 31, 2028, 75 percent.

8.17 Subd. 7. **Expiration.** This section expires January 1, 2029.

8.18 **EFFECTIVE DATE.** This section is effective October 1, 2025."

8.19 Page 32, line 27, before the semicolon, insert "through December 31, 2028"

8.20 Page 34, delete section 31, and insert:

8.21 "Sec. 33. **REPEALER.**

8.22 (a) Minnesota Statutes 2024, sections 144A.071, subdivision 4c; 256R.02, subdivision
 8.23 38; 256R.40; 256R.41; and 256R.481, are repealed.

8.24 (b) Minnesota Statutes 2024, sections 256R.12, subdivision 10; and 256R.36, are repealed.

8.25 (c) Minnesota Statutes 2024, section 256R.23, subdivision 6, is repealed.

8.26 **EFFECTIVE DATE.** Paragraph (a) is effective January 1, 2026. Paragraph (b) is
 8.27 effective the day following final enactment. Paragraph (c) is effective October 1, 2025."

8.28 Page 39, delete section 6

8.29 Page 40, lines 5, 7, and 10, delete "April" and insert "June"

- 9.1 Page 40, line 12, delete everything after the period
- 9.2 Page 40, delete lines 13 to 16
- 9.3 Page 40, line 24, after "licensure" insert "pursuant to section 245A.05"
- 9.4 Renumber the subdivisions in sequence
- 9.5 Page 41, line 10, delete "section" and insert "sections 245A.65, 245A.66, and" and after
- 9.6 "626.557" insert a comma
- 9.7 Page 41, line 12, delete "A provisional license holder" and insert "An EIDBI agency"
- 9.8 Page 41, delete subdivisions 7 to 9 and insert:
- 9.9 "Subd. 7. **Reconsideration requests and appeals.** An applicant or provisional license
- 9.10 holder has reconsideration and appeal rights under sections 245A.05, 245A.06, and 245A.07."
- 9.11 Page 42, line 3, after "been" insert "suspended or" and delete "under subdivision 7" and
- 9.12 insert "and, if the EIDBI agency appealed, the commissioner has issued the final order on
- 9.13 the appeal"
- 9.14 Page 49, line 22, before "whose" insert "younger than 12 years of age" and delete "them"
- 9.15 and insert "the dependent"
- 9.16 Page 51, line 3, before "whose" insert "younger than 12 years of age" and delete "them"
- 9.17 and insert "the person"
- 9.18 Page 52, delete section 15
- 9.19 Page 54, line 17, delete "Medicaid-only" and insert "medical assistance"
- 9.20 Page 58, after line 21, insert:
- 9.21 "Sec. 16. Minnesota Statutes 2024, section 256B.0911, subdivision 1, is amended to read:
- 9.22 Subdivision 1. **Purpose and goal.** (a) The purpose of long-term care consultation services
- 9.23 is to assist persons with long-term or chronic care needs in making care decisions and
- 9.24 selecting support and service options that meet their needs and reflect their preferences.
- 9.25 The availability of, and access to, information and other types of assistance, including
- 9.26 long-term care consultation assessment and support planning, is also intended to prevent
- 9.27 or delay institutional placements and to provide access to transition assistance after
- 9.28 placement. Further, the goal of long-term care consultation services is to contain costs
- 9.29 associated with unnecessary institutional admissions. Long-term care consultation services
- 9.30 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. 17. 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.

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

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

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

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

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

11.15 Sec. 18. Minnesota Statutes 2024, section 256B.0911, subdivision 13, is amended to read:

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

11.19 (b) MnCHOICES certified assessors must have received training and certification specific
11.20 to assessment and consultation for long-term care services in the state and either:

11.21 (1) ~~either have a bachelor's~~ at least an associate's degree in social work, human services,
11.22 or other closely related field;

11.23 (2) have at least an associate's degree in nursing with a public health nursing certificate,
11.24 or other closely related field; or

11.25 (3) be a registered nurse; and,

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

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

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

- 12.1 Sec. 19. Minnesota Statutes 2024, section 256B.0911, subdivision 14, is amended to read:
- 12.2 Subd. 14. **Use of MnCHOICES certified assessors required.** (a) Each lead agency
- 12.3 shall use MnCHOICES certified assessors who have completed MnCHOICES training and
- 12.4 the certification process determined by the commissioner in subdivision 13.
- 12.5 (b) Each lead agency must ensure that the lead agency has sufficient numbers of certified
- 12.6 assessors to provide long-term consultation assessment and support planning within the
- 12.7 timelines and parameters of the service.
- 12.8 (c) A lead agency may choose, according to departmental policies, to contract with a
- 12.9 qualified, certified assessor to conduct assessments and reassessments on behalf of the lead
- 12.10 agency.
- 12.11 (d) Tribes and health plans under contract with the commissioner must provide long-term
- 12.12 care consultation services as specified in the contract.
- 12.13 (e) A lead agency must provide the commissioner with an administrative contact for
- 12.14 communication purposes.
- 12.15 (f) A lead agency may contract under this subdivision with any hospital licensed under
- 12.16 sections 144.50 to 144.56 to conduct assessments of patients in the hospital on behalf of
- 12.17 the lead agency when the lead agency has failed to meet its obligations under subdivision
- 12.18 17. The contracted assessment must be conducted by a hospital employee who is a qualified,
- 12.19 certified assessor. The hospital employees who perform assessments under the contract
- 12.20 between the hospital and the lead agency may perform assessments in addition to other
- 12.21 duties assigned to the employee by the hospital, except the hospital employees who perform
- 12.22 the assessments under contract with the lead agency must not perform any waiver-related
- 12.23 tasks other than assessments. Hospitals are not eligible for reimbursement under subdivision
- 12.24 33. The lead agency that enters into a contract with a hospital under this paragraph is
- 12.25 responsible for oversight, compliance, and quality assurance for all assessments performed
- 12.26 under the contract."
- 12.27 Page 59, line 28, delete "22 to 64" and insert "older than 21 years of age, under 65"
- 12.28 Page 59, line 29, after "age" insert a comma
- 12.29 Page 60, line 1, delete the first "and" and insert "or"
- 12.30 Page 60, line 2, delete "they have" and insert "the person has"
- 12.31 Page 61, after line 21, insert:

13.1 "Sec. 24. Minnesota Statutes 2024, section 256B.0911, is amended by adding a subdivision
13.2 to read:

13.3 Subd. 35. **Dashboard on assessment completions.** (a) The commissioner shall maintain
13.4 a dashboard on the department's public website containing summary data on the completion
13.5 of assessments under this section. The commissioner must update the dashboard at least
13.6 twice per year.

13.7 (b) The dashboard must include:

13.8 (1) the total number of assessments performed since the previous reporting period, by
13.9 lead agency;

13.10 (2) the total number of initial assessments performed since the previous reporting period,
13.11 by lead agency;

13.12 (3) the total number of reassessments performed since the previous reporting period, by
13.13 lead agency;

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

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

13.17 (6) summary data of the location in which the assessments were performed, by lead
13.18 agency; and

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

13.21 Page 73, delete section 30 and insert:

13.22 "Sec. 33. Minnesota Statutes 2024, section 256B.4914, subdivision 5, is amended to read:

13.23 **Subd. 5. Base wage index; establishment and updates.** (a) The base wage index is
13.24 established to determine staffing costs associated with providing services to individuals
13.25 receiving home and community-based services. For purposes of calculating the base wage,
13.26 Minnesota-specific wages taken from job descriptions and standard occupational
13.27 classification (SOC) codes from the Bureau of Labor Statistics as defined in the Occupational
13.28 Handbook must be used.

13.29 (b) The commissioner shall update the base wage index in subdivision 5a, publish these
13.30 updated values, and load them into the rate management system as ~~follows:~~ required under
13.31 subdivision 5b.

