

SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 3936

(SENATE AUTHORS: HOFFMAN)		
DATE	D-PG	OFFICIAL STATUS
02/19/2024	11649	Introduction and first reading Referred to Human Services
02/26/2024	11735	Comm report: To pass
	11795	Second reading Referred to for comparison with HF3987
03/13/2024	12157	Rule 45; subst. General Orders HF3987, SF indefinitely postponed

1.1

A bill for an act

1.2 relating to human services; implementing transfer of duties from the Department

1.3 of Human Services to the Department of Direct Care and Treatment; establishing

1.4 general executive board duties, powers, rulemaking authority, and contracting for

1.5 administrative services; making conforming changes; amending Minnesota Statutes

1.6 2022, sections 13.46, subdivisions 1, 10; 43A.241; 243.166, subdivision 7; 245.073;

1.7 245.462, subdivisions 22, 24; 245.464, subdivision 3; 245.466, subdivision 1;

1.8 245.474, subdivisions 1, 3; 245.4862, subdivision 7; 245.4871, subdivision 33;

1.9 245.696, subdivision 1; 245.697, subdivisions 1, 2a; 245.91, subdivision 2; 245.94,

1.10 subdivision 1; 245D.10, subdivision 3a; 246.0141; 246.018, subdivisions 1, 2, 3,

1.11 4; 246.12; 246.129; 246.13, subdivisions 1, 2, 3, 4; 246.14; 246.141; 246.15,

1.12 subdivisions 1, 3; 246.151, subdivisions 1, 2; 246.16; 246.18, subdivisions 1, 4,

1.13 4a, 5, 6; 246.23; 246.234; 246.24; 246.27; 246.325; 246.33, subdivisions 1, 2, 3,

1.14 4, 5, 6; 246.34, subdivisions 1, 2, 3; 246.35; 246.36; 246.41, subdivisions 1, 2, 3;

1.15 246.50, subdivisions 1, 5, 6, 7, 8, 11; 246.51, subdivisions 1a, 1b, 2; 246.511;

1.16 246.52; 246.53, subdivisions 1, 2, 4; 246.531, subdivisions 1, 2; 246.54, subdivision

1.17 1; 246.55; 246.56, subdivisions 1, 2, 3; 246.57, subdivision 4; 246.64, subdivisions

1.18 1, 2, 3; 246.71, subdivision 2; 246.716, subdivision 2; 246.72; 246.721; 246B.01,

1.19 subdivisions 2, 2b; 246B.03, subdivision 1; 246B.04, subdivision 1, by adding a

1.20 subdivision; 246B.06, subdivisions 1, 2, 3, 4; 251.012, subdivision 3; 251.041;

1.21 251.042; 251.043; 251.17; 252.021; 252.50, subdivisions 4, 5, 10; 253.015,

1.22 subdivision 1; 253.017, subdivision 2; 253.13; 253.20; 253.21; 253.22; 253.23;

1.23 253.24; 253.26; 253B.02, subdivisions 4b, 4c, by adding a subdivision; 253B.03,

1.24 subdivisions 1, 6a; 253B.09, subdivision 3a; 253B.17, subdivision 1, by adding a

1.25 subdivision; 253B.18, subdivisions 4a, 4b, 4c, 5, 5a, 13, 14; 253B.19, subdivision

1.26 1; 253B.20, subdivision 2; 253B.212, subdivision 2; 253B.22, subdivisions 1, 3,

1.27 4; 253D.02, subdivisions 2, 3, 4, 16, by adding subdivisions; 253D.10, subdivision

1.28 2; 253D.11, subdivision 2; 253D.27, subdivision 1; 253D.29, subdivisions 1, 2,

1.29 3; 253D.30, subdivision 5; 254B.01, by adding a subdivision; 254B.05, subdivision

1.30 4; 254B.151, subdivision 2; 256.01, subdivision 2; 256.045, subdivisions 1, 5, 6,

1.31 7, by adding subdivisions; 256B.693, subdivision 1; 256B.77, subdivision 22;

1.32 256G.01, subdivisions 1, 3; 256G.02, by adding a subdivision; 256G.03, subdivision

1.33 2; 256G.04, subdivision 2; 256G.09, subdivisions 2, 3; 256G.10; 256G.11; 256G.12;

1.34 299C.093; 352.91, subdivisions 2a, 3c, 3d, 3e, 4a; 524.3-801; Minnesota Statutes

1.35 2023 Supplement, sections 245.4661, subdivisions 2, 6; 246.0135; 246C.02;

1.36 246C.03, subdivision 2; 246C.04; 246C.05; 252.50, subdivision 2; 253B.10,

1.37 subdivision 1; 253D.02, subdivision 8; 256.045, subdivision 3; 352.91, subdivision

1.38 3f; proposing coding for new law in Minnesota Statutes, chapters 198; 245; 245A;

2.1 246; 246C; 253; repealing Minnesota Statutes 2022, sections 246.01; 246.013;
2.2 246.014; 246.15, subdivision 2; 246.23, subdivision 1; 246.60; 251.013; 252.50,
2.3 subdivisions 1, 9, 11; 252.51; 256B.693, subdivision 2.

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

2.5 **ARTICLE 1**

2.6 **DEPARTMENT OF DIRECT CARE AND TREATMENT**

2.7 Section 1. Minnesota Statutes 2022, section 245.474, subdivision 1, is amended to read:

2.8 Subdivision 1. **Availability of regional treatment center inpatient services.** ~~By July~~
2.9 ~~1, 1987,~~ The ~~commissioner~~ executive board shall make sufficient regional treatment center
2.10 inpatient services available to adults with mental illness throughout the state who need this
2.11 level of care. Inpatient services may be provided either on the regional treatment center
2.12 campus or at any state facility or program as defined in section 246.50, subdivision 3.
2.13 Services must be as close to the patient's county of residence as possible. Regional treatment
2.14 centers are responsible to:

2.15 (1) provide acute care inpatient hospitalization;

2.16 (2) stabilize the medical and mental health condition of the adult requiring the admission;

2.17 (3) improve functioning to the point where discharge to community-based mental health
2.18 services is possible;

2.19 (4) strengthen family and community support; and

2.20 (5) facilitate appropriate discharge and referrals for follow-up mental health care in the
2.21 community.

2.22 Sec. 2. Minnesota Statutes 2022, section 245.474, subdivision 3, is amended to read:

2.23 Subd. 3. **Transition to community.** Regional treatment centers must plan for and assist
2.24 clients in making a transition from regional treatment centers and other inpatient state
2.25 facilities or programs, as defined in section 246.50, subdivision 3, to other community-based
2.26 services. In coordination with the client's case manager, if any, regional treatment centers
2.27 must also arrange for appropriate follow-up care in the community during the transition
2.28 period. Before a client is discharged, the regional treatment center must notify the client's
2.29 case manager, so that the case manager can monitor and coordinate the transition and
2.30 arrangements for the client's appropriate follow-up care in the community.

Sec. 3. Minnesota Statutes 2023 Supplement, section 246.0135, is amended to read:

246.0135 OPERATION OF REGIONAL TREATMENT CENTERS.

(a) The ~~commissioner of human services~~ executive board is prohibited from closing any regional treatment center or state-operated nursing home or any program at any of the regional treatment centers or state-operated nursing homes, without specific legislative authorization.

(b) Prior to closing or downsizing a regional treatment center, the ~~commissioner of human services shall be~~ executive board is responsible for assuring that community-based alternatives developed in response are adequate to meet the program needs identified by each county within the catchment area and do not require additional local county property tax expenditures.

(c) The nonfederal share of the cost of alternative treatment or care developed as the result of the closure of a regional treatment center, including costs associated with fulfillment of responsibilities under chapter 253B ~~shall~~ must be paid from state ~~funds~~ money appropriated for purposes specified in section ~~246.013~~ 246C.11.

(d) The ~~commissioner may~~ executive board must not divert state ~~funds~~ money used for providing for care or treatment of persons residing in a regional treatment center for purposes unrelated to the care and treatment of such persons.

Sec. 4. Minnesota Statutes 2022, section 246.018, subdivision 1, is amended to read:

Subdivision 1. **Established.** The Office of Executive Medical Director within the Department of ~~Human Services~~ Direct Care and Treatment is established.

Sec. 5. Minnesota Statutes 2022, section 246.018, subdivision 2, is amended to read:

Subd. 2. **Executive medical director.** The ~~commissioner of human services~~ executive board shall appoint, and unless otherwise established by law, set the salary of a licensed physician to serve as executive medical director to assist in establishing and maintaining the medical policies of the Department of ~~Human Services~~ Direct Care and Treatment. The ~~commissioner~~ executive board may place the executive medical director's position in the unclassified service if the position meets the criteria of section 43A.08, subdivision 1a. The executive medical director must be a psychiatrist certified by the Board of Psychiatry.

Sec. 6. Minnesota Statutes 2022, section 246.018, subdivision 3, is amended to read:

Subd. 3. **Duties.** The executive medical director shall:

(1) oversee the clinical provision of inpatient mental health services provided in the state's regional treatment centers;

(2) recruit and retain psychiatrists to serve on the ~~state~~ direct care and treatment medical staff established in subdivision 4;

(3) consult with the ~~commissioner of human services~~ executive board, community mental health center directors, and the state-operated services governing body to develop standards for treatment and care of patients in state-operated service programs;

(4) develop and oversee a continuing education program for members of the medical staff; and

(5) participate and cooperate in the development and maintenance of a quality assurance program for state-operated services that assures that residents receive continuous quality inpatient, outpatient, and postdischarge care ~~and continuous quality care once they are discharged or transferred to an outpatient setting.~~

Sec. 7. Minnesota Statutes 2022, section 246.018, subdivision 4, is amended to read:

Subd. 4. ~~State-operated services~~ Direct care and treatment medical staff. (a) The executive medical director shall establish a ~~state-operated services~~ direct care and treatment medical staff which shall be under the clinical direction of the Office of Executive Medical Director.

(b) The executive medical director, in conjunction with the medical staff, shall:

(1) establish standards and define qualifications for physicians who care for residents in state-operated services;

(2) monitor the performance of physicians who care for residents in state-operated services; and

(3) recommend to the ~~commissioner~~ executive board changes in procedures for operating state-operated service facilities that are needed to improve the provision of medical care in those facilities.

Sec. 8. Minnesota Statutes 2022, section 246.12, is amended to read:

246.12 BIENNIAL ESTIMATES; SUGGESTIONS FOR LEGISLATION.

The ~~commissioner of human services~~ executive board shall prepare, for the use of the legislature, biennial estimates of appropriations necessary or expedient to be made for the support of the institutions and for extraordinary and special expenditures for buildings and

other improvements. The ~~commissioner~~ executive board shall, ~~in connection therewith,~~ make suggestions relative to legislation for the benefit of the institutions. The ~~commissioner~~ executive board shall report the estimates and suggestions to the legislature on or before November 15 in each even-numbered year. ~~The commissioner of human services~~ A designee of the executive board on request shall appear before any legislative committee and furnish any required information in regard to the condition of any such institution.

Sec. 9. Minnesota Statutes 2022, section 246.129, is amended to read:

246.129 LEGISLATIVE APPROVAL REQUIRED.

If the closure of a state-operated facility is proposed, and the ~~department~~ executive board and respective bargaining units fail to arrive at a mutually agreed upon solution to transfer affected state employees to other state jobs, the closure of the facility requires legislative approval. This does not apply to state-operated enterprise services.

Sec. 10. Minnesota Statutes 2022, section 246.14, is amended to read:

246.14 USE OF SPACE IN INSTITUTIONS.

The ~~commissioner of human services~~ executive board may use available space in any institution under jurisdiction of the ~~commissioner~~ executive board, or in any institution under the jurisdiction of another department or agency of the state ~~in which space is proffered the commissioner, by executive or legislative action,~~ offered by executive or legislative action to the executive board for the care and custody of persons, patients, or inmates of the institutions under exclusive control of the ~~commissioner~~ executive board for whom other, more suitable, space is not available. ~~All laws relating to the commitment and care of such persons who may be so committed and institutionalized shall be applicable to such persons.~~

Sec. 11. Minnesota Statutes 2022, section 246.234, is amended to read:

246.234 RECIPROCAL EXCHANGE OF CERTAIN PERSONS.

The ~~commissioner of human services~~ executive board is hereby authorized ~~and empowered~~ with the approval of the governor to enter into reciprocal agreements with duly authorized authorities of any other state or states, ~~through the duly authorized authorities thereof,~~ regarding the mutual exchange, return, and transportation of persons with a mental illness or developmental ~~disabilities~~ disability who are within the confines of one state but have legal residence or legal settlement for the purposes of relief in another state. Such agreements ~~shall~~ must not contain ~~no~~ provisions conflicting with any law of this state.

Sec. 12. Minnesota Statutes 2022, section 246.24, is amended to read:

246.24 COMPROMISE OF CLAIMS.

~~In case of~~ The executive board may settle any disagreement between the ~~commissioner of human services~~ executive board and any person ~~concerning a claim of such person to any claiming a right interest or estate in or lien,~~ interest, estate, or lien in or upon lands or improvements on such land occupied by or used in connection with any state institution ~~under exclusive or partial control of the person, or of any claim by a person for damages to any such land; or the improvements thereon, the commissioner,~~ with the approval of the governor and the commissioner of management and budget, ~~may compromise and settle such claim; and in so doing.~~ In entering a settlement, the executive board may make any necessary conveyance of land. All ~~moneys~~ money received by the ~~commissioner upon~~ executive board as a part of any such settlement shall must be paid into the state treasury ~~to the credit of the general fund.~~

Sec. 13. Minnesota Statutes 2022, section 246.27, is amended to read:

246.27 PHYSICAL EXAMINATIONS FOR EMPLOYMENT REQUIRED.

~~No new employee shall be given employment in~~ Any state institution under the direction of the ~~Department of Human Services~~ executive board must not hire a new employee, whether the potential employee is certified for ~~such~~ employment by the state Department of Management and Budget; or otherwise selected, unless ~~such person presents to the appointing officer of such institution a certificate showing that the~~ potential employee provides verification to the head of the state institution or a designee, in a form determined by the executive board, that the potential employee has undergone the physical examination hereinafter provided for and has been found to be and testing establishing that the potential employee is free of tuberculosis.

Sec. 14. Minnesota Statutes 2022, section 246.36, is amended to read:

246.36 ACCEPTANCE OF VOLUNTARY, UNCOMPENSATED SERVICES.

For the purpose of carrying out a duty, the ~~commissioner of human services~~ executive board shall have authority to accept uncompensated and voluntary services and to enter into contracts or agreements with private or public agencies, organizations, or persons; for uncompensated and voluntary services; as the ~~commissioner may deem~~ executive board deems practicable. Uncompensated and voluntary services do not include services mandated by licensure and certification requirements for health care facilities. The volunteer agencies, organizations, or persons who provide services to residents of state facilities operated under

the authority of the ~~commissioner~~ executive board are not subject to the procurement requirements of chapters 16A and 16C. The agencies, organizations, or persons may purchase supplies, services, and equipment to be used in providing services to residents of state facilities through the Department of Administration.

Sec. 15. Minnesota Statutes 2022, section 246.41, subdivision 1, is amended to read:

Subdivision 1. **Acceptance.** The ~~commissioner of human services~~ executive board is authorized to accept, for and ~~in~~ on behalf of the state, contributions of money for the use and benefit of persons with developmental disabilities.

Sec. 16. Minnesota Statutes 2022, section 246.41, subdivision 2, is amended to read:

Subd. 2. **Special welfare fund.** The executive board shall deposit any money so received by the ~~commissioner shall be deposited~~ executive board under paragraph (a) with the commissioner of management and budget in a special welfare fund, which fund is to be used by the ~~commissioner of human services~~ executive board for the benefit of persons with developmental disabilities within the state, including those within state hospitals. And, without excluding other possible uses, Allowable uses of the money by the executive board include but are not limited to research relating to persons with developmental disabilities shall be considered an appropriate use of such funds; but such funds shall not be used for must not include creation of any structures or installations which by their nature would require state expenditures for their ongoing operation or maintenance without specific legislative enactment therefor for such a project.