14.1 ~~(1) on January 1, 2022, based on wage data by SOC from the Bureau of Labor Statistics~~
14.2 ~~available as of December 31, 2019;~~

14.3 ~~(2) on January 1, 2024, based on wage data by SOC from the Bureau of Labor Statistics~~
14.4 ~~published in March 2022; and~~

14.5 ~~(3) on January 1, 2026, and every two years thereafter, based on wage data by SOC from~~
14.6 ~~the Bureau of Labor Statistics published in the spring approximately 21 months prior to the~~
14.7 ~~scheduled update.~~

14.8 EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval,
14.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
14.10 when federal approval is obtained."

14.11 Page 83, line 13, before the period, insert ", or upon federal approval, whichever is later.
14.12 The commissioner of human services shall notify the revisor of statutes when federal approval
14.13 is obtained"

14.14 Page 85, line 7, before the period, insert ", or upon federal approval, whichever is later.
14.15 The commissioner of human services shall notify the revisor of statutes when federal approval
14.16 is obtained"

14.17 Page 87, line 3, before the period, insert ", or upon federal approval, whichever is later.
14.18 The commissioner of human services shall notify the revisor of statutes when federal approval
14.19 is obtained"

14.20 Page 92, line 2, before the colon, insert ", including but not limited to"

14.21 Page 92, delete lines 3 to 5 and insert:

14.22 "(1) payroll records for direct care wages cited in the request;

14.23 (2) payment records or receipts for other costs cited in the request; and

14.24 (3) documentation of expenses paid that were identified as necessary for the initial rate
14.25 exception."

14.26 Page 92, line 16, before the second period, insert ", or upon federal approval, whichever
14.27 is later. The commissioner of human services shall notify the revisor of statutes when federal
14.28 approval is obtained"

14.29 Page 99, line 3, before the period, insert "and participants must use consultation services
14.30 to complete their orientation and selection of a service model"

14.31 Page 99, delete section 46

- 15.1 Page 101, line 22, before "whose" insert "younger than 12 years of age"
- 15.2 Page 107, delete lines 13 to 19
- 15.3 Page 110, delete section 54
- 15.4 Page 112, delete section 56
- 15.5 Page 114, strike lines 3 to 9
- 15.6 Reletter the paragraphs in sequence
- 15.7 Page 114, line 30, after "component" insert "under subdivision 5b or 5c"
- 15.8 Page 116, line 4, delete "for purposes of implementation,"
- 15.9 Page 116, line 5, delete "implementation" and insert "worker retention"
- 15.10 Page 119, line 18, after the second comma, insert "EIDBI agencies,"
- 15.11 Page 119, lines 21 and 22, delete the new language
- 15.12 Page 119, line 30, delete "2028" and insert "2027"
- 15.13 Page 121, after line 16, insert:
- 15.14 "Sec. 68. **DISABILITY SERVICES TECHNOLOGY AND ADVOCACY**
- 15.15 **EXPANSION GRANT.**
- 15.16 Subdivision 1. **Establishment.** (a) A disability services technology and advocacy
- 15.17 expansion grant is established to:
- 15.18 (1) support the expansion of assistive technology and remote support services for people
- 15.19 with disabilities; and
- 15.20 (2) strengthen advocacy efforts for individuals with disabilities and the providers who
- 15.21 serve individuals with disabilities.
- 15.22 (b) The commissioner of human services must award the grant to an eligible grantee. In
- 15.23 awarding the grant, the commissioner must consult with the commissioner of administration's
- 15.24 System of Technology to Achieve Results (STAR) Program under Minnesota Statutes,
- 15.25 section 16B.055.
- 15.26 Subd. 2. **Eligible grantee.** An eligible grantee must:
- 15.27 (1) be a nonprofit organization with a statewide reach;
- 15.28 (2) have demonstrated knowledge of various forms of assistive technology and remote
- 15.29 support for people with disabilities; and

16.1 (3) have proven capacity to provide education and training to multiple constituencies.

16.2 Subd. 3. Allowable uses of grant money. Grant money must be used to:

16.3 (1) develop and deliver comprehensive training programs for lead agencies, disability
16.4 service providers, schools, employment support agencies, and individuals with disabilities
16.5 and their families to ensure effective use of assistive technology and remote support tools.
16.6 Training programs must be developed in consultation with the STAR Program to ensure
16.7 alignment with national assistive technology standards and best practices. Training must
16.8 address specific challenges faced by individuals with disabilities, such as accessibility,
16.9 independence, and health monitoring;

16.10 (2) provide resources and support to advocacy organizations that work with individuals
16.11 with disabilities and service providers. Resources and support must be used to promote the
16.12 use of assistive technology to increase self-determination and community participation;

16.13 (3) maintain, distribute, and create accessible resources related to assistive technology
16.14 and remote support. Resources must be developed in collaboration with the STAR Program
16.15 to reflect current assistive technology tools and guidance that are tailored to Minnesota's
16.16 disability community. Materials must be tailored to address the unique needs of individuals
16.17 with disabilities and the people and organizations who support individuals with disabilities;

16.18 (4) conduct research to explore new and emerging assistive technology solutions that
16.19 address the evolving needs of individuals with disabilities. The research must emphasize
16.20 the role of technology in promoting independence, improving quality of life, and ensuring
16.21 safety; and

16.22 (5) conduct outreach initiatives to engage disability communities, service providers, and
16.23 advocacy groups across Minnesota to promote awareness of assistive technology and remote
16.24 support services. Outreach initiatives must focus on reaching underserved and rural
16.25 populations.

16.26 Subd. 4. Evaluation and reporting requirements. (a) The grant recipient must submit
16.27 an annual report by June 30 each year to the legislative committees with jurisdiction over
16.28 disability services. The annual report must include:

16.29 (1) the number of individuals with disabilities and service providers who received training
16.30 during the reporting year;

16.31 (2) data on the impact of assistive technology and remote support in improving quality
16.32 of life, safety, and independence for individuals with disabilities; and

17.1 (3) recommendations for further advancing technology-driven disability advocacy efforts
 17.2 based on feedback and research findings.

17.3 (b) No later than three months after the grant period has ended, a final evaluation must
 17.4 be submitted to the legislative committees with jurisdiction over disability services to assess
 17.5 the overall impact on expanding access to assistive technology and remote support, with a
 17.6 focus on lessons learned and future opportunities for Minnesota's disability communities
 17.7 and service providers.

17.8 Subd. 5. **Grant period.** The grant period under this section is from July 1, 2025, to June
 17.9 30, 2030."

17.10 Page 126, line 5, after "lessons" insert "provided to a person younger than 12 years of
 17.11 age whose disability puts the person at a higher risk of drowning according to the Centers
 17.12 for Disease Control Vital Statistics System"

17.13 Page 126, line 9, before "whose" insert "younger than 12 years of age"

17.14 Page 126, line 27, before ""Guest" insert "(a)"

17.15 Page 126, lines 29 and 30, delete the new language

17.16 Page 127, line 1, before "Tribally" insert "(b)"

17.17 Page 127, after line 2, insert:

17.18 "**EFFECTIVE DATE.** This section is effective July 1, 2026, or upon federal approval,
 17.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
 17.20 when federal approval is obtained."

17.21 Page 127, after line 7, insert:

17.22 "**EFFECTIVE DATE.** This section is effective July 1, 2026, or upon federal approval,
 17.23 whichever is later. The commissioner of human services shall notify the revisor of statutes
 17.24 when federal approval is obtained."

17.25 Page 127, after line 11, insert:

17.26 "**EFFECTIVE DATE.** This section is effective July 1, 2026, or upon federal approval,
 17.27 whichever is later. The commissioner of human services shall notify the revisor of statutes
 17.28 when federal approval is obtained."

17.29 Page 127, after line 15, insert:

18.1 "**EFFECTIVE DATE.** This section is effective July 1, 2026, or upon federal approval,
18.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
18.3 when federal approval is obtained."

18.4 Page 127, after line 19, insert:

18.5 "**EFFECTIVE DATE.** This section is effective July 1, 2026, or upon federal approval,
18.6 whichever is later. The commissioner of human services shall notify the revisor of statutes
18.7 when federal approval is obtained."

18.8 Page 127, after line 23, insert:

18.9 "**EFFECTIVE DATE.** This section is effective July 1, 2026, or upon federal approval,
18.10 whichever is later. The commissioner of human services shall notify the revisor of statutes
18.11 when federal approval is obtained."

18.12 Page 130, after line 26, insert:

18.13 "**EFFECTIVE DATE.** This section is effective July 1, 2026, or upon federal approval,
18.14 whichever is later. The commissioner of human services shall notify the revisor of statutes
18.15 when federal approval is obtained."

18.16 Page 131, after line 29, insert:

18.17 "**EFFECTIVE DATE.** This section is effective July 1, 2026, or upon federal approval,
18.18 whichever is later. The commissioner of human services shall notify the revisor of statutes
18.19 when federal approval is obtained."

18.20 Page 132, after line 21, insert:

18.21 "**EFFECTIVE DATE.** This section is effective July 1, 2026, or upon federal approval,
18.22 whichever is later. The commissioner of human services shall notify the revisor of statutes
18.23 when federal approval is obtained."

18.24 Page 133, after line 9, insert:

18.25 "**EFFECTIVE DATE.** This section is effective July 1, 2026, or upon federal approval,
18.26 whichever is later. The commissioner of human services shall notify the revisor of statutes
18.27 when federal approval is obtained."

18.28 Page 133, after line 27, insert:

18.29 "**EFFECTIVE DATE.** This section is effective July 1, 2026, or upon federal approval,
18.30 whichever is later. The commissioner of human services shall notify the revisor of statutes
18.31 when federal approval is obtained."

19.1 Page 135, after line 25, insert:

19.2 **"EFFECTIVE DATE. This section is effective July 1, 2026, or upon federal approval,**
19.3 **whichever is later. The commissioner of human services shall notify the revisor of statutes**
19.4 **when federal approval is obtained."**

19.5 Page 135, lines 27 and 28, delete the new language

19.6 Page 136, line 1, delete "is not qualified to" and insert "must not" and after "service"
19.7 insert "unless qualified to do so"

19.8 Page 136, line 2, delete everything after the comma and insert "subdivision 3."

19.9 Page 136, delete section 16

19.10 Page 137, line 4, after "the" insert "mental health practitioner"

19.11 Page 137, after line 15, insert:

19.12 **"EFFECTIVE DATE. This section is effective July 1, 2026, or upon federal approval,**
19.13 **whichever is later. The commissioner of human services shall notify the revisor of statutes**
19.14 **when federal approval is obtained."**

19.15 Page 137, after line 25, insert:

19.16 **"EFFECTIVE DATE. This section is effective July 1, 2026, or upon federal approval,**
19.17 **whichever is later. The commissioner of human services shall notify the revisor of statutes**
19.18 **when federal approval is obtained."**

19.19 Page 137, line 28, strike "50 consecutive minutes" and insert "four units"

19.20 Page 137, line 30, strike "50 consecutive minutes" and insert "one unit"

19.21 Page 137, line 31, strike everything after the period

19.22 Page 137, line 32, strike the old language

19.23 Page 138, line 1, strike the old language

19.24 Page 138, line 2, strike everything before "The"

19.25 Page 138, after line 5, insert:

19.26 **"EFFECTIVE DATE. This section is effective July 1, 2026, or upon federal approval,**
19.27 **whichever is later. The commissioner of human services shall notify the revisor of statutes**
19.28 **when federal approval is obtained."**

19.29 Page 138, line 14, delete "2025" and insert "2026"

20.1 Page 138, after line 20, insert:

20.2 **"EFFECTIVE DATE. This section is effective July 1, 2026, or upon federal approval,**
20.3 **whichever is later. The commissioner of human services shall notify the revisor of statutes**
20.4 **when federal approval is obtained."**

20.5 Page 138, line 28, delete "2025" and insert "2026"

20.6 Page 139, lines 24 and 30, delete "2025" and insert "2026"

20.7 Page 141, line 24, delete "This section is effective July 1, 2025." and insert "This section
20.8 **is effective July 1, 2026, except the amendments to paragraph (d) are effective July 1, 2025.**"

20.9 Page 141, after line 29, insert:

20.10 **"EFFECTIVE DATE. This section is effective July 1, 2026."**

20.11 Page 143, after line 19, insert:

20.12 **"EFFECTIVE DATE. This section is effective July 1, 2026."**

20.13 Page 143, after line 26, insert:

20.14 **"EFFECTIVE DATE. This section is effective July 1, 2026."**

20.15 Page 147, after line 5, insert:

20.16 **"EFFECTIVE DATE. This section is effective July 1, 2026, or upon federal approval,**
20.17 **whichever is later. The commissioner of human services shall notify the revisor of statutes**
20.18 **when federal approval is obtained."**

20.19 Page 151, after line 13, insert:

20.20 **"EFFECTIVE DATE. This section is effective January 1, 2026."**

20.21 Page 152, line 21, delete "2025" and insert "2026"

20.22 Page 154, after line 15, insert:

20.23 **"EFFECTIVE DATE. This section is effective July 1, 2026, or upon federal approval,**
20.24 **whichever is later. The commissioner of human services shall notify the revisor of statutes**
20.25 **when federal approval is obtained."**

20.26 Page 154, delete section 35

20.27 Page 156, delete section 36 and insert:

21.1 "Sec. 34. Minnesota Statutes 2024, section 256.042, subdivision 4, is amended to read:

21.2 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
21.3 grants proposed by the advisory council to be awarded for the upcoming calendar year to
21.4 the chairs and ranking minority members of the legislative committees with jurisdiction
21.5 over health and human services policy and finance, by December 1 of each year, beginning
21.6 December 1, 2022. This paragraph expires upon the expiration of the advisory council.

21.7 (b) The grants shall be awarded to proposals selected by the advisory council that address
21.8 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated
21.9 by the legislature. The advisory council shall determine grant awards and funding amounts
21.10 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,
21.11 paragraph ~~(n)~~ (m), and subdivision 3a, paragraph (d). The commissioner shall award the
21.12 grants from the opiate epidemic response fund and administer the grants in compliance with
21.13 section 16B.97. No more than ten percent of the grant amount may be used by a grantee for
21.14 administration.

21.15 **EFFECTIVE DATE.** This section is effective the day following final enactment or
21.16 retroactively from June 30, 2025, whichever is earlier.

21.17 Sec. 35. Minnesota Statutes 2024, section 256.043, subdivision 3, is amended to read:

21.18 Subd. 3. **Appropriations from registration and license fee account.** (a) The
21.19 appropriations in paragraphs (b) to ~~(n)~~ (m) shall be made from the registration and license
21.20 fee account on a fiscal year basis in the order specified.

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

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

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

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

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

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

22.7 ~~(h)~~ (g) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated
 22.8 to the commissioner of human services for the opioid overdose surge alert system under
 22.9 section 245.891.

22.10 ~~(i)~~ (h) \$300,000 is appropriated to the commissioner of management and budget for
 22.11 evaluation activities under section 256.042, subdivision 1, paragraph (c).

22.12 ~~(j)~~ (i) \$261,000 is appropriated to the commissioner of human services for the provision
 22.13 of administrative services to the Opiate Epidemic Response Advisory Council and for the
 22.14 administration of the grants awarded under paragraph ~~(n)~~ (m).