Sec. 17. Minnesota Statutes 2022, section 246.41, subdivision 3, is amended to read:

Subd. 3. **Appropriation.** ~~There is hereby appropriated from~~ The amount in the special welfare fund in the state treasury to such persons as are entitled thereto to carry out the provisions stated in is annually appropriated to the executive board for the purposes of this section.

Sec. 18. **[246C.015] DEFINITIONS.**

Subdivision 1. **Scope.** For purposes of this chapter, the following terms have the meanings given.

Subd. 2. **Chief executive officer.** "Chief executive officer" means the Department of Direct Care and Treatment chief executive officer appointed according to section 246C.08.

Subd. 3. **Commissioner.** "Commissioner" means the commissioner of human services.

8.1 Subd. 4. **Community preparation services.** "Community preparation services" means
8.2 specialized inpatient or outpatient services operated outside of a secure environment but
8.3 administered by a secure treatment facility.

8.4 Subd. 5. **County of financial responsibility.** "County of financial responsibility" has
8.5 the meaning given in section 256G.02, subdivision 4.

8.6 Subd. 6. **Executive board.** "Executive board" means the Department of Direct Care and
8.7 Treatment executive board established under section 246C.06.

8.8 Subd. 7. **Executive medical director.** "Executive medical director" means the licensed
8.9 physician serving as executive medical director in the Department of Direct Care and
8.10 Treatment under section 246C.09.

8.11 Subd. 8. **Head of the facility or head of the program.** "Head of the facility" or "head
8.12 of the program" means the person who is charged with overall responsibility for the
8.13 professional program of care and treatment of the facility or program.

8.14 Subd. 9. **Indian.** "Indian" has the meaning given in section 260.755, subdivision 7.

8.15 Subd. 10. **Secure treatment facility.** "Secure treatment facility" means a facility as
8.16 defined in section 253B.02, subdivision 18a, or 253D.02, subdivision 13.

8.17 Subd. 11. **Tobacco; tobacco-related device.** "Tobacco" and "tobacco-related device"
8.18 have the meanings given in section 609.685, subdivision 1.

8.19 Sec. 19. Minnesota Statutes 2023 Supplement, section 246C.02, is amended to read:

8.20 **246C.02 DEPARTMENT OF DIRECT CARE AND TREATMENT;**
8.21 **ESTABLISHMENT.**

8.22 Subdivision 1. **Establishment.** (a) The Department of Direct Care and Treatment is
8.23 created. An executive board shall head the Department of Direct Care and Treatment.

8.24 Subd. 2. **Mission.** (a) The executive board shall develop and maintain direct care and
8.25 treatment in a manner consistent with applicable law, including chapters 13, 245, 246, 246B,
8.26 252, 253, 253B, 253C, 253D, 254A, 254B, and 256.

8.27 (b) The ~~Department of Direct Care and Treatment~~ executive board shall provide direct
8.28 care and treatment services in coordination with the commissioner of human services,
8.29 counties, and other vendors.

8.30 Subd. 3. **Direct care and treatment services.** Direct care and treatment services shall
8.31 include specialized inpatient programs at secure treatment facilities ~~as defined in sections~~

253B.02, subdivision 18a, and 253D.02, subdivision 13; community preparation services; regional treatment centers; enterprise services; consultative services; aftercare services; community-based services and programs; transition services; nursing home services; and other services consistent with the mission of the Department of Direct Care and Treatment.

~~(b) "Community preparation services" means specialized inpatient or outpatient services or programs operated outside of a secure environment but administered by a secure treatment facility.~~

Subd. 4. **Statewide services.** (a) The administrative structure of state-operated services must be statewide in character.

(b) The state-operated services staff may deliver services at any location throughout the state.

Subd. 5. **Department of Human Services as state agency.** The commissioner of human services continues to constitute the "state agency" as defined by the Social Security Act of the United States and the laws of this state for all purposes relating to mental health and mental hygiene.

Sec. 20. Minnesota Statutes 2023 Supplement, section 246C.03, subdivision 2, is amended to read:

Subd. 2. Development of Department of Direct Care and Treatment Board. (a) The commissioner of human services shall prepare legislation for introduction during the 2024 legislative session, with input from stakeholders the commissioner deems necessary, proposing legislation for the creation and implementation of the Direct Care and Treatment executive board and defining the responsibilities, powers, and function of the ~~Department of Direct Care and Treatment~~ executive board.

~~(b) The Department of Direct Care and Treatment executive board shall consist of no more than five members, all appointed by the governor.~~

~~(c) An executive board member's qualifications must be appropriate for overseeing a complex behavioral health system, such as experience serving on a hospital or non-profit board, serving as a public sector labor union representative, experience in delivery of behavioral health services or care coordination, or working as a licensed health care provider, in an allied health profession, or in health care administration.~~

Sec. 21. Minnesota Statutes 2023 Supplement, section 246C.04, is amended to read:

246C.04 TRANSFER OF DUTIES.

Subdivision 1. Transfer of duties. (a) Section 15.039 applies to the transfer of duties required by this chapter.

(b) The commissioner of administration, with the governor's approval, shall issue reorganization orders under section 16B.37 as necessary to carry out the transfer of duties required by section 246C.03. The provision of section 16B.37, subdivision 1, stating that transfers under section 16B.37 may only be to an agency that has existed for at least one year does not apply to transfers to an agency created by this chapter.

(c) The initial salary for the health systems chief executive officer of the Department of Direct Care and Treatment is the same as the salary for the health systems chief executive officer of direct care and treatment at the Department of Human Services immediately before July 1, 2024.

Subd. 2. Transfer of custody of civilly committed persons. Custody of persons subject to civil commitment under chapter 253B or 253D and in the custody of the commissioner of human services is hereby transferred to the executive board without any further act or proceeding. Authority and responsibility for the commitment of such persons is transferred to the executive board.

Subd. 3. Control of direct care and treatment. The powers and duties vested in or imposed upon the commissioner of human services with reference to any state-operated service, program, or facility are hereby transferred to, vested in, and imposed upon the executive board according to this chapter. The executive board is hereby charged with and has the exclusive power of administration and management of all state hospitals for persons with a developmental disability, mental illness, or substance use disorder. The executive board has the power and authority to determine all matters relating to the development of all of the foregoing institutions and of such other institutions vested in the executive board. The powers, functions, and authority vested in the commissioner of human services relative to such state institutions are hereby transferred to the executive board according to this chapter.

Subd. 4. Appropriations. There is hereby appropriated to such persons or institutions as are entitled to such sums as are provided for in this section, from the fund or account in the state treasury to which the money was credited, an amount sufficient to make such payment.

11.1 Sec. 22. Minnesota Statutes 2023 Supplement, section 246C.05, is amended to read:

11.2 **246C.05 EMPLOYEE PROTECTIONS FOR ESTABLISHING THE NEW**
11.3 **DEPARTMENT OF DIRECT CARE AND TREATMENT.**

11.4 (a) Personnel whose duties relate to the functions assigned to the ~~Department of Direct~~
11.5 ~~Care and Treatment~~ executive board in section 246C.03 are transferred to the Department
11.6 of Direct Care and Treatment effective 30 days after approval by the commissioner of ~~direct~~
11.7 ~~care and treatment~~ management and budget.

11.8 (b) Before the ~~Department of Direct Care and Treatment~~ executive board is appointed,
11.9 personnel whose duties relate to the functions in this section may be transferred beginning
11.10 July 1, 2024, with 30 days' notice from the commissioner of management and budget.

11.11 (c) The following protections shall apply to employees who are transferred from the
11.12 Department of Human Services to the Department of Direct Care and Treatment:

11.13 (1) No transferred employee shall have their employment status and job classification
11.14 altered as a result of the transfer.

11.15 (2) Transferred employees who were represented by an exclusive representative prior
11.16 to the transfer shall continue to be represented by the same exclusive representative after
11.17 the transfer.

11.18 (3) The applicable collective bargaining agreements with exclusive representatives shall
11.19 continue in full force and effect for such transferred employees after the transfer.

11.20 (4) The state shall have the obligation to meet and negotiate with the exclusive
11.21 representatives of the transferred employees about any proposed changes affecting or relating
11.22 to the transferred employees' terms and conditions of employment to the extent such changes
11.23 are not addressed in the applicable collective bargaining agreement.

11.24 (5) When an employee in a temporary unclassified position is transferred to the
11.25 Department of Direct Care and Treatment, the total length of time that the employee has
11.26 served in the appointment shall include all time served in the appointment at the transferring
11.27 agency and the time served in the appointment at the Department of Direct Care and
11.28 Treatment. An employee in a temporary unclassified position who was hired by a transferring
11.29 agency through an open competitive selection process in accordance with a policy enacted
11.30 by Minnesota Management and Budget shall be considered to have been hired through such
11.31 process after the transfer.

11.32 (6) In the event that the state transfers ownership or control of any of the facilities,
11.33 services, or operations of the Department of Direct Care and Treatment to another entity,

12.1 whether private or public, by subcontracting, sale, assignment, lease, or other transfer, the
12.2 state shall require as a written condition of such transfer of ownership or control the following
12.3 provisions:

12.4 (i) Employees who perform work in transferred facilities, services, or operations must
12.5 be offered employment with the entity acquiring ownership or control before the entity
12.6 offers employment to any individual who was not employed by the transferring agency at
12.7 the time of the transfer.

12.8 (ii) The wage and benefit standards of such transferred employees must not be reduced
12.9 by the entity acquiring ownership or control through the expiration of the collective
12.10 bargaining agreement in effect at the time of the transfer or for a period of two years after
12.11 the transfer, whichever is longer.

12.12 (d) There is no liability on the part of, and no cause of action arises against, the state of
12.13 Minnesota or its officers or agents for any action or inaction of any entity acquiring ownership
12.14 or control of any facilities, services, or operations of the Department of Direct Care and
12.15 Treatment.

12.16 (e) This section expires upon the completion of the transfer of duties to the executive
12.17 board under section 246C.03. The commissioner of human services shall notify the revisor
12.18 of statutes when the transfer of duties is complete.

12.19 Sec. 23. **[246C.06] EXECUTIVE BOARD; POWERS AND DUTIES.**

12.20 Subdivision 1. Establishment. The executive board of the Department of Direct Care
12.21 and Treatment is established.

12.22 Subd. 2. Membership of the executive board. The executive board shall consist of no
12.23 more than five members, all appointed by the governor.

12.24 Subd. 3. Qualifications of members. An executive board member's qualifications must
12.25 be appropriate for overseeing a complex behavioral health system, such as experience
12.26 serving on a hospital or nonprofit board, serving as a public sector labor union representative,
12.27 delivering behavioral health services or care coordination, or working as a licensed health
12.28 care provider in an allied health profession or in health care administration.

12.29 Subd. 4. Accepting contributions or gifts. (a) The executive board has the power and
12.30 authority to accept, on behalf of the state, contributions and gifts of money and personal
12.31 property for the use and benefit of the residents of the public institutions under the executive
12.32 board's control. All money and securities received must be deposited in the state treasury
12.33 subject to the order of the executive board.

(b) If the gift or contribution is designated by the donor for a certain institution or purpose, the executive board shall expend or use the money as nearly in accordance with the conditions of the gift or contribution, compatible with the best interests of the individuals under the jurisdiction of the executive board and the state.

Subd. 5. **Federal aid or block grants.** The executive board may comply with all conditions and requirements necessary to receive federal aid or block grants with respect to the establishment, constructions, maintenance, equipment, or operation of adequate facilities and services consistent with the mission of the Department of Direct Care and Treatment.

Subd. 6. **Operation of a communication systems account.** (a) The executive board may operate a communications systems account established in Laws 1993, First Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared communication costs necessary for the operation of the regional treatment centers the executive board supervises.

(b) Each account must be used to manage shared communication costs necessary for the operations of the regional treatment centers the executive board supervises. The executive board may distribute the costs of operating and maintaining communication systems to participants in a manner that reflects actual usage. Costs may include acquisition, licensing, insurance, maintenance, repair, staff time, and other costs as determined by the executive board.

(c) Nonprofit organizations and state, county, and local government agencies involved in the operation of regional treatment centers the executive board supervises may participate in the use of the executive board's communication technology and share in the cost of operation.

(d) The executive board may accept on behalf of the state any gift, bequest, devise, personal property of any kind, or money tendered to the state for any lawful purpose pertaining to the communication activities under this section. Any money received for this purpose must be deposited into the executive board's communication systems account. Money collected by the executive board for the use of communication systems must be deposited into the state communication systems account and is appropriated to the executive board for purposes of this section.

Sec. 24. [246C.10] FORENSIC SERVICES.

Subdivision 1. **Maintenance of forensic services.** (a) The executive board shall create and maintain forensic services programs.

14.1 (b) The executive board must provide forensic services in coordination with counties
14.2 and other vendors.

14.3 (c) Forensic services must include specialized inpatient programs at secure treatment
14.4 facilities, consultive services, aftercare services, community-based services and programs,
14.5 transition services, nursing home services, or other services consistent with the mission of
14.6 the Department of Direct Care and Treatment.

14.7 (d) The executive board shall adopt rules to carry out the provision of this section and
14.8 to govern the operation of the services and programs under the direct administrative authority
14.9 of the executive board.

14.10 Sec. 25. **[246C.11] STATE-OPERATED, COMMUNITY-BASED PROGRAMS.**

14.11 Subdivision 1. **State-operated, community-based programs established.** The executive
14.12 board shall establish and maintain a system of state-operated, community-based programs
14.13 for persons with developmental disabilities.

14.14 Subd. 2. **State-operated, community-based program definition.** For purposes of this
14.15 section, "state-operated, community-based program" means a program administered by the
14.16 state to provide treatment and habilitation in noninstitutional community settings to a person
14.17 with a developmental disability.

14.18 Subd. 3. **Comprehensive system of services.** The establishment of state-operated,
14.19 community-based programs must be within the context of a comprehensive definition of
14.20 the role of state-operated services in the state. The role of state-operated services must be
14.21 defined within the context of a comprehensive system of services with developmental
14.22 disability.

14.23 Subd. 4. **Types of state-operated, community-based programs.** State-operated,
14.24 community-based programs may include but are not limited to community group homes,
14.25 foster care, supportive living services, day training and habilitation programs, and respite
14.26 care arrangements.

14.27 Subd. 5. **Technical training; community-based programs.** (a) In conjunction with the
14.28 discharge of persons from regional treatment centers and their admission to state-controlled
14.29 and privately operated community-based programs, the executive board may provide
14.30 technical training assistance to the community-based programs. The executive board may
14.31 apply for and accept money from any source including reimbursement charges from the
14.32 community-based programs for reasonable costs of training. Money received must be

15.1 deposited in the general fund and is appropriated annually to the executive board for training
15.2 under this section.

15.3 (b) The executive board must coordinate with the commissioner of human services to
15.4 provide technical training assistance to community-based programs under this section and
15.5 section 245.073.

15.6 Sec. 26. **[246C.20] CONTRACT WITH DEPARTMENT OF HUMAN SERVICES**
15.7 **FOR ADMINISTRATIVE SERVICES.**

15.8 (a) The Department of Direct Care and Treatment shall contract with the Department
15.9 of Human Services to provide determinations on issues of county of financial responsibility
15.10 under chapter 256G and to provide administrative and judicial review of direct care and
15.11 treatment matters according to section 256.045.

15.12 (b) The executive board may prescribe rules necessary to carry out this subdivision,
15.13 except that the executive board must not create any rule purporting to control the decision
15.14 making or processes of state human services judges under section 256.045, subdivision 4,
15.15 or the decision making or processes of the commissioner of human services issuing an
15.16 advisory opinion or recommended order to the executive board under section 256G.09,
15.17 subdivision 3. The executive board must not create any rule purporting to control processes
15.18 for determinations of financial responsibility under chapter 256G or administrative and
15.19 judicial review under section 256.045 on matters outside of the jurisdiction of the Department
15.20 of Direct Care and Treatment.

15.21 (c) The executive board and commissioner of human services may adopt joint rules
15.22 necessary to accomplish the purposes of this section.