22.15 ~~(k)~~ (j) \$126,000 is appropriated to the Board of Pharmacy for the collection of the
 22.16 registration fees under section 151.066.

22.17 ~~(l)~~ (k) \$672,000 is appropriated to the commissioner of public safety for the Bureau of
 22.18 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies
 22.19 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

22.20 ~~(m)~~ (l) After the appropriations in paragraphs (b) to ~~(l)~~ (k) are made, 50 percent of the
 22.21 remaining amount is appropriated to the commissioner of children, youth, and families for
 22.22 distribution to county social service agencies and Tribal social service agency initiative
 22.23 projects authorized under section 256.01, subdivision 14b, to provide prevention and child
 22.24 protection services to children and families who are affected by addiction. The commissioner
 22.25 shall distribute this money proportionally to county social service agencies and Tribal social
 22.26 service agency initiative projects through a formula based on intake data from the previous
 22.27 three calendar years related to substance use and out-of-home placement episodes where
 22.28 parental drug abuse is a reason for the out-of-home placement. County social service agencies
 22.29 and Tribal social service agency initiative projects receiving funds from the opiate epidemic
 22.30 response fund must annually report to the commissioner on how the funds were used to
 22.31 provide prevention and child protection services, including measurable outcomes, as
 22.32 determined by the commissioner. County social service agencies and Tribal social service
 22.33 agency initiative projects must not use funds received under this paragraph to supplant

23.1 current state or local funding received for child protection services for children and families
 23.2 who are affected by addiction.

23.3 ~~(n)~~ (m) After the appropriations in paragraphs (b) to ~~(m)~~ (l) are made, the remaining
 23.4 amount in the account is appropriated to the commissioner of human services to award
 23.5 grants as specified by the Opiate Epidemic Response Advisory Council in accordance with
 23.6 section 256.042, unless otherwise appropriated by the legislature.

23.7 ~~(o)~~ (n) Beginning in fiscal year 2022 and each year thereafter, funds for county social
 23.8 service agencies and Tribal social service agency initiative projects under paragraph ~~(m)~~
 23.9 (l) and grant funds specified by the Opiate Epidemic Response Advisory Council under
 23.10 paragraph ~~(n)~~ (m) may be distributed on a calendar year basis.

23.11 ~~(p)~~ (o) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs
 23.12 (c), (d), (e), ~~(g)~~ (h), ~~(m)~~ (l), and ~~(n)~~ (m) are available for three years after the funds are
 23.13 appropriated.

23.14 **EFFECTIVE DATE.** This section is effective the day following final enactment or
 23.15 retroactively from June 30, 2025, whichever is earlier.

23.16 Sec. 36. Minnesota Statutes 2024, section 256.043, subdivision 3a, is amended to read:

23.17 Subd. 3a. **Appropriations from settlement account.** (a) The appropriations in paragraphs
 23.18 (b) to (e) shall be made from the settlement account on a fiscal year basis in the order
 23.19 specified.

23.20 (b) If the balance in the registration and license fee account is not sufficient to fully fund
 23.21 the appropriations specified in subdivision 3, paragraphs (b) to ~~(j)~~ (k), an amount necessary
 23.22 to meet any insufficiency shall be transferred from the settlement account to the registration
 23.23 and license fee account to fully fund the required appropriations.

23.24 (c) \$209,000 in fiscal year 2023 and \$239,000 in fiscal year 2024 and subsequent fiscal
 23.25 years are appropriated to the commissioner of human services for the administration of
 23.26 grants awarded under paragraph (e). \$276,000 in fiscal year 2023 and \$151,000 in fiscal
 23.27 year 2024 and subsequent fiscal years are appropriated to the commissioner of human
 23.28 services to collect, collate, and report data submitted and to monitor compliance with
 23.29 reporting and settlement expenditure requirements by grantees awarded grants under this
 23.30 section and municipalities receiving direct payments from a statewide opioid settlement
 23.31 agreement as defined in section 256.042, subdivision 6.

23.32 (d) After any appropriations necessary under paragraphs (b) and (c) are made, an amount
 23.33 equal to the calendar year allocation to Tribal social service agency initiative projects under

24.1 subdivision 3, paragraph ~~(m)~~ (l), is appropriated from the settlement account to the
24.2 commissioner of children, youth, and families for distribution to Tribal social service agency
24.3 initiative projects to provide child protection services to children and families who are
24.4 affected by addiction. The requirements related to proportional distribution, annual reporting,
24.5 and maintenance of effort specified in subdivision 3, paragraph ~~(m)~~ (l), also apply to the
24.6 appropriations made under this paragraph.

24.7 (e) After making the appropriations in paragraphs (b), (c), and (d), the remaining amount
24.8 in the account is appropriated to the commissioner of human services to award grants as
24.9 specified by the Opiate Epidemic Response Advisory Council in accordance with section
24.10 256.042.

24.11 (f) Funds for Tribal social service agency initiative projects under paragraph (d) and
24.12 grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph
24.13 (e) may be distributed on a calendar year basis.

24.14 (g) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs
24.15 (d) and (e) are available for three years after the funds are appropriated.

24.16 **EFFECTIVE DATE.** This section is effective the day following final enactment or
24.17 retroactively from June 30, 2025, whichever is earlier."

24.18 Page 159, after line 23, insert:

24.19 **"EFFECTIVE DATE.** This section is effective July 1, 2026, or upon federal approval,
24.20 whichever is later. The commissioner of human services shall notify the revisor of statutes
24.21 when federal approval is obtained."

24.22 Page 160, after line 18, insert:

24.23 **"EFFECTIVE DATE.** This section is effective July 1, 2026, or upon federal approval,
24.24 whichever is later. The commissioner of human services shall notify the revisor of statutes
24.25 when federal approval is obtained."

24.26 Page 163, line 30, after the period, insert "The commissioner must identify reimbursement
24.27 rates for the newly defined codes and update the substance use disorder fee schedule."

24.28 Page 163, line 32, before the period, insert ", or upon federal approval, whichever is
24.29 later"

24.30 Page 166, delete section 46 and insert:

25.1 "Sec. 46. **REPEALER.**

25.2 Minnesota Statutes 2024, sections 245G.01, subdivision 20d; 245G.07, subdivision 2;
25.3 254B.01, subdivision 5; and 254B.18, are repealed.

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

25.5 Page 166, line 13, delete everything after "operates" and insert "a long-term residential
25.6 facility that opened in 2007 in Garden City with a"

25.7 Page 166, line 14, delete "serve" and insert "serves" and delete "provide" and insert
25.8 "provides"

25.9 Page 176, delete lines 10 to 14

25.10 Page 176, after line 14, insert:

25.11 "Sec. 4. **SINGLE ADMINISTRATIVE STRUCTURE AND DELIVERY SYSTEM**
25.12 **PILOT PROGRAM.**

25.13 (a) By January 1, 2026, the commissioner of human services, in coordination with the
25.14 commissioner of transportation, must implement one or two pilot programs for a web-based
25.15 single administrative structure and delivery system for nonemergency medical transportation
25.16 under medical assistance and MinnesotaCare. The administrative structure and delivery
25.17 system must meet the requirements in paragraph (b). Each pilot program must include at
25.18 least two counties. Metropolitan counties, as defined in Minnesota Statutes, section 473.121,
25.19 subdivision 4, are not eligible to participate. Each pilot program shall operate for three years
25.20 from the date of implementation.