15.23 Sec. 27. Minnesota Statutes 2022, section 251.17, is amended to read:

15.24 **251.17 INDIANS, FACILITIES FOR TREATMENT.**

15.25 ~~The governor and the commissioner of human services are authorized to negotiate for~~
15.26 ~~and to accept a conveyance from the United States of America of the following described~~
15.27 ~~land in Cass County, to-wit:~~

15.28 ~~Beginning at a point 463.7 feet west and 56.0 feet south of the Northeast corner of the~~
15.29 ~~Southeast quarter of the Southwest quarter of Section 35, Township 142 North, Range 31~~
15.30 ~~West of the 5th P.M. thence south 25 degrees 30 minutes west at no variation, for a distance~~
15.31 ~~of 350 feet, thence north 64 degrees 30 minutes west for a distance of 350 feet, thence north~~

16.1 ~~25 degrees 30 minutes east for a distance of 350 feet, thence south 64 degrees 30 minutes~~
16.2 ~~east for a distance of 350 feet to point of beginning, containing 2.81 acres,~~
16.3 ~~the buildings on which are used in conjunction with the Minnesota State Sanitarium,~~
16.4 ~~agreeing as a consideration therefor to maintain the buildings for 20 years, and to The~~
16.5 ~~executive board must provide there or elsewhere adequate treatment facilities for tubercular~~
16.6 ~~Indians who are residents of Minnesota, for poor relief purposes.~~

16.7 Sec. 28. Minnesota Statutes 2023 Supplement, section 252.50, subdivision 2, is amended
16.8 to read:

16.9 Subd. 2. **Authorization to build or purchase.** (a) Within the limits of available
16.10 appropriations, the ~~commissioner~~ executive board may build, purchase, or lease suitable
16.11 buildings, at least a portion of which must be used for state-operated, community-based
16.12 programs. The ~~commissioner~~ executive board must develop the state-operated community
16.13 residential facilities authorized in the worksheets of the house of representatives
16.14 appropriations and senate finance committees. If financing through state general obligation
16.15 bonds is not available, the ~~commissioner~~ executive board shall finance the purchase or
16.16 construction of state-operated, community-based facilities with the Minnesota Housing
16.17 Finance Agency. The ~~commissioner~~ executive board shall make payments through the
16.18 Department of Administration to the Minnesota Housing Finance Agency in repayment of
16.19 mortgage loans granted for the purposes of this section.

16.20 (b) Programs must be adaptable to the needs of persons with developmental disabilities
16.21 and residential programs must be homelike.

16.22 Sec. 29. Minnesota Statutes 2022, section 252.50, subdivision 4, is amended to read:

16.23 Subd. 4. **Authority to develop services with counties.** (a) State-operated,
16.24 community-based programs may be developed in conjunction with existing county
16.25 responsibilities and authorities for persons with developmental disabilities. Assessment,
16.26 placement, screening, case management responsibilities, and determination of need
16.27 procedures must be consistent with county responsibilities established under law and rule.

16.28 (b) Counties may enter into shared service agreements with state-operated programs.

16.29 Sec. 30. Minnesota Statutes 2022, section 253.017, subdivision 2, is amended to read:

16.30 Subd. 2. **Need for services.** (a) The ~~commissioner~~ executive board shall determine the
16.31 need for the psychiatric services provided by the department based upon individual needs
16.32 assessments of persons in the state-operated services as required by section 245.474,

subdivision 2, and an evaluation of: (1) state-operated services programs, (2) programs needed in the region for persons who require hospitalization, and (3) available epidemiologic data.

(b) Throughout its planning and implementation, the ~~assessment process must be discussed~~ executive board must discuss the determination of need for psychiatric services provided by the department with the State Advisory Council on Mental Health in accordance with ~~its~~ the council's duties under section 245.697.

(c) The executive board must consider continuing ~~assessment~~ evaluation of this ~~information must be considered in~~ the information described in paragraph (a) when planning for and implementing changes in state-operated programs and facilities for persons with mental illness. The executive board may consider expansion ~~may be considered of~~ state-operated programs and facilities only after a thorough analysis of the need for additional psychiatric services provided by the department and in conjunction with a comprehensive mental health plan.

ARTICLE 2

DIRECT CARE AND TREATMENT SERVICES

Section 1. **[246.0012] DEFINITIONS.**

The definitions in chapter 246C apply to this chapter.

Sec. 2. Minnesota Statutes 2022, section 246.0141, is amended to read:

246.0141 TOBACCO USE PROHIBITED.

Subdivision 1. General prohibition on tobacco use. ~~No~~ A patient, staff, guest, or visitor on the grounds or in a state regional treatment center, the Minnesota Security Hospital, or the Minnesota Sex Offender Program ~~may~~ must not possess or use tobacco or a tobacco-related device.

Subd. 2. Exception to prohibition on tobacco use. ~~For the purposes of this section, "tobacco" and "tobacco-related device" have the meanings given in section 609.685, subdivision 1. This section does not prohibit the possession or use of tobacco or a tobacco-related device by an adult as part of a traditional Indian spiritual or cultural ceremony. For purposes of this section, an Indian is a person who is a member of an Indian tribe as defined in section 260.755, subdivision 12.~~

18.1 Sec. 3. Minnesota Statutes 2022, section 246.13, subdivision 1, is amended to read:

18.2 Subdivision 1. **Commissioner's Executive board's responsibilities.** (a) The
18.3 ~~commissioner of human services' office~~ chief executive officer or a designee shall have,
18.4 accessible only by consent of the ~~commissioner~~ executive board or on the order of a judge
18.5 or court of record, a record showing:

18.6 (1) the residence, sex, age, nativity, occupation, civil condition, and date of entrance or
18.7 commitment of every person, in the state-operated services facilities as defined under section
18.8 246.014 under exclusive control of the ~~commissioner~~ executive board;

18.9 (2) the date of discharge of any such person and whether such discharge was final;

18.10 (3) the condition of the person when the person left the state-operated services facility;

18.11 (4) the vulnerable adult abuse prevention associated with the person; and

18.12 (5) the date and cause of ~~all deaths~~ any death of such person.

18.13 (b) The record ~~shall in paragraph (a) must state every transfer of a person from one~~
18.14 state-operated services facility to another, naming each state-operated services facility. ~~This~~
18.15 ~~information shall be furnished to the commissioner of human services by each public agency.~~
18.16 The head of each facility or a designee must provide this transfer information to the executive
18.17 board, along with other obtainable facts as the commissioner may require executive board
18.18 requests. When a patient or resident in a state-operated services facility is discharged,
18.19 ~~transferred, or dies,~~

18.20 (c) The head of the state-operated services facility or designee shall inform the
18.21 ~~commissioner of human services of these events~~ executive board of any discharge, transfer,
18.22 or death of a person in that facility within ten days on forms furnished by the commissioner
18.23 of the date of discharge, transfer, or death in a manner determined by the executive board.

18.24 (b) (d) The ~~commissioner of human services~~ executive board shall ~~cause to be devised,~~
18.25 ~~installed, and operated~~ maintain an adequate system of records and statistics ~~which shall~~
18.26 ~~consist of~~ for all basic record forms, including patient personal records and medical record
18.27 ~~forms, and the manner of their use shall be precisely uniform. The use and maintenance of~~
18.28 such records must be consistent throughout all state-operated services facilities.

18.29 Sec. 4. Minnesota Statutes 2022, section 246.13, subdivision 2, is amended to read:

18.30 Subd. 2. **Definitions; risk assessment and management.** (a) As used in this section:

18.31 (1) "appropriate and necessary medical and other records" includes patient medical
18.32 records and other protected health information as defined by Code of Federal Regulations,

title 45, section 164.501, relating to a patient in a state-operated services facility including, but not limited to, the patient's treatment plan and abuse prevention plan ~~that is~~ pertinent to the patient's ongoing care, treatment, or placement in a community-based treatment facility or a health care facility that is not operated by state-operated services, ~~and includes~~ including information describing the level of risk posed by a patient when the patient enters the facility;

(2) "community-based treatment" means the community support services listed in section 253B.02, subdivision 4b;

(3) "criminal history data" means ~~those~~ data maintained or used by the Departments of Corrections and Public Safety and by the supervisory authorities listed in section 13.84, subdivision 1, that relate to an individual's criminal history or propensity for violence, including data in the:

(i) Corrections Offender Management System (COMS) ~~and~~;

(ii) Statewide Supervision System (S3) ~~maintained by the Department of Corrections;~~
~~and~~

(iii) Bureau of Criminal Apprehension criminal history data as defined in section 13.87₂;

(iv) Integrated Search Service as defined in section 13.873₂; ~~and the~~

(v) Predatory Offender Registration (POR) system ~~maintained by the Department of Public Safety;~~

(4) "designated agency" means the agency defined in section 253B.02, subdivision 5;

(5) "law enforcement agency" means the law enforcement agency having primary jurisdiction over the location where the offender expects to reside upon release;

(6) "predatory offender" and "offender" mean a person who is required to register as a predatory offender under section 243.166; and

(7) "treatment facility" means a facility as defined in section 253B.02, subdivision 19.

(b) ~~To promote public safety and for the purposes and subject to the requirements of this paragraph, the commissioner or the commissioner's~~ The executive board or the executive board's designee shall have access to, and may review and disclose, medical and criminal history data as provided by this section, as necessary to comply with Minnesota Rules, part 1205.0400, to:

(1) ~~to~~ determine whether a patient is required under state law to register as a predatory offender according to section 243.166;

(2) ~~to~~ facilitate and expedite the responsibilities of the special review board and end-of-confinement review committees by corrections institutions and state treatment facilities;

(3) ~~to~~ prepare, amend, or revise the abuse prevention plans required under section 626.557, subdivision 14, and individual patient treatment plans required under section 253B.03, subdivision 7;

(4) ~~to~~ facilitate the custody, supervision, and transport of individuals transferred between the Department of Corrections and the Department of ~~Human Services~~ Direct Care and Treatment; ~~or~~ and

(5) ~~to~~ effectively monitor and supervise individuals who are under the authority of the Department of Corrections, the Department of ~~Human Services~~ Direct Care and Treatment, and the supervisory authorities listed in section 13.84, subdivision 1.

(c) The state-operated services treatment facility or a designee must make a good faith effort to obtain written authorization from the patient before releasing information from the patient's medical record.

(d) If the patient refuses or is unable to give informed consent to authorize the release of information required ~~above~~ under this subdivision, the chief executive officer for state-operated services or a designee shall provide the appropriate and necessary medical and other records. The chief executive officer or a designee shall comply with the minimum necessary privacy requirements.

(e) The ~~commissioner~~ executive board may have access to the National Crime Information Center (NCIC) database; through the Department of Public Safety; in support of the ~~law enforcement~~ public safety functions described in paragraph (b).

Sec. 5. Minnesota Statutes 2022, section 246.13, subdivision 3, is amended to read:

Subd. 3. **Community-based treatment and medical treatment.** (a) When a patient under the care and supervision of state-operated services is released to a community-based treatment facility or health care facility ~~that provides health care services~~, state-operated services may disclose all appropriate and necessary health and other information relating to the patient.

(b) The information that must be provided under paragraph (a) to the designated agency, community-based treatment facility, or health care facility ~~that provides health care services~~ includes; but is not limited to; the patient's abuse prevention plan required under section 626.557, subdivision 14, paragraph (b).

21.1 Sec. 6. Minnesota Statutes 2022, section 246.13, subdivision 4, is amended to read:

21.2 Subd. 4. **Predatory offender registration notification.** (a) When the head of a
21.3 state-operated facility or a designee determines that a patient is required ~~under section~~
21.4 ~~243.166~~ to register as a predatory offender under section 243.166 or, ~~under section 243.166,~~
21.5 ~~subdivision 4a,~~ to provide notice of a change in status under section 243.166, subdivision
21.6 4a, the head of the facility or a designee shall provide written notice to the patient of the
21.7 requirement.

21.8 (b) If the patient refuses, is unable, or lacks capacity to comply with the ~~requirement~~
21.9 requirements described in paragraph (a) within five days after receiving the notification of
21.10 the duty to comply, state-operated services staff shall obtain and disclose the necessary data
21.11 to complete the registration form or change of status notification for the patient. The head
21.12 of the treatment facility or a designee shall also forward the completed registration or change
21.13 of status data ~~that it completes~~ to the Bureau of Criminal Apprehension and, as applicable,
21.14 the patient's corrections agent and the law enforcement agency in the community in which
21.15 the patient currently resides. If, after providing notification, the patient refuses to comply
21.16 with the requirements described in paragraph (a), the head of the treatment facility or a
21.17 designee shall also notify the county attorney in the county in which the patient is currently
21.18 residing of the refusal.

21.19 (c) The duties of state-operated services described in this subdivision do not relieve the
21.20 patient of the ongoing individual duty to comply with the requirements of section 243.166.

21.21 Sec. 7. Minnesota Statutes 2022, section 246.141, is amended to read:

21.22 **246.141 PROJECT LABOR.**

21.23 Wages for project labor may be paid by the ~~commissioner~~ executive board out of repairs
21.24 and betterments money if the individual performing project labor is ~~to be~~ engaged in a
21.25 construction project or a repair project of short-term and nonrecurring nature. Compensation
21.26 for project labor ~~shall~~ must be based on the prevailing wage rates, as defined in section
21.27 177.42, subdivision 6. Project laborers are excluded from the provisions of sections 43A.22
21.28 to 43A.30, and ~~shall not be~~ are not eligible for state-paid insurance and benefits.

21.29 Sec. 8. Minnesota Statutes 2022, section 246.15, subdivision 1, is amended to read:

21.30 Subdivision 1. **Record keeping of money.** The head of the state-operated services facility
21.31 or a designee ~~under the jurisdiction of the commissioner of human services may have the~~
21.32 ~~care and,~~ may receive and maintain custody of all money belonging to patients or residents

22.1 ~~which may come into the head of the state-operated services facility or designee's hands~~
 22.2 under the jurisdiction of the executive board. The head of the state-operated services facility
 22.3 or a designee shall keep accurate accounts of the money; and pay ~~them~~ money out under
 22.4 rules prescribed by law or by the ~~commissioner of human services~~ executive board, taking
 22.5 vouchers for the money. All money received by any officer or employee ~~shall be paid on~~
 22.6 behalf of an individual under the jurisdiction of the facility must be provided to the head of
 22.7 the state-operated services facility or a designee immediately. Every head of the
 22.8 state-operated services facility or a designee, at the close of each month; or earlier if required
 22.9 by the ~~commissioner~~ executive board, shall forward to the ~~commissioner~~ executive board
 22.10 a statement of the amount of all money received and the names of the patients or residents
 22.11 from whom received, accompanied by a check for the amount, payable to the commissioner
 22.12 of management and budget. On receipt of the statement, the ~~commissioner~~ executive board
 22.13 shall transmit the statement along with ~~a~~ the check to the commissioner of management and
 22.14 budget. Upon the payment of the check, the commissioner of management and budget shall
 22.15 credit the amount ~~shall be credited~~ to a fund to be known as "Client Fund," for the institution
 22.16 from which the check was received. ~~All funds shall be paid out by the commissioner of~~
 22.17 ~~management and budget~~ The commissioner of management and budget shall pay out all
 22.18 money upon vouchers duly approved by the ~~commissioner of human services~~ executive
 22.19 board. The ~~commissioner~~ executive board may permit a contingent fund to remain in the
 22.20 hands of the head of the state-operated services facility or a designee ~~of the institution~~ from
 22.21 which necessary expenditures may be made.

22.22 Sec. 9. Minnesota Statutes 2022, section 246.15, subdivision 3, is amended to read:

22.23 Subd. 3. **Forensic patient transition savings account in secure treatment facilities.** The
 22.24 ~~commissioner of human services~~ executive board shall create a savings account for each
 22.25 patient receiving treatment in a secure treatment facility as defined by sections 253B.02,
 22.26 subdivision 18a, and 253D.02, subdivision 13. ~~The source of money to be~~ Money deposited
 22.27 in this account ~~shall~~ must come from a portion of the patient's share of the cost of care. The
 22.28 money in this savings account ~~shall~~ must be made available to the patient when the patient
 22.29 is ready to be transitioned into the community. The money in the account ~~shall~~ must be used
 22.30 for expenses associated with obtaining housing and other personal needs necessary for the
 22.31 patient's smooth transition into the community. The savings account shall be called "forensic
 22.32 patient transition savings account."