25.21 (b) The web-based single administrative structure and delivery system must provide for
25.22 the following:

25.23 (1) bidirectional communication between payers and transportation providers;

25.24 (2) client and client advocate access to ride scheduling and real-time trip monitoring;

25.25 (3) real-time eligibility and level of service determination;

25.26 (4) on-demand reporting;

25.27 (5) expedited payments for transportation providers; and

25.28 (6) the ability to collect feedback, including but not limited to complaints regarding
25.29 inappropriate level of needs determinations, utilization of inappropriate transportation modes,
25.30 and interference with accessing nonemergency medical transportation.

26.1 (c) By February 1, 2027, and each year thereafter that a pilot program is in effect, the
26.2 commissioner must submit a report on the pilot programs to the legislative committees with
26.3 jurisdiction over nonemergency medical transportation under medical assistance and
26.4 MinnesotaCare."

26.5 Page 178, line 9, delete "residing in the county from which" and insert "issuing"

26.6 Page 178, line 10, delete "was issued"

26.7 Page 188, line 22, strike everything after the period

26.8 Page 188, strike line 23

26.9 Page 189, after line 9, insert:

26.10 "**EFFECTIVE DATE.** This section is effective July 1, 2025, except the amendment to
26.11 subdivision 1, paragraph (b), is effective retroactively from July 1, 2024."

26.12 Page 190, line 25, strike everything after "(b)"

26.13 Page 190, lines 26 to 32, strike the old language

26.14 Page 190, line 33, strike "in its April 1, 2025, report, the" and insert "The initial"

26.15 Page 191, after line 2, insert:

26.16 "**EFFECTIVE DATE.** This section is effective July 1, 2025, except the amendment to
26.17 paragraph (b) is effective retroactively from July 1, 2024."

26.18 Page 191, line 16, delete "chief executive officer of direct care and treatment" and insert
26.19 "commissioner of human services"

26.20 Page 194, after line 20, insert:

26.21 "**EFFECTIVE DATE.** This section is effective July 1, 2025, except the amendment
26.22 striking "Chief Executive Officer, Direct Care and Treatment;" is effective retroactively
26.23 from July 1, 2024."

26.24 Page 218, after line 18, insert:

26.25 "Section 1. Minnesota Statutes 2024, section 144A.01, subdivision 4, is amended to read:

26.26 Subd. 4. **Controlling person.** (a) "Controlling person" means an owner and the following
26.27 individuals and entities, if applicable:

26.28 (1) each officer of the organization, including the chief executive officer and the chief
26.29 financial officer;

- 27.1 (2) the nursing home administrator; ~~and~~
- 27.2 (3) any managerial official; and
- 27.3 (4) if no individual has at least a five percent ownership interest, every individual with
- 27.4 an ownership interest in a privately held corporation, limited liability company, or other
- 27.5 business entity, including a business entity that is publicly traded or nonpublicly traded,
- 27.6 that collects capital investments from individuals or entities.
- 27.7 (b) "Controlling person" also means any entity or natural person who has any direct or
- 27.8 indirect ownership interest in:
- 27.9 (1) any corporation, partnership or other business association which is a controlling
- 27.10 person;
- 27.11 (2) the land on which a nursing home is located;
- 27.12 (3) the structure in which a nursing home is located;
- 27.13 (4) any entity with at least a five percent mortgage, contract for deed, deed of trust, or
- 27.14 other security interest in the land or structure comprising a nursing home; or
- 27.15 (5) any lease or sublease of the land, structure, or facilities comprising a nursing home.
- 27.16 (c) "Controlling person" does not include:
- 27.17 (1) a bank, savings bank, trust company, savings association, credit union, industrial
- 27.18 loan and thrift company, investment banking firm, or insurance company unless the entity
- 27.19 directly or through a subsidiary operates a nursing home;
- 27.20 (2) government and government-sponsored entities such as the United States Department
- 27.21 of Housing and Urban Development, Ginnie Mae, Fannie Mae, Freddie Mac, and the
- 27.22 Minnesota Housing Finance Agency which provide loans, financing, and insurance products
- 27.23 for housing sites;
- 27.24 (3) an individual who is a state or federal official, a state or federal employee, or a
- 27.25 member or employee of the governing body of a political subdivision of the state or federal
- 27.26 government that operates one or more nursing homes, unless the individual is also an officer,
- 27.27 owner, or managerial official of the nursing home, receives any remuneration from a nursing
- 27.28 home, or who is a controlling person not otherwise excluded in this subdivision;
- 27.29 (4) a natural person who is a member of a tax-exempt organization under section 290.05,
- 27.30 subdivision 2, unless the individual is also a controlling person not otherwise excluded in
- 27.31 this subdivision; and

28.1 (5) a natural person who owns less than five percent of the outstanding common shares
28.2 of a corporation:

28.3 (i) whose securities are exempt by virtue of section 80A.45, clause (6); or

28.4 (ii) whose transactions are exempt by virtue of section 80A.46, clause (7)."

28.5 Page 223, after line 29, insert:

28.6 "Sec. 4. Minnesota Statutes 2024, section 144G.08, subdivision 15, is amended to read:

28.7 Subd. 15. **Controlling individual.** (a) "Controlling individual" means an owner and the
28.8 following individuals and entities, if applicable:

28.9 (1) each officer of the organization, including the chief executive officer and chief
28.10 financial officer;

28.11 (2) each managerial official; ~~and~~

28.12 (3) any entity with at least a five percent mortgage, deed of trust, or other security interest
28.13 in the facility; and

28.14 (4) if no individual has at least a five percent ownership interest, every individual with
28.15 an ownership interest in a privately held corporation, limited liability company, or other
28.16 business entity, including a business entity that is publicly traded or nonpublicly traded,
28.17 that collects capital investments from individuals or entities.

28.18 (b) "Controlling individual" also means any entity or natural person who has any direct
28.19 or indirect ownership interest in:

28.20 (1) any corporation, partnership, or other business association such as a limited liability
28.21 company that is a controlling individual;

28.22 (2) the land on which an assisted living facility is located; or

28.23 (3) the structure in which an assisted living facility is located.

28.24 ~~(b)~~ (c) Controlling individual does not include:

28.25 (1) a bank, savings bank, trust company, savings association, credit union, industrial
28.26 loan and thrift company, investment banking firm, or insurance company unless the entity
28.27 operates a program directly or through a subsidiary;

28.28 (2) government and government-sponsored entities such as the U.S. Department of
28.29 Housing and Urban Development, Ginnie Mae, Fannie Mae, Freddie Mac, and the Minnesota

29.1 Housing Finance Agency which provide loans, financing, and insurance products for housing
29.2 sites;

29.3 (3) an individual who is a state or federal official, a state or federal employee, or a
29.4 member or employee of the governing body of a political subdivision of the state or federal
29.5 government that operates one or more facilities, unless the individual is also an officer,
29.6 owner, or managerial official of the facility, receives remuneration from the facility, or
29.7 owns any of the beneficial interests not excluded in this subdivision;

29.8 (4) an individual who owns less than five percent of the outstanding common shares of
29.9 a corporation:

29.10 (i) whose securities are exempt under section 80A.45, clause (6); or

29.11 (ii) whose transactions are exempt under section 80A.46, clause (2);

29.12 (5) an individual who is a member of an organization exempt from taxation under section
29.13 290.05, unless the individual is also an officer, owner, or managerial official of the license
29.14 or owns any of the beneficial interests not excluded in this subdivision. This clause does
29.15 not exclude from the definition of controlling individual an organization that is exempt from
29.16 taxation; or

29.17 (6) an employee stock ownership plan trust, or a participant or board member of an
29.18 employee stock ownership plan, unless the participant or board member is a controlling
29.19 individual."

29.20 Page 226, line 28, delete "(a)"

29.21 Page 227, delete lines 22 to 26

29.22 Page 230, after line 21, insert:

29.23 "(d) When a facility used good faith efforts to substantially comply with the content or
29.24 timing requirements of section 144G.52, subdivision 8, or corresponding rules, and the
29.25 noncompliance did not prejudice the resident, a failure to comply does not invalidate the
29.26 termination process and is not permissible grounds for appeal of a termination."