23.1 Sec. 10. Minnesota Statutes 2022, section 246.151, subdivision 1, is amended to read:

23.2 Subdivision 1. **Compensation.** Notwithstanding any law to the contrary, the
 23.3 ~~commissioners of human services and veterans affairs are~~ executive board is authorized to
 23.4 ~~provide for the payment to patients or residents of state institutions under their management~~
 23.5 ~~and control of~~ pay patients or residents of state institutions such pecuniary compensation
 23.6 as required by the United States Department of Labor. Payment of subminimum wages ~~shall~~
 23.7 must meet all requirements of United States Department of Labor Regulations, Code of
 23.8 Federal Regulations, title 29, part 525. The amount of compensation depends upon the
 23.9 quality and character of the work performed as determined by the ~~commissioner~~ executive
 23.10 board and the chief executive officer pursuant to section 177.24.

23.11 Sec. 11. Minnesota Statutes 2022, section 246.151, subdivision 2, is amended to read:

23.12 Subd. 2. **Imprest cash fund.** The ~~commissioners of human services and veterans affairs~~
 23.13 executive board may establish an imprest cash fund ~~at~~ for each of the state-operated
 23.14 residential facilities with on-campus work programs ~~to be utilized for payment to pay~~
 23.15 residents participating in an on-campus work programs program.

23.16 Sec. 12. Minnesota Statutes 2022, section 246.16, is amended to read:

23.17 **246.16 UNCLAIMED MONEY OR PERSONAL PROPERTY.**

23.18 Subdivision 1. **Unclaimed money.** When ~~money has accumulated in the hands of the~~
 23.19 ~~head of the state-operated services facility or designee~~ a patient or resident in a state-operated
 23.20 services facility under the jurisdiction of the ~~commissioner of human services~~ money
 23.21 ~~belonging to patients or residents of the institution who have died there, or disappeared~~
 23.22 ~~from there, and for which~~ executive board dies or is absent without authorization leaving
 23.23 money in the control of the head of the facility or a designee, and there is no claimant or
 23.24 person entitled to the money known to the head of the ~~state-operated services facility or~~
 23.25 ~~designee the money may;~~ at the discretion of the head of the ~~state-operated services~~ facility
 23.26 or designee, be expended under the direction of the head of the ~~state-operated services~~
 23.27 facility or designee for the benefit of the patients or residents of the institution facility. ~~No~~
 23.28 ~~money shall be used~~ The head of the facility or designee must not spend any such unclaimed
 23.29 money until it has remained unclaimed for at least five years. If, at any time after the
 23.30 expiration of the five years, the legal heirs of the patients or residents appear and make
 23.31 proper proof of heirship, they ~~shall be~~ are entitled to receive from the state the sum of money
 23.32 expended by the head of the state-operated services facility or designee belonging to the
 23.33 patient or resident.

Subd. 2. **Unclaimed personal property.** When ~~any~~ a patient or resident of a state-operated services facility under the jurisdiction of the ~~commissioner of human services executive board~~ dies or ~~disappears from the state-operated services facility~~ is absent without authorization, leaving personal property exclusive of money in the custody of the head of the state-operated services facility or designee and the property remains unclaimed for a period of two years, with no person entitled to the property known to the head of the state-operated services or designee, the head of the state-operated services facility or designee may sell the property at public auction. Notice of the sale ~~shall~~ must be published for two consecutive weeks in a legal newspaper in the county where the state-operated services facility is located and ~~shall~~ must state the time and place of the sale. The proceeds of the sale, after deduction of the costs of publication and auction, may be expended, at the discretion of the head of the state-operated services facility or designee, for the benefit of the patients or residents of the state-operated services facility. Any patient or resident, or heir or representative of the patient or resident, may file with, and make proof of ownership to, the head of the state-operated services facility or designee of the state-operated services facility disposing of the personal property within four years after the sale, ~~and,~~ Upon satisfactory proof to the head of the state-operated services or designee, the head of the state-operated services or designee shall certify for payment to the commissioner of management and budget the amount received by the sale of the property.

Subd. 3. **Legal action.** No suit shall be brought for damages consequent to the disposal of personal property or use of money in accordance with this section against the state or any official, employee, or agent thereof.

Sec. 13. Minnesota Statutes 2022, section 246.18, subdivision 1, is amended to read:

Subdivision 1. **Generally.** Except as provided in ~~subdivisions 2 and~~ subdivision 4, every officer and employee of the several institutions under the jurisdiction of the ~~commissioner of human services executive board~~ who has money belonging to an institution shall pay the money to the ~~accounting~~ chief financial officer ~~thereof~~ or a designee of that institution. ~~Every accounting officer, at the close of each month or oftener,~~ At the close of each month, at a minimum, the chief financial officer of every institution shall forward to the ~~commissioner of human services executive board~~ a statement of the amount and sources of all money received. On receipt of the statement, the ~~commissioner~~ executive board shall transmit the same to the commissioner of management and budget, who shall deliver a draft ~~upon~~ to the accounting chief financial officer or a designee for the same specifying the ~~funds to which it is to be credited~~ money credited to the institution. ~~Upon payment of such draft, the amount shall be so credited.~~

25.1 Sec. 14. Minnesota Statutes 2022, section 246.18, subdivision 4, is amended to read:

25.2 Subd. 4. **Collections deposited in the general fund.** Except as provided in subdivisions
25.3 ~~5, 4a to 6, and 7,~~ all receipts from collection efforts for ~~the regional treatment centers, state~~
25.4 ~~nursing homes and other~~ state facilities as defined in section 246.50, subdivision 3, must
25.5 be deposited in the general fund. From that amount, receipts from collection efforts for the
25.6 Anoka-Metro Regional Treatment Center and community behavioral health hospitals must
25.7 be deposited in accordance with subdivision 4a. The ~~commissioner~~ executive board shall
25.8 ensure that the departmental financial reporting systems and internal accounting procedures
25.9 comply with federal standards for reimbursement for program and administrative expenditures
25.10 and fulfill the purpose of this subdivision.

25.11 Sec. 15. Minnesota Statutes 2022, section 246.18, subdivision 4a, is amended to read:

25.12 Subd. 4a. **Mental health innovation account.** The mental health innovation account is
25.13 established in the special revenue fund. ~~Beginning in fiscal year 2018,~~ \$1,000,000 of the
25.14 revenue generated by collection efforts from the Anoka-Metro Regional Treatment Center
25.15 and community behavioral health hospitals under section 246.54 each fiscal year must
25.16 annually be deposited into the mental health innovation account. Money deposited in the
25.17 mental health innovation account is appropriated to the commissioner of human services
25.18 for the mental health innovation grant program under section 245.4662.

25.19 Sec. 16. Minnesota Statutes 2022, section 246.18, subdivision 5, is amended to read:

25.20 Subd. 5. **Funded depreciation accounts for state-operated, community-based**
25.21 **programs.** Separate interest-bearing funded depreciation accounts ~~shall~~ must be established
25.22 in the state treasury for state-operated, community-based programs serving persons with
25.23 developmental disabilities meeting the definition of a facility in Minnesota Rules, part
25.24 9553.0020, subpart 19, or a vendor in section 252.41, subdivision 9. As payments for
25.25 state-operated community-based services provided by such intermediate care facilities for
25.26 persons with developmental disabilities and vendors are received by the ~~commissioner~~
25.27 executive board, the portion of the payment rate representing allowable depreciation expense
25.28 and the capital debt reduction allowance ~~shall~~ must be deposited in the state treasury and
25.29 credited to the separate interest-bearing accounts as dedicated receipts ~~with~~. ~~Unused funds~~
25.30 ~~carried~~ money credited to the separate interest-bearing accounts as dedicated receipts carries
25.31 over to the next fiscal year. ~~Funds~~ Money within these funded depreciation accounts are
25.32 appropriated to the ~~commissioner of human services~~ executive board for the purchase or
25.33 replacement of capital assets or payment of capitalized repairs for each respective program.

26.1 These accounts ~~will~~ satisfy the requirements of Minnesota Rules, part 9553.0060, subparts
26.2 1, item E, and 5.

26.3 Sec. 17. Minnesota Statutes 2022, section 246.18, subdivision 6, is amended to read:

26.4 Subd. 6. **Collections dedicated.** (a) Except for state-operated programs funded through
26.5 a direct appropriation from the legislature, any state-operated program or service established
26.6 and operated as an enterprise activity ~~shall retain~~ retains the revenues earned in an
26.7 interest-bearing account.

26.8 (b) When the ~~commissioner~~ executive board determines the intent to transition from a
26.9 direct appropriation to enterprise activity for which the ~~commissioner~~ executive board has
26.10 authority, the executive board shall retain and deposit all collections for the targeted
26.11 state-operated service ~~shall be retained and deposited~~ into an interest-bearing account. At
26.12 the end of the fiscal year, prior to establishing the enterprise activity, the executive board
26.13 shall deposit collections up to the amount of the appropriation for the targeted service ~~shall~~
26.14 ~~be deposited to~~ in the general fund. ~~All funds~~ The executive board shall retain all money in
26.15 excess of the amount of the appropriation ~~will be retained and used~~ for use by the enterprise
26.16 activity for cash flow purposes.

26.17 ~~These funds~~ (c) The money equaling the appropriation for the targeted service returned
26.18 to the general fund must be deposited in the state treasury in a revolving account ~~and funds.~~
26.19 Money in the revolving account ~~are~~ is appropriated to the ~~commissioner~~ executive board
26.20 to operate the services authorized, and any unexpended balances do not cancel but are
26.21 available until spent.

26.22 Sec. 18. Minnesota Statutes 2022, section 246.23, is amended to read:

26.23 **246.23 PERSONS ADMISSIBLE TO REGIONAL TREATMENT CENTERS.**

26.24 Subdivision 1. **Residence.** No person who has not a settlement in a county, as defined
26.25 in section 256G.02, subdivision 4, shall be admitted to a regional treatment center for persons
26.26 with mental illness, developmental disability, or substance use disorder, except that the
26.27 commissioner of human services may authorize admission thereto when the residence cannot
26.28 be ascertained, or when the circumstances in the judgment of the commissioner make it
26.29 advisable. When application is made to a judge exercising probate jurisdiction for admission
26.30 to any of the regional treatment centers above named for admission thereto, if the judge
26.31 finds that the person for whom application is made has not such residence, or that residence
26.32 cannot be ascertained, the judge shall so report to the commissioner; and may recommend
26.33 that such person be admitted notwithstanding, giving reasons therefor. The commissioner

of human services shall thereupon investigate the question of residence and, if the commissioner finds that such person has not such residence and has a legal residence in another state or country, the commissioner may cause the person to be returned thereto at the expense of this state.

Subd. 2. State-operated substance use disorder treatment. The ~~commissioner~~ executive board shall maintain a regionally based, state-administered system of substance use disorder programs. Counties may refer individuals who are eligible for services under chapter 254B to the substance use disorder units in the regional treatment centers.

Subd. 3. County per diem cost. A 15 percent county share of the per diem cost of treatment is required for individuals served within the treatment capacity funded by direct legislative appropriation.

Subd. 4. Criteria. ~~By July 1, 1991, the commissioner~~ The executive board shall establish criteria for admission to the substance use disorder units ~~that will~~ to maximize federal and private funding sources, fully utilize the regional treatment center capacity, and make state-funded treatment capacity available to counties on an equitable basis. The admission criteria may be adopted without rulemaking. Existing rules governing placements under chapters 254A and 254B do not apply to admissions to the capacity funded by direct appropriation.

Subd. 5. Private and third-party payments. Private and third-party collections and payments are appropriated to the commissioner for the operation of the substance use disorder units.

Subd. 6. Treatment of additional individuals. In addition to the ~~chemical dependency~~ substance use disorder treatment capacity funded by direct legislative appropriation, the regional treatment centers may also provide treatment to ~~additional~~ additional:

(1) individuals whose treatment is paid for out of the behavioral health fund under chapter 254B, in which case placement rules adopted under chapter 254B apply; ~~to those~~

(2) individuals who are ineligible under the behavioral health fund but who are committed for treatment under chapter 253B as provided in section 254B.05, subdivision 4; ~~or to~~ and

(3) individuals who are covered through other nonstate payment sources.

28.1 Sec. 19. Minnesota Statutes 2022, section 246.325, is amended to read:

28.2 **246.325 GARDEN OF REMEMBRANCE.**

28.3 The cemetery located on the grounds of the former Cambridge State Hospital shall be
28.4 known as the Garden of Remembrance.

28.5 Sec. 20. Minnesota Statutes 2022, section 246.33, subdivision 1, is amended to read:

28.6 Subdivision 1. **Cemetery and burial for individual in a state institution.** The
28.7 ~~commissioner of human services~~ executive board may establish and maintain a cemetery
28.8 for the burial of any patient, inmate, or person admitted to any state institution under control
28.9 of the ~~commissioner~~ executive board upon the public grounds of such institution in the
28.10 manner set forth in ~~the following subdivisions~~ this section.

28.11 Sec. 21. Minnesota Statutes 2022, section 246.33, subdivision 2, is amended to read:

28.12 Subd. 2. **Land surveyance required.** ~~The land shall be surveyed and a plat thereof made~~
28.13 In establishing and maintaining a cemetery under subdivision 1, the executive board must
28.14 survey the land of the potential location of the cemetery and create a plat.

28.15 Sec. 22. Minnesota Statutes 2022, section 246.33, subdivision 3, is amended to read:

28.16 Subd. 3. **Marking cemetery boundary.** ~~A stone or other monument shall be established~~
28.17 ~~to mark each corner of such cemetery, and its location shown on the plat~~ The executive
28.18 board must clearly mark the cemetery's boundaries at the physical location of the cemetery
28.19 and record the boundary locations on the plat required by subdivision 2.

28.20 Sec. 23. Minnesota Statutes 2022, section 246.33, subdivision 4, is amended to read:

28.21 Subd. 4. **Plots in cemetery.** ~~The cemetery shall be platted into lots, which shall be~~
28.22 ~~numbered; it shall have streets and walks, and the same shall be shown on the plat. All~~
28.23 ~~containing graves shall be indicated by an appropriate marker of permanent nature for~~
28.24 ~~identification purposes~~ executive board must plat the cemetery into numbered lots. The
28.25 executive board must provide for streets and walkways to, from, and within the cemetery
28.26 and clearly mark the streets and walkways on the plat. The executive board must provide
28.27 an appropriate permanent identification marker upon each individual grave. Notwithstanding
28.28 section 13.46, the ~~commissioner of human services~~ executive board may share private data
28.29 on individuals for purposes of placing a marker on each grave.

29.1 Sec. 24. Minnesota Statutes 2022, section 246.33, subdivision 5, is amended to read:

29.2 Subd. 5. **Surveyor certification.** ~~The surveyor shall certify as to the correctness of the~~
29.3 ~~plat by endorsement~~ executive board must obtain certification from the surveyor as to the
29.4 accuracy of the plat.

29.5 Sec. 25. Minnesota Statutes 2022, section 246.33, subdivision 6, is amended to read:

29.6 Subd. 6. **County recording.** ~~The plat with the surveyor's endorsement thereon shall be~~
29.7 ~~filed for record~~ (a) The executive board must file the plat with the surveyor's certification
29.8 with the county recorder in the county wherein where the cemetery is located. The head of
29.9 the institution or a designee must keep a copy of the plat shall be kept in the office of the
29.10 ~~superintendent of~~ at the institution, together location of the institution with a register showing
29.11 the name of the persons buried in the cemetery and the lot in which they are buried.

29.12 Sec. 26. Minnesota Statutes 2022, section 246.34, subdivision 1, is amended to read:

29.13 Subdivision 1. **Requirements for reburial reinterment.** ~~The commissioner of human~~
29.14 ~~services may remove~~ executive board must comply with all provisions of this section to
29.15 exhume the body of any person now buried in a cemetery situated ~~upon~~ on the land belonging
29.16 to the state for public institution purposes and ~~rebury it~~ reinter the remains in a cemetery
29.17 created under the provisions of section 246.33, ~~by complying with the provisions set forth~~
29.18 ~~in the following subdivisions of this section.~~

29.19 Sec. 27. Minnesota Statutes 2022, section 246.34, subdivision 2, is amended to read:

29.20 Subd. 2. **District court approval needed.** (a) The commissioner executive board shall
29.21 petition the district court of the county wherein where the present cemetery is situated setting
29.22 located for an order authorizing the reinterment of a person under subdivision 1. The petition
29.23 must set forth the reasons for such removal, the place to which the body is to be removed,
29.24 ~~and praying for an order of the court authorizing such removal~~ reinterment of the person
29.25 and the proposed location for the reinterment of the person.

29.26 (b) Upon the presentation of such petition, the court shall make its order setting the time,
29.27 ~~which shall not be less than 60 days from the date of the order, and the place for hearing~~
29.28 ~~the same~~ filing of a petition under paragraph (a), the court must issue an order for a hearing
29.29 setting the location, date, and time of a hearing on the petition. The court must set the hearing
29.30 date at least 60 days after the order for hearing.

29.31 (c) The commissioner executive board shall serve the nearest relative or, if the
29.32 ~~commissioner~~ executive board cannot locate any relative, some friend of the person whose

body is to be ~~removed~~ exhumed by mailing a copy of the petition and court's order for hearing to the relative at least 30 days before the date of hearing and file the filing an affidavit of mailing with the court administrator of district court. If the ~~commissioner~~ executive board is unable to locate a relative ~~or friend~~, the ~~commissioner~~ executive board shall make an affidavit to that effect and file the ~~same~~ affidavit with the court administrator of district court.

Sec. 28. Minnesota Statutes 2022, section 246.34, subdivision 3, is amended to read:

Subd. 3. **Court order.** (a) Upon the hearing of such the petition, if the court determines that it is for the best interests of the public, and the relatives and friends that such body be removed and that the same will be conducted in a manner commensurate with the methods commonly employed for the reburial of the dead in the community of the person to be exhumed and reinterred, the court shall make its issue an order authorizing such removal, setting forth the exhumation. The order must set forth the time within which such removal shall be accomplished the exhumation must occur and the place to which the body is to be removed person is to be reinterred.

(b) Upon completion of such removal the exhumation, the director shall cause the name of the person so removed to be entered head of the institution or a designee shall document in the register, together with required by section 246.33, subdivision 6, paragraph (b), the name of the person exhumed and the number of the lot in the cemetery in which the person was reinterred and file an affidavit thereof containing that information with the court administrator of district court.

Sec. 29. Minnesota Statutes 2022, section 246.35, is amended to read:

246.35 ABANDONMENT OF CEMETERY; COURT ORDER.

~~If the court makes its order under the provisions of section 246.34 authorizing the removal of bodies from a cemetery and the same is accomplished in accordance with such order and the commissioner files affidavits of such removal as hereinbefore provided, together with an affidavit that the commissioner has caused a thorough search to be made, and there are no more dead bodies remaining in such cemetery to the best of the commissioner's knowledge, information and belief, The district court may make its order of the county where a cemetery exists on the grounds of a state institution may issue an order authorizing the abandonment and discontinued use of such cemetery and thereby discontinue its use as such. when the executive board files affidavits attesting:~~

(1) to all exhumations completed under section 246.34; and

31.1 (2) that the executive board has thoroughly searched the cemetery on the grounds of the
31.2 state institution and no people remain buried in the cemetery to the executive board's
31.3 knowledge, information, and belief.

31.4 Sec. 30. Minnesota Statutes 2022, section 246.50, subdivision 1, is amended to read:

31.5 Subdivision 1. **Scope.** For the purposes of sections 246.50 to 246.55, the terms set out
31.6 in ~~subdivisions 2 to 8~~ this section shall have the meanings ascribed to them.

31.7 Sec. 31. Minnesota Statutes 2022, section 246.50, subdivision 5, is amended to read:

31.8 Subd. 5. **Cost of care.** "Cost of care" means the ~~commissioner's charge for services~~
31.9 ~~provided to any person admitted to a state facility.~~

31.10 ~~For purposes of this subdivision, "charge for services" means the usual and customary~~
31.11 ~~fee charged by the executive board for services provided to clients. The executive board~~
31.12 ~~shall establish the usual and customary fee shall be established in a manner required to~~
31.13 ~~appropriately bill services to all payers and shall include the costs related to the operations~~
31.14 ~~of any program offered by the state.~~

31.15 Sec. 32. Minnesota Statutes 2022, section 246.50, subdivision 6, is amended to read:

31.16 Subd. 6. **Relatives.** "Relatives" means the spouse; and parents of a client; in that order
31.17 of liability for cost of care.

31.18 Sec. 33. Minnesota Statutes 2022, section 246.50, subdivision 7, is amended to read:

31.19 Subd. 7. **Client's county.** "Client's county" means the county of financial responsibility
31.20 under ~~chapter 256G~~ section 256G.02, except that where a client with no residence in this
31.21 state is committed while serving a sentence at a ~~penal institution, it~~ correctional facility,
31.22 "client's county" means the county from which the client was sentenced.

31.23 Sec. 34. Minnesota Statutes 2022, section 246.50, subdivision 8, is amended to read:

31.24 Subd. 8. **Local social services agency.** "Local social services agency" means the local
31.25 social services agency of the client's county ~~as defined in subdivision 7 and of,~~ the county
31.26 of commitment, ~~and any other~~ local social services agency possessing information regarding
31.27 the financial circumstances of the client or the client's relatives, or any local social services
31.28 agency requested by the commissioner executive board to investigate, the financial
31.29 circumstances of a client or the client's relatives thereof.

32.1 Sec. 35. Minnesota Statutes 2022, section 246.50, subdivision 11, is amended to read:

32.2 Subd. 11. **Health plan company.** "Health plan company" has the meaning given it in
32.3 section 62Q.01, subdivision 4, and also includes:

32.4 (1) a demonstration provider as defined in section 256B.69, subdivision 2, paragraph
32.5 (b);

32.6 (2) a county or group of counties participating in county-based purchasing according to
32.7 section 256B.692; and

32.8 (3) a children's mental health collaborative under contract to provide medical assistance
32.9 for individuals enrolled in the prepaid medical assistance and MinnesotaCare programs
32.10 under sections 245.493 to 245.495.

32.11 Sec. 36. Minnesota Statutes 2022, section 246.51, subdivision 1a, is amended to read:

32.12 Subd. 1a. **Clients in state-operated community-based programs; determination.** The
32.13 ~~commissioner~~ executive board shall determine available health plan coverage from a health
32.14 plan company for services provided to clients admitted to a state-operated community-based
32.15 program. If the health plan coverage requires a co-pay or deductible, or if there is no available
32.16 health plan coverage, the ~~commissioner~~ executive board shall determine or redetermine
32.17 what part of the noncovered cost of care, if any, the client is able to pay. If the client is
32.18 unable to pay the uncovered cost of care, the ~~commissioner~~ executive board shall determine
32.19 the client's relatives' ability to pay. The client and relatives shall provide to the ~~commissioner~~
32.20 executive board documents and proof necessary to determine the client's and relatives' ability
32.21 to pay. Failure to provide the ~~commissioner~~ executive board with sufficient information to
32.22 determine ability to pay may make the client or relatives liable for the full cost of care until
32.23 the time when sufficient information is provided. If ~~it is determined~~ the executive board
32.24 determines that the responsible party does not have the ability to pay, the ~~commissioner~~
32.25 executive board shall waive payment of the portion that exceeds ability to pay under the
32.26 determination.

32.27 Sec. 37. Minnesota Statutes 2022, section 246.51, subdivision 1b, is amended to read:

32.28 Subd. 1b. **Clients served by regional treatment centers or nursing homes;**
32.29 **determination.** The ~~commissioner~~ executive board shall determine or redetermine, if
32.30 necessary, what part of the cost of care, if any, a client ~~served~~ who received services in
32.31 regional treatment centers or nursing homes operated by state-operated services is able to
32.32 pay. If the client is unable to pay the full cost of care, the ~~commissioner~~ executive board

shall determine if the client's relatives have the ability to pay. The client and relatives shall provide to the ~~commissioner~~ executive board documents and proof necessary to determine the client's and relatives' ability to pay. Failure to provide the ~~commissioner~~ executive board with sufficient information to determine ability to pay may make the client or relatives liable for the full cost of care until the time when sufficient information is provided. No parent ~~shall be~~ is liable for the cost of care given a client at a regional treatment center after the client has reached the age of 18 years.

Sec. 38. Minnesota Statutes 2022, section 246.51, subdivision 2, is amended to read:

Subd. 2. **Rules.** The ~~commissioner~~ executive board shall adopt, pursuant to the Administrative Procedure Act, rules establishing uniform standards for determination of client liability and relative, guardian or conservator responsibility for care provided at state facilities. The standards for determination may differ for mental illness, substance use disorder, or developmental disability. The standards established in rules adopted under chapter 254B ~~shall~~ must determine the amount of client and relative responsibility when a portion of the client's cost of care has been paid under chapter 254B. These rules ~~shall~~ must have the force and effect of law.

Sec. 39. Minnesota Statutes 2022, section 246.511, is amended to read:

246.511 RELATIVE RESPONSIBILITY.

Except for substance use disorder services paid for with ~~funds~~ money provided under chapter 254B, ~~a client's relatives shall not, pursuant to the commissioner's authority under section 246.51, be ordered~~ the executive board must not require under section 246.51 a client's relatives to pay more than the following: (1) for services provided in a community-based service, the noncovered cost of care as determined under the ability to pay determination; and (2) for services provided at a regional treatment center operated by state-operated services, 20 percent of the cost of care, unless they the relatives reside outside the state. The executive board must determine the responsibility of parents of children in state facilities ~~shall have their responsibility to pay determined~~ according to section 252.27, subdivision 2, or in rules adopted under chapter 254B if the cost of care is paid under chapter 254B. The ~~commissioner~~ executive board may accept voluntary payments in excess of 20 percent. The ~~commissioner~~ executive board may require full payment of the full per capita cost of care in state facilities for clients whose parent, parents, spouse, guardian, or conservator do not reside in Minnesota.

34.1 Sec. 40. Minnesota Statutes 2022, section 246.52, is amended to read:

34.2 **246.52 PAYMENT FOR CARE; ORDER; ACTION.**

34.3 (a) The ~~commissioner~~ executive board shall issue an order to the client or the guardian
34.4 of the estate, if ~~there be one~~ applicable, and relatives determined able to pay requiring them
34.5 to pay to the state of Minnesota the amounts so determined ~~the total of which shall~~ under
34.6 sections 246.51 and 246.511, not to exceed the full cost of care. ~~Such~~ The order shall ~~must~~
34.7 specifically state the ~~commissioner's~~ determination of the executive board and shall be
34.8 conclusive is final unless appealed from as herein provided pursuant to section 246.55.

34.9 (b) When a client or relative fails to pay the amount due hereunder under an order of
34.10 the executive board, the attorney general, upon request of the ~~commissioner~~ executive board,
34.11 may institute, or direct the appropriate county attorney to institute, civil action to recover
34.12 such amount.

34.13 Sec. 41. Minnesota Statutes 2022, section 246.53, subdivision 1, is amended to read:

34.14 Subdivision 1. **Client's estate.** Upon the death of a client, ~~or a former client, who received~~
34.15 services, the executive board shall file a claim against the estate of the individual for the
34.16 total cost of care ~~given~~ provided to the client, less the amount actually paid toward the cost
34.17 of care by the client and the client's relatives, ~~shall be filed by the commissioner as a claim~~
34.18 against the estate of the client with in the court having jurisdiction to probate the estate and.
34.19 All proceeds collected by the state in the case shall ~~must~~ be divided between the state and
34.20 county in proportion to the cost of care each has borne.

34.21 Sec. 42. Minnesota Statutes 2022, section 246.53, subdivision 2, is amended to read:

34.22 Subd. 2. **Preferred status.** (a) An estate claim in subdivision 1 shall ~~must~~ be considered
34.23 an expense of the last illness for purposes of section 524.3-805.

34.24 ~~If the commissioner of human services~~ (b) The executive board has the power to
34.25 compromise a claim under this section if the executive board determines that the property
34.26 or estate of any client is ~~not more than~~ does not exceed the minimum needed to care for and
34.27 maintain the spouse and minor or dependent children of a deceased client, ~~the commissioner~~
34.28 has the power to compromise the claim of the state in a manner deemed just and proper.

34.29 Sec. 43. Minnesota Statutes 2022, section 246.53, subdivision 4, is amended to read:

34.30 Subd. 4. **Exception from statute of limitations.** Any statute of limitations that limits
34.31 the ~~commissioner~~ executive board in recovering the cost of care obligation incurred by a

35.1 client ~~or former client shall~~ who received services does not apply to any claim against an
35.2 estate made under this section to recover the cost of care.

35.3 Sec. 44. Minnesota Statutes 2022, section 246.531, subdivision 1, is amended to read:

35.4 Subdivision 1. **Subrogation to client's rights.** The ~~Department of Human Services~~
35.5 executive board shall be subrogated, to the extent of the cost of care for services given, to
35.6 the rights a client who receives treatment or care at a state facility may have under private
35.7 health care coverage. The right of subrogation does not attach to benefits paid or provided
35.8 under private health care coverage before the carrier issuing the health care coverage receives
35.9 written notice of the exercise of subrogation rights.

35.10 Sec. 45. Minnesota Statutes 2022, section 246.531, subdivision 2, is amended to read:

35.11 Subd. 2. **Civil action.** To recover under this section, the ~~Department of Human Services~~
35.12 executive board, with counsel of the attorney general, may institute or join in a civil action
35.13 against the carrier issuing the private health care coverage.

35.14 Sec. 46. Minnesota Statutes 2022, section 246.54, subdivision 1, is amended to read:

35.15 Subdivision 1. **Generally.** Except for substance use disorder services provided under
35.16 sections 254B.01 to 254B.09, the client's county shall pay to the state of Minnesota a portion
35.17 of the cost of care provided in a regional treatment center or a state nursing facility to a
35.18 client ~~legally settled in that county~~ for which the county is the county of financial
35.19 responsibility under section 256B.02. A ~~county's payment shall be made~~ county must pay
35.20 from the county's own sources of revenue and. Payments ~~shall~~ must equal a percentage of
35.21 the cost of care, as determined by the ~~commissioner~~ executive board, for each day, or the
35.22 portion thereof, that the client spends at a regional treatment center or a state nursing facility.

35.23 Sec. 47. Minnesota Statutes 2022, section 246.55, is amended to read:

35.24 **246.55 APPEAL FROM ORDER OF ~~COMMISSIONER~~ EXECUTIVE BOARD.**

35.25 Clients or relatives aggrieved by an order of the ~~commissioner~~ executive board under
35.26 sections 246.50 to 246.55 may appeal from the order to the district court of the county in
35.27 which they reside by serving notice of the appeal on the ~~commissioner~~ executive board and
35.28 filing the notice, with proof of service, in the office of the court administrator of the district
35.29 court ~~of the county~~ within 30 days from the date the order was mailed, or a later date not
35.30 exceeding one year from the date of mailing as permitted by order of the court. The appeal
35.31 may be brought on for hearing by the appellant or the ~~commissioner~~ executive board upon

ten days' written notice. ~~It shall be tried to the court which shall hear evidence it deems necessary and by order affirm or modify~~ The court must issue an order following an evidentiary hearing affirming or modifying the order of the ~~commissioner~~ executive board. When any order or determination of the ~~commissioner~~ executive board made under sections 246.50 to 246.55 is brought in question on appeal, the order or determination ~~shall~~ must be determined de novo. Appeal from the order of the district court may be taken as in other civil cases.