29.27 Page 233, after line 25, insert:

29.28 "Sec. 20. [145D.40] DEFINITIONS.

29.29 Subdivision 1. Application. For purposes of sections 145D.40 to 145D.43, the following
29.30 terms have the meanings given.

30.1 Subd. 2. **Assisted living facility.** "Assisted living facility" has the meaning given in
30.2 section 144G.08, subdivision 7. Assisted living facility includes an assisted living facility
30.3 with dementia care as defined in section 144G.08, subdivision 8.

30.4 Subd. 3. **Health care professional.** "Health care professional" means an individual who
30.5 is licensed or registered by the state to provide health care services within the professional's
30.6 scope of practice and in accordance with state law.

30.7 Subd. 4. **Nursing home.** "Nursing home" means a facility licensed as a nursing home
30.8 under chapter 144A.

30.9 Subd. 5. **Ownership or control.** "Ownership or control" means the assumption of
30.10 governance or the acquisition of an ownership interest or direct or indirect control by a
30.11 for-profit entity over the operations of a nonprofit nursing home or a nonprofit assisted
30.12 living facility through any means, including but not limited to a purchase, lease, transfer,
30.13 exchange, option, conveyance, creation of a joint venture, or other manner of acquisition
30.14 of assets, governance, an ownership interest, or direct or indirect control of a nonprofit
30.15 nursing home or a nonprofit assisted living facility.

30.16 Sec. 21. **[145D.41] NOTICE, INFORMATION, AND AFFIDAVIT REQUIRED.**

30.17 Subdivision 1. **Notice and information.** (a) At least 120 days prior to the transfer of
30.18 ownership or control of a nonprofit nursing home or nonprofit assisted living facility to a
30.19 for-profit entity, the nursing home or assisted living facility must provide written notice to
30.20 the attorney general, the commissioner of health, and the commissioner of human services
30.21 of its intent to transfer ownership or control to a for-profit entity.

30.22 (b) Together with the notice, the for-profit entity seeking to acquire ownership or control
30.23 of the nonprofit nursing home or nonprofit assisted living facility must provide the following
30.24 information to the attorney general, commissioner of health, and commissioner of human
30.25 services:

30.26 (1) the names of each individual with an interest in the for-profit entity and the percentage
30.27 of interest each individual holds in the for-profit entity;

30.28 (2) a complete and detailed description of the for-profit entity's corporate structure;

30.29 (3) the names of each individual holding an interest in, and the percentage of interest
30.30 held in, any affiliate, subsidiary, or otherwise related entity that the for-profit entity has a
30.31 contract to provide goods or services for the operation or maintenance of the nursing home
30.32 or assisted living facility or has a contract for goods and services to be provided to residents,
30.33 including any real estate investment trusts;

31.1 (4) for the previous five years, any filings required to be made to any federal or state
31.2 agency;

31.3 (5) the for-profit entity's current balance sheet;

31.4 (6) all application materials required under section 144A.03 or 144G.12, as applicable;

31.5 (7) a description of the condition of the buildings the for-profit entity seeks to acquire
31.6 or manage, identifying any cooling problems, electric medical devices present, recent exterior
31.7 additions and replacements, external building conditions, recent flush toilet breakdowns,
31.8 foreclosure status in the last 12 months, heat risk, heating problems, indoor air quality,
31.9 recent interior additions and replacements, and mold, as those terms are defined and described
31.10 in Appendix A of the American Housing Survey for the United States: 2023;

31.11 (8) an affidavit and evidence as required under subdivision 2; and

31.12 (9) other information required by the attorney general, commissioner of health, and
31.13 commissioner of human services.

31.14 Subd. 2. **Affidavit and evidence.** In addition to the notice required under subdivision
31.15 1, a for-profit entity seeking to acquire ownership or control of a nonprofit nursing home
31.16 or nonprofit assisted living facility must submit to the attorney general an affidavit and
31.17 evidence sufficient to demonstrate that:

31.18 (1) the for-profit entity has the financial, managerial, and operational ability to operate
31.19 or manage the nursing home or assisted living facility consistent with the requirements of
31.20 (i) for a nursing home, sections 144A.01 to 144A.1888, chapter 256R, and Minnesota Rules,
31.21 chapter 4658; or (ii) for an assisted living facility, chapter 144G and Minnesota Rules,
31.22 chapter 4659;

31.23 (2) neither the for-profit entity nor any of its owners, managerial officials, or managers
31.24 have committed a crime listed in, or been found civilly liable for an offense listed in section
31.25 144A.03, subdivision 1, clause (13), or 144G.12, subdivision 1, clause (13), as applicable;

31.26 (3) in the preceding ten years, there have been no judgments and no filed, pending, or
31.27 completed public or private litigations, tax liens, written complaints, administrative actions,
31.28 or investigations by a government agency against the for-profit entity or any of its owners,
31.29 managerial officials, or managers;

31.30 (4) in the preceding ten years, the for-profit entity has not defaulted in the payment of
31.31 money collected for others and has not discharged debts through bankruptcy proceedings;

32.1 (5) the for-profit entity will invest sufficient capital in the nursing home or assisted living
32.2 facility to maintain or improve the facility's infrastructure and staffing;

32.3 (6)(i) housing costs or costs for services in a nursing home or assisted living facility in
32.4 the United States over which the for-profit entity acquired ownership or control have not
32.5 increased by more than the increase in the Consumer Price Index for all urban consumers
32.6 published by the federal Bureau of Labor Statistics for the 12 months preceding the month
32.7 in which the increase became effective; or (ii) if housing costs or costs for services in the
32.8 nursing home or assisted living facility increased by more than the increase in the Consumer
32.9 Price Index as described in item (i), the increase was justified;

32.10 (7) within five years after acquiring ownership or control of any other nursing home or
32.11 assisted living facility in the United States, the for-profit entity did not sell or otherwise
32.12 transfer ownership or control of the nursing home or assisted living facility to another person;
32.13 and

32.14 (8) after acquiring ownership or control of another nursing home in the United States,
32.15 that nursing home, with respect to the Centers for Medicare and Medicaid Services rating
32.16 system:

32.17 (i) maintained or improved the nursing home's rating if upon acquisition of ownership
32.18 or control the rating was three or more stars; or

32.19 (ii) improved the nursing home's rating to at least three stars if upon acquisition of
32.20 ownership or control the rating was one or two stars.

32.21 **Sec. 22. [145D.43] PROHIBITED PRACTICES.**

32.22 A for-profit entity that acquires ownership or control of a nonprofit nursing home or
32.23 nonprofit assisted living facility is prohibited from:

32.24 (1) interfering with the professional judgment of a health care professional providing
32.25 care in the nursing home or assisted living facility or with a health care professional's
32.26 diagnosis or treatment of residents in the nursing home or assisted living facility;

32.27 (2) providing unequal treatment with regard to charges for housing or services based on
32.28 whether the resident pays for housing or services with private funds or through a public
32.29 program;

32.30 (3) engaging in any act, practice, or course of business that would strip an asset from an
32.31 acquired nursing home or assisted living facility or that would otherwise undermine the

33.1 quality of, safety of, or access to care and services provided by the nursing home or assisted
 33.2 living facility;

33.3 (4) engaging in self-dealing;

33.4 (5) engaging in any acts, practices, or courses of business that result in an adverse impact
 33.5 on the health, safety, and well-being and quality of care of the residents of the nursing home
 33.6 or assisted living facility;

33.7 (6) spending less than 75 percent of the funds received by the nursing home or assisted
 33.8 living facility from public programs and state appropriations on the direct care of residents;

33.9 (7) raising resident housing costs beyond the Consumer Price Index for all urban
 33.10 consumers published by the federal Bureau of Labor Statistics for the 12 months preceding
 33.11 the month in which the increase became effective unless the for-profit entity can demonstrate
 33.12 that the increase was justified by legitimate business expenses;

33.13 (8) allowing a diminution of maintenance or a deterioration in the operations and
 33.14 infrastructure of the nursing home or assisted living facility that results in unsafe conditions
 33.15 or violations of building and other relevant codes, diminishes the property value of the
 33.16 facility, or jeopardizes the health and well-being of the residents; or

33.17 (9) for a nursing home:

33.18 (i) failing to improve in the Centers for Medicare and Medicaid Services rating if the
 33.19 nursing home's current rating is one or two stars; or

33.20 (ii) allowing a decline in the Centers for Medicare and Medicaid Services rating if the
 33.21 nursing home's current rating is at least three stars.