Sec. 48. Minnesota Statutes 2022, section 246.56, subdivision 1, is amended to read:

Subdivision 1. **Therapeutic work activities.** ~~The commissioner of human services executive board~~ is hereby authorized to establish work activity programs for the purpose of providing therapeutic work activities for regional treatment center patients with mental illness and regional treatment center residents with developmental disabilities. The executive board may establish work activity programs ~~may be established~~ for the provision of services and for the manufacture, processing and repairing of goods, wares, and merchandise. The executive board may locate work activity programs ~~may be located~~ on the grounds of the regional treatment center or at work sites in the community. In establishing ~~services~~ therapeutic work activities, the ~~commissioner~~ executive board shall cooperate with existing agencies to avoid duplication of available ~~services~~ activities to the extent feasible.

Sec. 49. Minnesota Statutes 2022, section 246.56, subdivision 2, is amended to read:

Subd. 2. **Powers of ~~commissioner~~ executive board.** (a) ~~The work activity programs authorized herein shall be planned and designed~~ The executive board must plan and design the therapeutic work activities exclusively to provide therapeutic activities for workers with a disability whose physical or mental impairment is so severe as to make productive capacity inconsequential. Notwithstanding section 177.24, the activities within this program ~~shall~~ must conform to the rules and regulations relating to work activity centers promulgated by the United States Department of Labor.

(b) ~~To accomplish the foregoing purpose the commissioner of human services shall have~~ purpose in paragraph (a), the executive board has the power and authority to:

(1) use the diversified labor fund established by Laws 1945, chapter 575, section 19, to purchase equipment and remodel facilities of the state hospitals referred to in subdivision 1 to initiate the work activity program;

(2) formulate a system of records and accounts which ~~shall~~ must at all times indicate the extent of purchases, sales, wages, and bidding practices and which ~~shall~~ must be open to public inspection;

(3) contract with public or private entities for the provision of custodial, domestic, maintenance, and other services carried out by patients or residents. To the extent that a qualified direct care employee of a regional treatment center is available, staff services required by the contract ~~shall~~ must be provided by that direct care employee.

~~(b) The commissioner of human services shall~~ (c) The executive board, subject to the approval of the commissioner of education, ~~have~~ has the power and authority to:

(1) create a work activity center revolving fund for the purpose of receiving and expending money in the operation of the ~~said~~ programs;

(2) contract with public and private industries for the manufacture, repair, or assembling of work according to standard bidding practices;

(3) use the revenue from the operation of said programs to pay wages to patients or residents according to their productivity, purchase equipment and supplies and pay other expenses necessary to the operation of the said programs;

(4) utilize all available vocational rehabilitation services and encourage the integration of the therapeutic work activity program activities into existing vocational rehabilitation and community-based programs, so that the therapeutic work activity program will neither activities do not duplicate nor unfairly compete with existing public or private community programs.

Sec. 50. Minnesota Statutes 2022, section 246.56, subdivision 3, is amended to read:

Subd. 3. **Indirect costs and reimbursements.** The ~~commissioner of human services~~ executive board is not required to include indirect costs as defined in section 16A.127 in therapeutic work activity contracts for patients of the regional treatment centers and is not required to reimburse the general fund for indirect costs related to therapeutic work activity programs activities.

Sec. 51. Minnesota Statutes 2022, section 246.57, subdivision 4, is amended to read:

Subd. 4. **Shared staff or services.** The ~~commissioner of human services~~ executive board may authorize a state-operated services program to provide staff or services to ~~Camp~~ Confidence Learning Center in return for services to, or use of the camp's facilities by, residents of the facility program who have developmental disabilities.

38.1 Sec. 52. **[246.581] STATE-OPERATED, COMMUNITY-BASED PROGRAMS.**

38.2 Subdivision 1. **Employees of state-operated, community-based programs.** Employees
38.3 of state-operated, community-based programs, except clients who work within and benefit
38.4 from these treatment and habilitation programs, must be state employees under chapters
38.5 43A and 179A.

38.6 Subd. 2. **Employment of clients by state-operated, community-based programs.** Any
38.7 clients who work within and benefit from these treatment and habilitation programs are not
38.8 state employees under chapters 43A and 179A. The executive board may consider clients
38.9 who work within and benefit from these programs employees for federal tax purposes.

38.10 Subd. 3. **Admissions to state-operated, community-based programs.** State-operated,
38.11 community-based programs may accept admissions from regional treatment centers, from
38.12 the person's own home, or from community programs.

38.13 Sec. 53. **[246.599] SERVICES TO COURTS AND STATE WELFARE AGENCIES.**

38.14 Subdivision 1. **Consultation services.** The executive board may provide on a
38.15 fee-for-service basis consultive services to courts and state welfare agencies.

38.16 Subd. 2. **Aftercare.** The executive board may provide to court and state welfare agencies
38.17 on a fee-for-service basis supervision and aftercare of patients provisionally or otherwise
38.18 discharged from a state-operated services facility.

38.19 Subd. 3. **Education programs.** The executive board may promote and conduct
38.20 educational programs relating to mental health to court and state welfare agencies.

38.21 Subd. 4. **Federal and other funds.** The executive board shall administer, expend, and
38.22 distribute federal funds and other funds not appropriated by the legislature that are made
38.23 available to the state for the mental health purposes in this section.

38.24 Sec. 54. Minnesota Statutes 2022, section 246.64, subdivision 1, is amended to read:

38.25 Subdivision 1. **Substance use disorder rates.** Notwithstanding sections 246.50,
38.26 subdivision 5, and 246.511, the ~~commissioner~~ executive board shall establish separate rates
38.27 for each substance use disorder service operated by the ~~commissioner~~ executive board and
38.28 may establish separate rates for each service component within the program by establishing
38.29 fees for services or different per diem rates for each separate substance use disorder unit
38.30 within the program based on actual costs attributable to the service or unit. The rate must
38.31 allocate the cost of all anticipated maintenance, treatment, and expenses including
38.32 depreciation of buildings and equipment, interest paid on bonds issued for capital

improvements for substance use disorder programs, reimbursement and other indirect costs related to the operation of substance use disorder programs other than that paid from the Minnesota state building fund or the bond proceeds fund, and losses due to bad debt. The rate must not include allocations of chaplaincy, patient advocacy, or quality assurance costs that are not required for substance use disorder licensure by the commissioner of human services or certification for chemical dependency by the Joint Commission on Accreditation of Hospitals. Notwithstanding any other law, the ~~commissioner~~ executive board shall treat these costs as nonhospital department expenses.

Sec. 55. Minnesota Statutes 2022, section 246.64, subdivision 2, is amended to read:

Subd. 2. **Depreciation collections.** ~~Beginning July 1, 1987,~~ Depreciation collected under subdivision 1 must be credited to the general fund ~~and~~. Principal and interest on the bonded debt collected under subdivision 1 must be deposited in the state bond fund.

Sec. 56. Minnesota Statutes 2022, section 246.64, subdivision 3, is amended to read:

Subd. 3. **Responsibilities of ~~commissioner~~ executive board.** The ~~commissioner~~ executive board shall credit all receipts from billings for rates set in subdivision 1, except those credited according to subdivision 2, to the behavioral health fund. This money must not be used for an activity in a regional treatment center ~~activity~~ that is not a substance use disorder service or an allocation of expenditures that are included in the base for computation of the rates under subdivision 1. The ~~commissioner~~ executive board may expand substance use disorder services so long as expenditures are recovered by patient fees, transfer of funds, or supplementary appropriations. The ~~commissioner~~ executive board may expand or reduce substance use disorder staff complement as long as expenditures are recovered by patient fees, transfer of funds, or supplementary appropriations. Notwithstanding chapters 176 and 268, the commissioner shall provide for the self-insurance of regional treatment center substance use disorder programs for the costs of unemployment benefits and workers' compensation claims.

Sec. 57. Minnesota Statutes 2022, section 246.71, subdivision 2, is amended to read:

Subd. 2. **Blood-borne pathogens.** "Blood-borne pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Sec. 58. Minnesota Statutes 2022, section 246.716, subdivision 2, is amended to read:

Subd. 2. Procedures without consent. (a) A secure treatment facility or an employee of a secure treatment facility may bring a petition for a court order to require a patient to provide a blood sample for testing for blood-borne pathogens. The petition shall be filed in the district court in the county where the patient is receiving treatment from the secure treatment facility. The secure treatment facility shall serve the petition on the patient three days before a hearing on the petition. The petition shall include one or more affidavits attesting that:

(1) the secure treatment facility followed the procedures in sections 246.71 to 246.722 and attempted to obtain blood-borne pathogen test results according to those sections;

(2) a licensed physician, advanced practice registered nurse, or physician assistant knowledgeable about the most current recommendations of the United States Public Health Service has determined that a significant exposure has occurred to the employee of a secure treatment facility under section 246.721; and

(3) a physician, advanced practice registered nurse, or physician assistant has documented that the employee has provided a blood sample and consented to testing for blood-borne pathogens and blood-borne pathogen test results are needed for beginning, continuing, modifying, or discontinuing medical treatment for the employee under section 246.721.

(b) Secure treatment facilities shall cooperate with petitioners in providing any necessary affidavits to the extent that facility staff can attest under oath to the facts in the affidavits.

(c) The court may order the patient to provide a blood sample for blood-borne pathogen testing if:

(1) there is probable cause to believe the employee of a secure treatment facility has experienced a significant exposure to the patient;

(2) the court imposes appropriate safeguards against unauthorized disclosure that must specify the persons who have access to the test results and the purposes for which the test results may be used;

(3) a licensed physician, advanced practice registered nurse, or physician assistant for the employee of a secure treatment facility needs the test results for beginning, continuing, modifying, or discontinuing medical treatment for the employee; and

(4) the court finds a compelling need for the test results. In assessing compelling need, the court shall weigh the need for the court-ordered blood collection and test results against the interests of the patient, including, but not limited to, privacy, health, safety, or economic

41.1 interests. The court shall also consider whether involuntary blood collection and testing
41.2 would serve the public interests.

41.3 (d) The court shall conduct the proceeding in camera unless the petitioner or the patient
41.4 requests a hearing in open court and the court determines that a public hearing is necessary
41.5 to the public interest and the proper administration of justice.

41.6 (e) The patient may arrange for counsel in any proceeding brought under this subdivision.

41.7 Sec. 59. Minnesota Statutes 2022, section 246.72, is amended to read:

41.8 **246.72 PENALTY FOR UNAUTHORIZED RELEASE OF INFORMATION.**

41.9 Unauthorized release of the patient's name or other uniquely identifying information
41.10 under sections 246.71 to 246.722 is subject to the remedies and penalties under sections
41.11 13.08 and 13.09. This section does not preclude private causes of action against an individual,
41.12 state agency, statewide system, political subdivision, or person responsible for releasing
41.13 private data, or confidential or private information on the inmate patient.

41.14 Sec. 60. Minnesota Statutes 2022, section 246.721, is amended to read:

41.15 **246.721 PROTOCOL FOR EXPOSURE TO BLOOD-BORNE PATHOGENS.**

41.16 (a) A secure treatment facility shall follow applicable Occupational Safety and Health
41.17 Administration guidelines under Code of Federal Regulations, title 29, part 1910.1030, for
41.18 blood-borne pathogens.

41.19 (b) Every secure treatment facility shall adopt and follow a postexposure protocol for
41.20 employees at a secure treatment facility who have experienced a significant exposure. The
41.21 postexposure protocol must adhere to the most current recommendations of the United
41.22 States Public Health Service and include, at a minimum, the following:

41.23 (1) a process for employees to report an exposure in a timely fashion;

41.24 (2) a process for an infectious disease specialist, or a licensed physician, advanced
41.25 practice registered nurse, or physician assistant who is knowledgeable about the most current
41.26 recommendations of the United States Public Health Service in consultation with an infectious
41.27 disease specialist, (i) to determine whether a significant exposure to one or more blood-borne
41.28 pathogens has occurred, and (ii) to provide, under the direction of a licensed physician,
41.29 advanced practice registered nurse, or physician assistant, a recommendation or
41.30 recommendations for follow-up treatment appropriate to the particular blood-borne pathogen
41.31 or pathogens for which a significant exposure has been determined;

(3) if there has been a significant exposure, a process to determine whether the patient has a blood-borne pathogen through disclosure of test results, or through blood collection and testing as required by sections 246.71 to 246.722;

(4) a process for providing appropriate counseling prior to and following testing for a blood-borne pathogen regarding the likelihood of blood-borne pathogen transmission and follow-up recommendations according to the most current recommendations of the United States Public Health Service, ~~recommendations~~ for testing, and treatment;

(5) a process for providing appropriate counseling under clause (4) to the employee of a secure treatment facility and to the patient; and

(6) compliance with applicable state and federal laws relating to data practices, confidentiality, informed consent, and the patient bill of rights.

Sec. 61. Minnesota Statutes 2022, section 251.012, subdivision 3, is amended to read:

Subd. 3. ~~Auxiliary services~~ **Shared services agreements**. The nursing homes may enter into shared services agreements according to section 246.57 to provide other services needed in the region that build on the services provided by the regional nursing homes and that are offered in conjunction with a community or community group.

Sec. 62. Minnesota Statutes 2022, section 252.50, subdivision 10, is amended to read:

Subd. 10. **Rules and licensure**. Each state-operated residential and day habilitation service site shall be separately licensed and movement of residents between them shall be governed by applicable rules adopted by the commissioner of human services.

ARTICLE 3

COUNTY OF FINANCIAL RESPONSIBILITY AND ADMINISTRATIVE JUDGES

Section 1. Minnesota Statutes 2022, section 256.045, subdivision 1, is amended to read:

Subdivision 1. **Human services judges; appointment**. The commissioner of human services, in consultation with the direct care and treatment executive board, may appoint one or more state human services judges to conduct hearings and recommend orders in accordance with subdivisions 3, 3a, 3b, 4a, ~~and 5~~, and 5a. Human services judges designated pursuant to this section may administer oaths and shall be under the control and supervision of the commissioner of human services and shall not be a part of the Office of Administrative Hearings established pursuant to sections 14.48 to 14.56. The commissioner shall only

43.1 appoint as a full-time human services judge an individual who is licensed to practice law
43.2 in Minnesota and who is:

43.3 (1) in active status;

43.4 (2) an inactive resident;

43.5 (3) retired;

43.6 (4) on disabled status; or

43.7 (5) on retired senior status.

43.8 Sec. 2. Minnesota Statutes 2022, section 256.045, is amended by adding a subdivision to
43.9 read:

43.10 Subd. 1a. **Direct care and treatment executive board or executive board.** For purposes
43.11 of this section, "direct care and treatment executive board" or "executive board" means the
43.12 Department of Direct Care and Treatment executive board established under section 246C.06.

43.13 Sec. 3. Minnesota Statutes 2023 Supplement, section 256.045, subdivision 3, is amended
43.14 to read:

43.15 Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

43.16 (1) any person applying for, receiving or having received public assistance, medical
43.17 care, or a program of social services granted by the state agency or a county agency or the
43.18 federal Food and Nutrition Act whose application for assistance is denied, not acted upon
43.19 with reasonable promptness, or whose assistance is suspended, reduced, terminated, or
43.20 claimed to have been incorrectly paid;

43.21 (2) any patient or relative aggrieved by an order of the commissioner under section
43.22 252.27;

43.23 (3) a party aggrieved by a ruling of a prepaid health plan;

43.24 (4) except as provided under chapter 245C, any individual or facility determined by a
43.25 lead investigative agency to have maltreated a vulnerable adult under section 626.557 after
43.26 they have exercised their right to administrative reconsideration under section 626.557;

43.27 (5) any person whose claim for foster care payment according to a placement of the
43.28 child resulting from a child protection assessment under chapter 260E is denied or not acted
43.29 upon with reasonable promptness, regardless of funding source;

44.1 (6) any person to whom a right of appeal according to this section is given by other
44.2 provision of law;

44.3 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver
44.4 under section 256B.15;

44.5 (8) an applicant aggrieved by an adverse decision to an application or redetermination
44.6 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

44.7 (9) except as provided under chapter 245A, an individual or facility determined to have
44.8 maltreated a minor under chapter 260E, after the individual or facility has exercised the
44.9 right to administrative reconsideration under chapter 260E;

44.10 (10) except as provided under chapter 245C, an individual disqualified under sections
44.11 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,
44.12 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the
44.13 individual has committed an act or acts that meet the definition of any of the crimes listed
44.14 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section
44.15 260E.06, subdivision 1, or 626.557, subdivision 3. Hearings regarding a maltreatment
44.16 determination under clause (4) or (9) and a disqualification under this clause in which the
44.17 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into
44.18 a single fair hearing. In such cases, the scope of review by the human services judge shall
44.19 include both the maltreatment determination and the disqualification. The failure to exercise
44.20 the right to an administrative reconsideration shall not be a bar to a hearing under this section
44.21 if federal law provides an individual the right to a hearing to dispute a finding of
44.22 maltreatment;

44.23 (11) any person with an outstanding debt resulting from receipt of public assistance,
44.24 medical care, or the federal Food and Nutrition Act who is contesting a setoff claim by the
44.25 Department of Human Services or a county agency. The scope of the appeal is the validity
44.26 of the claimant agency's intention to request a setoff of a refund under chapter 270A against
44.27 the debt;

44.28 (12) a person issued a notice of service termination under section 245D.10, subdivision
44.29 3a, by a licensed provider of any residential supports or services listed in section 245D.03,
44.30 subdivision 1, paragraphs (b) and (c), that is not otherwise subject to appeal under subdivision
44.31 4a;

44.32 (13) an individual disability waiver recipient based on a denial of a request for a rate
44.33 exception under section 256B.4914;

(14) a person issued a notice of service termination under section 245A.11, subdivision 11, that is not otherwise subject to appeal under subdivision 4a; or

(15) a recovery community organization seeking medical assistance vendor eligibility under section 254B.01, subdivision 8, that is aggrieved by a membership or accreditation determination and that believes the organization meets the requirements under section 254B.05, subdivision 1, paragraph (d), clauses (1) to (10). The scope of the review by the human services judge shall be limited to whether the organization meets each of the requirements under section 254B.05, subdivision 1, paragraph (d), clauses (1) to (10).

(b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10), is the only administrative appeal to the final agency determination specifically, including a challenge to the accuracy and completeness of data under section 13.04. Hearings requested under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged to have maltreated a resident prior to October 1, 1995, shall be held as a contested case proceeding under the provisions of chapter 14. Hearings requested under paragraph (a), clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only available when there is no district court action pending. If such action is filed in district court while an administrative review is pending that arises out of some or all of the events or circumstances on which the appeal is based, the administrative review must be suspended until the judicial actions are completed. If the district court proceedings are completed, dismissed, or overturned, the matter may be considered in an administrative hearing.

(c) For purposes of this section, bargaining unit grievance procedures are not an administrative appeal.

(d) The scope of hearings involving claims to foster care payments under paragraph (a), clause (5), shall be limited to the issue of whether the county is legally responsible for a child's placement under court order or voluntary placement agreement and, if so, the correct amount of foster care payment to be made on the child's behalf and shall not include review of the propriety of the county's child protection determination or child placement decision.

(e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to whether the proposed termination of services is authorized under section 245D.10, subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a, paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of

termination of services, the scope of the hearing shall also include whether the case management provider has finalized arrangements for a residential facility, a program, or services that will meet the assessed needs of the recipient by the effective date of the service termination.

(f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor under contract with a county agency to provide social services is not a party and may not request a hearing under this section, except if assisting a recipient as provided in subdivision 4.

(g) An applicant or recipient is not entitled to receive social services beyond the services prescribed under chapter 256M or other social services the person is eligible for under state law.

(h) The commissioner may summarily affirm the county or state agency's proposed action without a hearing when the sole issue is an automatic change due to a change in state or federal law, except in matters covered by paragraph (i).

(i) When the subject of an administrative review is a matter within the jurisdiction of the direct care and treatment executive board as a part of the board's powers and duties under chapter 246C, the executive board may summarily affirm the county or state agency's proposed action without a hearing when the sole issue is an automatic change due to a change in state or federal law.

~~(+)~~ (j) Unless federal or Minnesota law specifies a different time frame in which to file an appeal, an individual or organization specified in this section may contest the specified action, decision, or final disposition before the state agency by submitting a written request for a hearing to the state agency within 30 days after receiving written notice of the action, decision, or final disposition, or within 90 days of such written notice if the applicant, recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision 13, why the request was not submitted within the 30-day time limit. The individual filing the appeal has the burden of proving good cause by a preponderance of the evidence.

Sec. 4. Minnesota Statutes 2022, section 256.045, subdivision 5, is amended to read:

Subd. 5. **Orders of the commissioner of human services.** (a) Except as provided for under subdivision 5a for matters under the jurisdiction of the direct care and treatment executive board, a state human services judge shall conduct a hearing on the appeal and shall recommend an order to the commissioner of human services. The recommended order must be based on all relevant evidence and must not be limited to a review of the propriety

of the state or county agency's action. A human services judge may take official notice of adjudicative facts. The commissioner of human services may accept the recommended order of a state human services judge and issue the order to the county agency and the applicant, recipient, former recipient, or prepaid health plan. The commissioner on refusing to accept the recommended order of the state human services judge, shall notify the petitioner, the agency, or prepaid health plan of that fact and shall state reasons therefor and shall allow each party ten days' time to submit additional written argument on the matter. After the expiration of the ten-day period, the commissioner shall issue an order on the matter to the petitioner, the agency, or prepaid health plan.

(b) A party aggrieved by an order of the commissioner may appeal under subdivision 7, or request reconsideration by the commissioner within 30 days after the date the commissioner issues the order. The commissioner may reconsider an order upon request of any party or on the commissioner's own motion. A request for reconsideration does not stay implementation of the commissioner's order. The person seeking reconsideration has the burden to demonstrate why the matter should be reconsidered. The request for reconsideration may include legal argument and proposed additional evidence supporting the request. If proposed additional evidence is submitted, the person must explain why the proposed additional evidence was not provided at the time of the hearing. If reconsideration is granted, the other participants must be sent a copy of all material submitted in support of the request for reconsideration and must be given ten days to respond. Upon reconsideration, the commissioner may issue an amended order or an order affirming the original order.

(c) Any order of the commissioner issued under this subdivision shall be conclusive upon the parties unless appeal is taken in the manner provided by subdivision 7. Any order of the commissioner is binding on the parties and must be implemented by the state agency, a county agency, or a prepaid health plan according to subdivision 3a, until the order is reversed by the district court, or unless the commissioner or a district court orders monthly assistance or aid or services paid or provided under subdivision 10.

(d) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor under contract with a county agency to provide social services is not a party and may not request a hearing or seek judicial review of an order issued under this section, unless assisting a recipient as provided in subdivision 4. A prepaid health plan is a party to an appeal under subdivision 3a, but cannot seek judicial review of an order issued under this section.

Sec. 5. Minnesota Statutes 2022, section 256.045, is amended by adding a subdivision to read:

Subd. 5a. Orders of the direct care and treatment executive board. (a) When the subject of an administrative review is a matter within the jurisdiction of the direct care and treatment executive board as a part of the board's powers and duties under chapter 246C, a state human services judge shall conduct a hearing on the appeal and shall recommend an order to the executive board. The recommended order must be based on all relevant evidence and must not be limited to a review of the propriety of the state or county agency's action. A human services judge may take official notice of adjudicative facts. The direct care and treatment executive board may accept the recommended order of a state human services judge and issue the order to the parties. The executive board, on refusing to accept the recommended order of the state human services judge, shall notify the parties of the refusal and the reasoning and shall allow each party ten days to submit additional written argument on the matter. After the expiration of the ten-day period, the executive board shall issue an order on the matter to the parties.

(b) A party aggrieved by an order of the executive board may appeal under subdivision 7, or request reconsideration by the executive board within 30 days after the date the executive board issues the order. The executive board may reconsider an order upon request of any party or on the executive board's own motion. A request for reconsideration does not stay implementation of the executive board's order. The person seeking reconsideration has the burden to demonstrate why the matter should be reconsidered. The request for reconsideration may include legal argument and proposed additional evidence supporting the request. If proposed additional evidence is submitted, the person must explain why the proposed additional evidence was not provided at the time of the hearing. If reconsideration is granted, the other participants must be sent a copy of all material submitted in support of the request for reconsideration and must be given ten days to respond. Upon reconsideration, the executive board may issue an amended order or an order affirming the original order.

(c) Any order of the executive board issued under this subdivision shall be conclusive upon the parties unless appeal is taken in the manner provided by subdivision 7. Any order of the executive board is binding on the parties and must be implemented by the state agency or a county agency, until the order is reversed by the district court, or unless the executive board or a district court orders monthly services paid or provided under subdivision 10.

(d) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor under contract with a county agency to provide social services is not a party and may not request a hearing or seek judicial review of an order issued under this section, unless assisting

49.1 a recipient as provided in subdivision 4. The Department of Direct Care and Treatment is
49.2 not a vendor for the purposes of this paragraph.

49.3 Sec. 6. Minnesota Statutes 2022, section 256.045, subdivision 6, is amended to read:

49.4 Subd. 6. **Additional powers of commissioner; subpoenas.** (a) The commissioner of
49.5 human services, ~~or~~ the commissioner of health for matters within the commissioner's
49.6 jurisdiction under subdivision 3b, or the direct care and treatment executive board for matters
49.7 within the jurisdiction of the executive board under subdivision 5a, may initiate a review
49.8 of any action or decision of a county agency and direct that the matter be presented to a
49.9 state human services judge for a hearing held under subdivision 3, 3a, 3b, or 4a. In all matters
49.10 dealing with human services committed by law to the discretion of the county agency, the
49.11 ~~commissioner's~~ judgment of the applicable commissioner or executive board may be
49.12 substituted for that of the county agency. The applicable commissioner or executive board
49.13 may order an independent examination when appropriate.

49.14 (b) Any party to a hearing held pursuant to subdivision 3, 3a, 3b, or 4a may request that
49.15 the applicable commissioner or executive board issue a subpoena to compel the attendance
49.16 of witnesses and the production of records at the hearing. A local agency may request that
49.17 the applicable commissioner or executive board issue a subpoena to compel the release of
49.18 information from third parties prior to a request for a hearing under section 256.046 upon
49.19 a showing of relevance to such a proceeding. The issuance, service, and enforcement of
49.20 subpoenas under this subdivision is governed by section 357.22 and the Minnesota Rules
49.21 of Civil Procedure.

49.22 (c) The commissioner of human services may issue a temporary order staying a proposed
49.23 demission by a residential facility licensed under chapter 245A:

49.24 (1) while an appeal by a recipient under subdivision 3 is pending;

49.25 (2) for the period of time necessary for the case management provider to implement the
49.26 commissioner's order; or

49.27 (3) for appeals under subdivision 3, paragraph (a), clause (12), when the individual is
49.28 seeking a temporary stay of demission on the basis that the county has not yet finalized an
49.29 alternative arrangement for a residential facility, a program, or services that will meet the
49.30 assessed needs of the individual by the effective date of the service termination, a temporary
49.31 stay of demission may be issued for no more than 30 calendar days to allow for such
49.32 arrangements to be finalized.

50.1 Sec. 7. Minnesota Statutes 2022, section 256.045, subdivision 7, is amended to read:

50.2 Subd. 7. **Judicial review.** Except for a prepaid health plan, any party who is aggrieved
50.3 by an order of the commissioner of human services, ~~or~~ the commissioner of health in appeals
50.4 within the commissioner's jurisdiction under subdivision 3b, or the direct care and treatment
50.5 executive board in appeals within the jurisdiction of the executive board under subdivision
50.6 5a may appeal the order to the district court of the county responsible for furnishing
50.7 assistance, or, in appeals under subdivision 3b, the county where the maltreatment occurred,
50.8 by serving a written copy of a notice of appeal upon the applicable commissioner or executive
50.9 board and any adverse party of record within 30 days after the date the commissioner or
50.10 executive board issued the order, the amended order, or order affirming the original order,
50.11 and by filing the original notice and proof of service with the court administrator of the
50.12 district court. Service may be made personally or by mail; service by mail is complete upon
50.13 mailing; no filing fee shall be required by the court administrator in appeals taken pursuant
50.14 to this subdivision, with the exception of appeals taken under subdivision 3b. The applicable
50.15 commissioner or executive board may elect to become a party to the proceedings in the
50.16 district court. Except for appeals under subdivision 3b, any party may demand that the
50.17 commissioner or executive board furnish all parties to the proceedings with a copy of the
50.18 decision, and a transcript of any testimony, evidence, or other supporting papers from the
50.19 hearing held before the human services judge, by serving a written demand upon the
50.20 applicable commissioner or executive board within 30 days after service of the notice of
50.21 appeal. Any party aggrieved by the failure of an adverse party to obey an order issued by
50.22 the commissioner or executive board under ~~subdivision~~ subdivisions 5 or 5a may compel
50.23 performance according to the order in the manner prescribed in sections 586.01 to 586.12.

50.24 Sec. 8. Minnesota Statutes 2022, section 256G.01, subdivision 1, is amended to read:

50.25 Subdivision 1. **Applicability.** This chapter governs the Minnesota human services system.
50.26 The system includes the Department of Human Services, the Department of Direct Care
50.27 and Treatment, local social services agencies, county welfare agencies, human service
50.28 boards, community mental health center boards, state hospitals, state nursing homes, and
50.29 persons, agencies, institutions, organizations, and other entities under contract to any of
50.30 those agencies to the extent specified in the contract.

50.31 Sec. 9. Minnesota Statutes 2022, section 256G.01, subdivision 3, is amended to read:

50.32 Subd. 3. **Program coverage.** This chapter applies to all social service programs
50.33 administered by the commissioner of human services or the direct care and treatment

51.1 executive board in which residence is the determining factor in establishing financial
51.2 responsibility. These include, but are not limited to: commitment proceedings, including
51.3 voluntary admissions; emergency holds; poor relief funded wholly through local agencies;
51.4 social services, including title XX, IV-E and section 256E.12; social services programs
51.5 funded wholly through the resources of county agencies; social services provided under the
51.6 Minnesota Indian Family Preservation Act, sections 260.751 to 260.781; costs for
51.7 delinquency confinement under section 393.07, subdivision 2; service responsibility for
51.8 these programs; and housing support under chapter 256I.

51.9 Sec. 10. Minnesota Statutes 2022, section 256G.02, is amended by adding a subdivision
51.10 to read:

51.11 Subd. 5a. **Direct care and treatment executive board or executive board.** "Direct
51.12 care and treatment executive board" or "executive board" means the Department of Direct
51.13 Care and Treatment executive board established under section 246C.06.

51.14 Sec. 11. Minnesota Statutes 2022, section 256G.03, subdivision 2, is amended to read:

51.15 Subd. 2. **No durational test.** Except as otherwise provided in sections 256J.75; 256B.056,
51.16 subdivision 1; 256D.02, subdivision 12a, and 256J.12 for purposes of this chapter, no waiting
51.17 period is required before securing county or state residence. A person cannot, however, gain
51.18 residence while physically present in an excluded time facility unless otherwise specified
51.19 in this chapter or in a federal regulation controlling a federally funded human service or
51.20 direct care and treatment program. Interstate migrants who enter a shelter for battered women
51.21 directly from another state can gain residency while in the facility provided the person can
51.22 provide documentation that the person is a victim of domestic abuse and the county
51.23 determines that the placement is appropriate.

51.24 Sec. 12. Minnesota Statutes 2022, section 256G.04, subdivision 2, is amended to read:

51.25 Subd. 2. **Moving out of state.** (a) A person retains county and state residence so long
51.26 as the person's absence from Minnesota is viewed as a temporary absence within the context
51.27 of the affected program.

51.28 (b) Direct entry into a facility in another state does not end Minnesota residence for
51.29 purposes of this chapter. Financial responsibility does not continue, however, unless
51.30 placement was initiated by a human service or direct care and treatment agency or another
51.31 governmental entity that has statutory authority to bind the human service or direct care

52.1 and treatment agency and is based on a formal, written plan of treatment, or unless federal
52.2 regulations require payment for an out-of-state resident.