33.22 **Sec. 23. ATTORNEY GENERAL ENFORCEMENT.**

33.23 A violation of Minnesota Statutes, section 145D.43, is an unfair and unconscionable
 33.24 practice in violation of Minnesota Statutes, section 325F.69, subdivision 1. The attorney
 33.25 general may enforce this section under Minnesota Statutes, section 8.31."

33.26 Page 233, line 26, delete everything after the semicolon

33.27 Page 233, line 27, delete everything before the period and insert "COMPLIANCE COSTS
 33.28 AND REIMBURSEMENT RATES"

33.29 Page 234, line 11, delete "2026"and insert "2027"

33.30 Page 236, line 27, delete the second "order" and insert "as mentally ill and dangerous"

33.31 Page 237, line 4, after "commitments" insert "as mentally ill and dangerous"

34.1 Page 237, line 7, delete "commitment" and insert "commitments as mentally ill and
34.2 dangerous"

34.3 Page 237, line 8, delete "orders"

34.4 Page 237, lines 10 and 13, after "commitment" insert "as mentally ill and dangerous"

34.5 Page 237, line 15, after "committed" insert "as mentally ill and dangerous"

34.6 Page 238, line 12, delete "7,767,480,000" and insert "7,764,972,000" and delete
34.7 "7,917,705,000" and insert "7,919,683,000"

34.8 Page 238, line 16, delete "7,765,519,000" and insert "7,763,011,000" and delete
34.9 "7,915,516,000" and insert "7,917,494,000"

34.10 Page 239, line 17, delete "3,452,000" and insert "4,309,000" and delete "4,056,000" and
34.11 insert "5,281,000"

34.12 Page 239, after line 17, insert:

34.13 "Subdivision 1. **Budget and Legislative Staff**

34.14 \$805,000 in fiscal year 2026 and \$955,000 in

34.15 fiscal year 2027 are for five additional

34.16 full-time budget and legislative staff.

34.17 Subd. 2. **Base Level Adjustment**

34.18 Page 239, line 19, delete "\$2,435,000" and insert "\$3,536,000" and delete "\$2,251,000"
34.19 and insert "\$3,352,000"

34.20 Page 239, line 21, delete "887,000" and insert "279,000" and delete "1,017,000" and
34.21 insert "448,000"

34.22 Page 239, after line 21, insert:

34.23 "**Single Administrative Structure and**

34.24 **Delivery System Pilot Program**

34.25 \$102,000 in fiscal year 2026 and \$204,000 in

34.26 fiscal year 2027 are for a contract to

34.27 implement a web-based single administrative

34.28 structure and delivery system for the delivery

34.29 of nonemergency medical transportation. The

34.30 base for this appropriation is \$204,000 in fiscal

35.1 year 2028, \$204,000 in fiscal year 2029, and
 35.2 \$0 in fiscal year 2030."

35.3 Page 239, line 23, delete "4,981,000" and insert "5,513,000" and delete "3,022,000" and
 35.4 insert "3,245,000"

35.5 Page 240, after line 15, insert:

35.6 "Subd. 5. Budget and Legislative Analysis

35.7 \$458,000 in fiscal year 2026 and \$540,000 in
 35.8 fiscal year 2027 are for three additional
 35.9 full-time budget and legislative analysis staff."

35.10 Renumber the subdivisions in sequence

35.11 Page 240, line 18, delete "\$3,164,000" and insert "\$3,219,000" and delete "\$3,164,000"
 35.12 and insert "\$3,219,000"

35.13 Page 240, line 21, delete "193,000" and insert "(39,000)" and delete "244,000" and insert
 35.14 "12,000"

35.15 Page 240, line 30, after "is" insert "reduced by"

35.16 Page 240, line 31, delete "\$194,000" and insert "\$38,000" and delete "\$194,000" and
 35.17 insert "\$38,000"

35.18 Page 240, line 34, delete "4,113,000" and insert "4,257,000" and delete "4,853,000" and
 35.19 insert "5,105,000"

35.20 Page 241, line 4, delete "3,885,000" and insert "4,029,000" and delete "4,397,000" and
 35.21 insert "4,649,000"

35.22 Page 241, line 9, delete "\$4,396,000" and insert "\$4,648,000" and delete "\$4,396,000"
 35.23 and insert "\$4,648,000"

35.24 Page 241, line 12, delete "180,000" and insert "323,000" and delete "180,000" and insert
 35.25 "323,000"

35.26 Page 241, line 14, delete "7,440,006,000" and insert "7,440,131,000" and delete
 35.27 "7,652,756,000" and insert "7,656,740,000"

35.28 Page 241, line 16, delete "56,354,000" and insert "56,382,000"

35.29 Page 241, delete section 12 and insert:

35.30 "Sec. 12. GRANT PROGRAMS; CHILD AND
 35.31 COMMUNITY SERVICE GRANTS

\$ (5,405,000) \$ (5,405,000)

36.1 Subdivision 1. **Seeds Worth Sowing**

36.2 \$250,000 in fiscal year 2026 and \$250,000 in
36.3 fiscal year 2027 are for a grant to Seeds Worth
36.4 Sowing to provide culturally specific supports
36.5 for African American Native and African
36.6 immigrant mothers, children, and families in
36.7 Minnesota. Money must be used to deliver
36.8 family-centered, community-based services
36.9 that promote early intervention, caregiver
36.10 support, health and developmental well-being,
36.11 and connection to home and community-based
36.12 services. Activities may include culturally
36.13 grounded parenting education, caregiver
36.14 training, peer support, and programs that
36.15 strengthen family stability, child development,
36.16 and community connectedness. Priority must
36.17 be given to programs serving families
36.18 impacted by poverty, disability, or systemic
36.19 barriers to care. The base for this appropriation
36.20 is \$500,000 in fiscal year 2028 and \$500,000
36.21 in fiscal year 2029.

36.22 Subd. 2. **Base Level Adjustment**

36.23 The general fund base for this section is
36.24 reduced by \$5,155,000 in fiscal year 2028 and
36.25 \$5,155,000 in fiscal year 2029."

36.26 Page 243, line 4, delete "43,880,000" and insert "40,804,000" and delete "43,631,000"
36.27 and insert "40,805,000"

36.28 Page 243, delete lines 6 and 12

36.29 Page 243, lines 7 and 13, delete everything before "for" and insert "The base for this
36.30 appropriation"

36.31 Page 243, line 9, before the period, insert ", is \$882,000 in fiscal year 2028 and \$882,000
36.32 in fiscal year 2029"

- 37.1 Page 243, line 15, before the period, insert ", is \$507,000 in fiscal year 2028 and \$507,000
37.2 in fiscal year 2029"
- 37.3 Page 243, line 17, delete "\$1,575,000" and insert "\$788,000" and delete "\$1,575,000"
37.4 and insert "\$788,000"
- 37.5 Page 243, line 20, delete "18"
- 37.6 Page 243, delete subdivisions 4 and 5
- 37.7 Renumber the subdivisions in sequence
- 37.8 Page 244, line 4, delete "\$400,000" and insert "\$250,000" and delete "\$400,000" and
37.9 insert "\$250,000"
- 37.10 Page 244, line 7, after the period, insert "The base for this appropriation is \$400,000 in
37.11 fiscal year 2028 and \$400,000 in fiscal year 2029."
- 37.12 Page 245, line 19, delete "\$750,000" and insert "\$1,000,000" and delete "\$750,000" and
37.13 insert "\$1,000,000"
- 37.14 Page 245, line 22, after the period, insert "The base for this appropriation is \$1,500,000
37.15 in fiscal year 2028 and \$1,500,000 in fiscal year 2029."
- 37.16 Page 247, line 9, delete everything after "is" and insert "\$2,820,000"
- 37.17 Page 247, line 10, delete "for" and insert "in" and delete "by \$125,000 for" and insert
37.18 "\$2,820,000"
- 37.19 Page 247, lines 28 and 29, delete "\$43,756,000" and insert "\$42,969,000"
- 37.20 Page 248, delete subdivisions 1 to 4
- 37.21 Page 248, line 34, delete "68,415,000" and insert "68,022,000"
- 37.22 Page 251, line 28, delete "\$239,000" and insert "\$230,000"
- 37.23 Page 252, delete subdivision 10
- 37.24 Renumber the subdivisions in sequence
- 37.25 Page 258, line 25, delete "650,000" and insert "600,000"
- 37.26 Page 258, line 28, delete "\$450,000" and insert "\$400,000"
- 37.27 Page 259, line 31, delete "5,526,000" and insert "5,826,000"
- 37.28 Page 260, line 1, delete "3,793,000" and insert "4,093,000"
- 37.29 Page 262, after line 31, insert:

38.1 **"Subd. 9. Peer Specialists**

38.2 \$300,000 in fiscal year 2026 is for peer
 38.3 specialists grants first established under Laws
 38.4 2016, chapter 189, article 23, section 2,
 38.5 subdivision 4, paragraph (f). This is a onetime
 38.6 appropriation."

38.7 Renumber the subdivisions in sequence

38.8 Page 273, line 9, delete "fiscal year"

38.9 Page 273, line 10, delete "2026 and" and delete "appropriations" and insert
 38.10 "appropriation"

38.11 Page 273, line 12, delete "are" and insert "is" and delete "\$1,364,000" and insert
 38.12 "\$725,000"

38.13 Page 274, after line 20, insert:

38.14 "**Subd. 12. Transfer from the opiate epidemic response fund to the general fund. The**
 38.15 commissioner of management and budget must transfer \$1,000,000 in fiscal year 2026 and
 38.16 \$1,000,000 in fiscal year 2027 from the registration and license fee account in the opiate
 38.17 epidemic response fund under Minnesota Statutes, section 256.043, subdivision 3, to the
 38.18 general fund. For fiscal years 2028 to 2031, the commissioner of management and budget
 38.19 must include a transfer of \$1,000,000 each year from the registration and license fee account
 38.20 in the opiate epidemic response fund to the general fund when preparing each forecast under
 38.21 Minnesota Statutes, section 16A.103, from the effective date of this subdivision through
 38.22 the February 2027 forecast."

38.23 Page 275, line 32, delete "577,884,000" and insert "577,915,000" and delete
 38.24 "603,230,000" and insert "603,261,000"

38.25 Page 276, delete section 7 and insert:

38.26 "Sec. 7. **ADMINISTRATION** \$ 85,938,000 \$ 98,806,000

38.27 **Subdivision 1. Locked Psychiatric Residential**
 38.28 **Treatment Facility Planning**

38.29 (a) \$100,000 in fiscal year 2026 is for planning
 38.30 a build out of a locked psychiatric residential
 38.31 treatment facility operated by Direct Care and
 38.32 Treatment. This is a onetime appropriation
 38.33 and is available until June 30, 2027.

39.1 (b) By March 1, 2026, the executive board
39.2 must report to the chairs and ranking minority
39.3 members of the legislative committees with
39.4 jurisdiction over human services finance and
39.5 policy on the plan developed using the
39.6 appropriation in this section to build out a
39.7 locked psychiatric residential treatment facility
39.8 (PRTF) operated by Direct Care and
39.9 Treatment.

39.10 (c) The report must include but is not limited
39.11 to the following information:

39.12 (1) the risks and benefits of locating the locked
39.13 PRTF in a metropolitan or rural location;

39.14 (2) the estimated cost for the build out of the
39.15 locked PRTF;

39.16 (3) the estimated ongoing cost of maintaining
39.17 the locked PRTF; and

39.18 (4) the estimated amount of costs that can be
39.19 recouped from medical assistance,
39.20 MinnesotaCare, and private insurance
39.21 payments.

39.22 Subd. 2. **Mentally Ill and Dangerous**
39.23 **Commitment Reform Task Force Extension,**
39.24 **Report, and Recommendations**

39.25 \$31,000 in fiscal year 2026 and \$31,000 in
39.26 fiscal year 2027 are for the administrative
39.27 costs associated with the extension of the
39.28 Mentally Ill and Dangerous Commitment
39.29 Reform Task Force and preparing the
39.30 recommendations and report of the task force.
39.31 This is a onetime appropriation.

40.1 Subd. 3. **Base Level Adjustment**

40.2 The general fund base for this section is

40.3 \$98,775,000 in fiscal year 2028 and

40.4 \$98,775,000 in fiscal year 2029."

40.5 Page 278, line 13, delete "2,431,000" and insert "2,592,000" and delete "2,339,000" and

40.6 insert "2,496,000"

40.7 Page 278, line 21, delete "95,000" and insert "256,000" and delete "3,000" and insert

40.8 "160,000"

40.9 Page 278, delete lines 22 and 23 and insert:

40.10 "Subdivision 1. **Beautywell Project**

40.11 \$100,000 in fiscal year 2026 and \$100,000 in

40.12 fiscal year 2027 are for the Beautywell Project

40.13 for public awareness and education activities

40.14 to address issues of colorism, skin-lightening

40.15 products, and chemical exposures from

40.16 skin-lightening products. This is a onetime

40.17 appropriation and is available until June 30,

40.18 2027.

40.19 Subd. 2. **Base Level Adjustment**

40.20 The general fund base for this section is

40.21 \$60,000 in fiscal year 2028 and \$60,000 in

40.22 fiscal year 2029."

40.23 Page 280, after line 20, insert:

40.24 "Sec. 9. **COMMISSIONER OF CHILDREN,**
40.25 **YOUTH, AND FAMILIES**

\$

100,000 \$

100,000

40.26 Subdivision 1. **Families and Children Opiate**
40.27 **Epidemic Grant to Beltrami County**

40.28 \$100,000 in fiscal year 2026 and \$100,000 in

40.29 fiscal year 2027 are for a grant to Beltrami

40.30 County to support families and children

40.31 affected by the opiate epidemic who are in the

40.32 child welfare system or at risk of entering the

- 41.1

child welfare system. This is a onetime
- 41.2

appropriation.
- 41.3

Subd. 2. **General Fund Base**
- 41.4

The general fund base for this section is \$0 in
- 41.5

fiscal year 2028 and \$0 in fiscal year 2029."
- 41.6

Renumber the sections in sequence
- 41.7

Amend the title accordingly
- 41.8

And when so amended the bill do pass. Amendments adopted. Report adopted.
- 41.9



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- 41.10

(Committee Chair)
- 41.11

April 25, 2025.....
- 41.12

(Date of Committee recommendation)