52.3 Sec. 13. Minnesota Statutes 2022, section 256G.09, subdivision 2, is amended to read:

52.4 Subd. 2. **Financial disputes.** (a) If the county receiving the transmittal does not believe
52.5 it is financially responsible, it should provide to the ~~department~~ commissioner of human
52.6 services and the initially responsible county a statement of all facts and documents necessary
52.7 for the ~~department~~ commissioner to make the requested determination of financial
52.8 responsibility. The submission must clearly state the program area in dispute and must state
52.9 the specific basis upon which the submitting county is denying financial responsibility.

52.10 (b) The initially responsible county then has 15 calendar days to submit its position and
52.11 any supporting evidence to the ~~department~~ commissioner. The absence of a submission by
52.12 the initially responsible county does not limit the right of the ~~department~~ commissioner of
52.13 human services or direct care and treatment executive board to issue a binding opinion based
52.14 on the evidence actually submitted.

52.15 (c) A case must not be submitted until the local agency taking the application or making
52.16 the commitment has made an initial determination about eligibility and financial
52.17 responsibility, and services have been initiated. This paragraph does not prohibit the
52.18 submission of closed cases that otherwise meet the applicable statute of limitations.

52.19 Sec. 14. Minnesota Statutes 2022, section 256G.09, subdivision 3, is amended to read:

52.20 Subd. 3. **~~Department~~ Commissioner obligations.** (a) Except as provided in paragraph
52.21 (b) for matters under the jurisdiction of the direct care and treatment executive board, the
52.22 ~~department~~ commissioner shall then promptly decide any question of financial responsibility
52.23 as outlined in this chapter and make an order referring the application to the local agency
52.24 of the proper county for further action. Further action may include reimbursement by that
52.25 county of assistance that another county has provided to the applicant under this subdivision.
52.26 The ~~department~~ commissioner shall decide disputes within 60 days of the last county
52.27 evidentiary submission and shall issue an immediate opinion.

52.28 (b) For disputes regarding financial responsibility relating to matters under the jurisdiction
52.29 of the direct care and treatment executive board, the commissioner shall promptly issue an
52.30 advisory opinion on any question of financial responsibility as outlined in this chapter and
52.31 recommend to the executive board an order referring the application to the local agency of
52.32 the proper county for further action. Further action may include reimbursement by that
52.33 county of assistance that another county has provided to the applicant under this subdivision.

The commissioner shall provide an advisory opinion and recommended order to the executive board within 30 days of the last county evidentiary submission. The executive board shall decide to accept or reject the commissioner's advisory opinion and recommended order within 60 days of the last county evidentiary submission and shall issue an immediate opinion stating the reasons for accepting or rejecting the commissioner's recommendation.

(c) The ~~department~~ commissioner may make any investigation it considers proper before making its a decision or a recommendation to the executive board. ~~It~~ The commissioner may prescribe rules it considers necessary to carry out this subdivision except that the commissioner must not create rules purporting to bind the executive board's decision on any advisory opinion or recommended order under paragraph (b).

(d) Except as provided in paragraph (e) for matters under the jurisdiction of the executive board, the order of the ~~department~~ commissioner binds the local agency involved and the applicant or recipient. That agency shall comply with the order unless reversed on appeal as provided in section 256.045, subdivision 7. The agency shall comply with the order pending the appeal.

(e) For disputes regarding financial responsibility relating to matters under the jurisdiction of the direct care and treatment executive board, the order of the executive board binds the local agency involved and the applicant or recipient. That agency shall comply with the order of the executive board unless the order is reversed on appeal as provided in section 256.045, subdivision 7. The agency shall comply with the order of the executive board pending the appeal.

Sec. 15. Minnesota Statutes 2022, section 256G.10, is amended to read:

256G.10 DERIVATIVE SETTLEMENT.

(a) The residence of the parent of a minor child, with whom that child last lived in a nonexcluded time setting, or guardian of a ward shall determine the residence of the child or ward for all social services governed by this chapter.

(b) For purposes of this chapter, a minor child is defined as being under 18 years of age unless otherwise specified in a program administered by the commissioner of human services or the direct care and treatment executive board.

(c) Physical or legal custody has no bearing on residence determinations. This section does not, however, apply to situations involving another state, limit the application of an interstate compact, or apply to situations involving state wards where the commissioner is defined by law as the guardian.

Sec. 16. Minnesota Statutes 2022, section 256G.11, is amended to read:

256G.11 NO RETROACTIVE EFFECT.

(a) This chapter is not retroactive and does not require redetermination of financial responsibility for cases existing on January 1, 1988. This chapter applies only to applications and redeterminations of eligibility taken or routinely made after January 1, 1988.

(b) Notwithstanding this section, existing social services cases shall be treated in the same manner as cases for those programs outlined in section 256G.02, subdivision 4, paragraph (g), for which an application is taken or a redetermination is made after January 1, 1988.

(c) The requirement under section 256G.09, subdivision 3, for the direct care and treatment executive board to accept or reject the recommendation of the commissioner of humans services regarding the county of financial responsibility for matters under the jurisdiction of the executive board is not retroactive and does not require redetermination of financial responsibility for cases existing prior to the effective date of the transfer of all authorities and responsibilities from the Department of Human Services to the Department of Direct Care and Treatment.

(d) Notwithstanding paragraph (c), existing cases relating to matters under the jurisdiction of the executive board must be treated in the same manner as cases relating to matters under the jurisdiction of the executive board opened or redetermined after the effective date of the transfer of all authorities and responsibilities from the Department of Human Services to the Department of Direct Care and Treatment.

Sec. 17. Minnesota Statutes 2022, section 256G.12, is amended to read:

256G.12 STATUTE OF LIMITATIONS.

Subdivision 1. **Limitation.** A submission to the ~~department~~ commissioner of human services or the direct care and treatment executive board for a determination of financial responsibility must be made within three years from the date of application for the program in question or from the date of admission or commitment to state or other institutions.

Subd. 2. **Reimbursement.** The obligation of the county ultimately found to be financially responsible extends only to the period immediately following the date the submission was received ~~by the department~~ or the date of admission or commitment to state or other institutions. In the case of social service programs only, no reimbursement is required until the financially responsible county has an opportunity to review and act on the plan of treatment according to the applicable social service rules.

55.1 Subd. 3. **Exception.** Subdivision 2 does not apply to timely and routine submissions for
55.2 determination of financial responsibility under section 256G.09.

55.3 **ARTICLE 4**

55.4 **SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITY, MENTAL**
55.5 **ILLNESS, AND SUBSTANCE USE DISORDER**

55.6 Section 1. Minnesota Statutes 2022, section 252.021, is amended to read:

55.7 **252.021 DEFINITION DEFINITIONS.**

55.8 Subdivision 1. **Scope.** For purposes of this chapter, the terms defined in this section have
55.9 the meanings given.

55.10 Subd. 2. **Executive board.** "Executive board" has the meaning given in section 246C.015.

55.11 Subd. 3. **Related condition.** For the purposes of this chapter, the term "Related condition"
55.12 has the meaning given in section 252.27, subdivision 1a.

55.13 Sec. 2. Minnesota Statutes 2022, section 252.50, subdivision 5, is amended to read:

55.14 Subd. 5. **Location of programs.** (a) In determining the location of state-operated,
55.15 community-based programs, the needs of the individual client shall be paramount. The
55.16 ~~commissioner~~ executive board shall also take into account:

55.17 (1) prioritization of beds in state-operated, community-based programs for individuals
55.18 with complex behavioral needs that cannot be met by private community-based providers;

55.19 (2) choices made by individuals who chose to move to a more integrated setting, and
55.20 shall coordinate with the lead agency to ensure that appropriate person-centered transition
55.21 plans are created;

55.22 (3) the personal preferences of the persons being served and their families as determined
55.23 by Minnesota Rules, parts 9525.0004 to 9525.0036;

55.24 (4) the location of the support services established by the individual service plans of the
55.25 persons being served;

55.26 (5) the appropriate grouping of the persons served;

55.27 (6) the availability of qualified staff;

55.28 (7) the need for state-operated, community-based programs in the geographical region
55.29 of the state; and

56.1 (8) a reasonable commuting distance from a regional treatment center or the residences
56.2 of the program staff.

56.3 (b) The executive board must locate state-operated, community-based programs ~~must~~
56.4 ~~be located~~ in coordination with the commissioner of human services according to section
56.5 252.28.

56.6 Sec. 3. Minnesota Statutes 2022, section 253.13, is amended to read:

56.7 **253.13 NOTICE OF ESCAPE OR DEATH OF PRISONER.**

56.8 When a ~~convict~~ prisoner from the Minnesota Correctional Facility-Stillwater or the
56.9 Minnesota Correctional Facility-St. Cloud who has been committed to a state hospital
56.10 escapes ~~therefrom~~ from or dies ~~therein~~ in the state hospital, the superintendent shall
56.11 immediately notify the chief executive officer of ~~such~~ the correctional facility from which
56.12 the prisoner was committed of ~~such fact~~ the prisoner's escape or death.

56.13 Sec. 4. **[253.195] DEFINITIONS.**

56.14 Subdivision 1. Scope. For purposes of sections 253.195 to 253.26, the terms defined in
56.15 this section have the meanings given them.

56.16 Subd. 2. Executive board. "Executive board" has the meaning given in section 246C.015.

56.17 Subd. 3. Secure treatment facility. "Secure treatment facility" has the meaning given
56.18 in section 253B.02, subdivision 18a.

56.19 Sec. 5. Minnesota Statutes 2022, section 253.20, is amended to read:

56.20 **253.20 MINNESOTA SECURITY HOSPITAL.**

56.21 The ~~commissioner of human services~~ executive board shall erect, equip, and maintain
56.22 in St. Peter and other geographic locations under the control of the ~~commissioner of human~~
56.23 ~~services~~ executive board suitable buildings to be known as the Minnesota Security Hospital,
56.24 for the purpose of providing a secure treatment facility ~~as defined in section 253B.02,~~
56.25 ~~subdivision 18a,~~ for persons who may be committed there by courts, or otherwise, or
56.26 transferred there by the ~~commissioner of human services~~ executive board, and for persons
56.27 who are found to be mentally ill while confined in any correctional facility, or who may be
56.28 found to be mentally ill and dangerous, and the ~~commissioner~~ executive board shall supervise
56.29 and manage the ~~same~~ secure treatment facility as in the case of other state hospitals.

Sec. 6. Minnesota Statutes 2022, section 253.21, is amended to read:

253.21 COMMITMENT; PROCEEDINGS; RESTORATION OF MENTAL HEALTH.

Subdivision 1. Initiation of commitment proceedings involving prisoners. When any person confined in the Minnesota Correctional Facility-Stillwater or the Minnesota Correctional Facility-St. Cloud is alleged to be mentally ill, the chief executive officer or other person in charge of the correctional facility shall ~~forthwith~~ notify the ~~commissioner of human services~~ executive board, ~~who~~ which shall cause the prisoner to be examined by the court exercising probate jurisdiction of the county where the prisoner is confined, as in the case of other persons who are mentally ill.

Subd. 2. Transfer of committed prisoners. In case the prisoner is found to be mentally ill, the prisoner ~~shall~~ must be transferred by the order of the court to the Minnesota Security Hospital or to a state hospital for people who are mentally ill in the discretion of the court, there to be kept and maintained as in the case of other persons who are mentally ill.

Subd. 3. Return of prisoners following restoration of mental health. If, in the judgment of the chief executive officer of the correctional facility the prisoner came from, the prisoner's mental health is restored before the period of commitment to the ~~penal institution~~ correctional facility has expired, upon the certificate of the chief executive officer, the prisoner executive board shall be removed by the commissioner, upon the certificate of the chief executive officer, remove the prisoner from the secure treatment facility and transfer the prisoner to the correctional institution whence the prisoner came from to complete the sentence.

Sec. 7. Minnesota Statutes 2022, section 253.22, is amended to read:

253.22 ALLOWANCES.

Subdivision 1. Allowances upon discharge of a prisoner. When any ~~convict~~ prisoner is discharged from the Minnesota Security Hospital, ~~the convict shall~~ prisoner must receive the same allowances in money, clothing, and otherwise ~~which~~ that the ~~convict~~ prisoner would have received on remaining at the ~~sending institution~~ correctional facility the prisoner came from, and the expenditures ~~in~~ on behalf of the ~~convict shall~~ prisoner must be made out of the same fund.

Subd. 2. Allowances while prisoner is committed. While at the hospital, the ~~convict shall~~ prisoner must be clothed and supported as are other patients at the facility.

58.1 Sec. 8. Minnesota Statutes 2022, section 253.23, is amended to read:

58.2 **253.23 TRANSFER PROCEEDINGS.**

58.3 When any ~~criminal shall be~~ prisoner is transferred to the Minnesota Security Hospital,
58.4 the original warrant of commitment to the ~~penal institution shall~~ correctional facility must
58.5 be sent with the ~~criminal~~ prisoner and returned to the ~~penal institution~~ correctional facility
58.6 upon return or discharge of the ~~criminal~~ prisoner. A certified copy ~~thereof shall~~ of the warrant
58.7 of commitment to the correctional facility must be preserved at the ~~penal institution~~
58.8 correctional facility.

58.9 Sec. 9. Minnesota Statutes 2022, section 253.24, is amended to read:

58.10 **253.24 TERMS OF SENTENCE.**

58.11 A prisoner who is removed from or returned to a correctional facility under sections
58.12 253.20 to 253.26 ~~shall~~ must be held in the place to which the prisoner is ~~so~~ removed or
58.13 returned in accordance with the terms of the prisoner's original sentence unless ~~sooner~~
58.14 discharged sooner and the period of removal ~~shall~~ must be counted as a part of the term of
58.15 the prisoner's confinement.

58.16 Sec. 10. Minnesota Statutes 2022, section 253.26, is amended to read:

58.17 **253.26 TRANSFERS OF PATIENTS OR RESIDENTS.**

58.18 The ~~commissioner of human services~~ executive board may transfer a committed patient
58.19 to the Minnesota Security Hospital following a determination that the patient's behavior
58.20 presents a danger to others and treatment in a secure treatment facility is necessary. The
58.21 ~~commissioner~~ executive board shall establish a written policy creating the transfer criteria.

58.22 Sec. 11. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
58.23 to read:

58.24 Subd. 15. **Executive board.** "Executive board" has the meaning given in section
58.25 246C.015.

58.26 Sec. 12. Minnesota Statutes 2022, section 254B.05, subdivision 4, is amended to read:

58.27 Subd. 4. **Regional treatment centers.** Regional treatment center substance use disorder
58.28 treatment units are eligible vendors. The ~~commissioner~~ executive board may expand the
58.29 capacity of substance use disorder treatment units beyond the capacity funded by direct
58.30 legislative appropriation to serve individuals who are referred for treatment by counties and

59.1 whose treatment will be paid for by funding under this chapter or other funding sources.

59.2 Notwithstanding the provisions of sections 254B.03 to ~~254B.04~~ 254B.04, payment for any
59.3 person committed at county request to a regional treatment center under chapter 253B for
59.4 chemical dependency treatment and determined to be ineligible under the behavioral health
59.5 fund, shall become the responsibility of the county.

59.6 Sec. 13. Minnesota Statutes 2022, section 254B.151, subdivision 2, is amended to read:

59.7 Subd. 2. **Participants; meetings.** (a) The community of practice must include the
59.8 following participants:

59.9 (1) researchers or members of the academic community who are substance use disorder
59.10 subject matter experts, who do not have financial relationships with treatment providers;

59.11 (2) substance use disorder treatment providers;

59.12 (3) representatives from recovery community organizations;

59.13 (4) a representative from the Department of Human Services;

59.14 (5) a representative from the Department of Health;

59.15 (6) a representative from the Department of Corrections;

59.16 (7) representatives from county social services agencies;

59.17 (8) representatives from tribal nations or tribal social services providers; ~~and~~

59.18 (9) representatives from managed care organizations; and

59.19 (10) a representative from the Department of Direct Care and Treatment.

59.20 (b) The community of practice must include individuals who have used substance use
59.21 disorder treatment services and must highlight the voices and experiences of individuals
59.22 who are Black, indigenous, people of color, and people from other communities that are
59.23 disproportionately impacted by substance use disorders.

59.24 (c) The community of practice must meet regularly and must hold its first meeting before
59.25 January 1, 2022.

59.26 (d) Compensation and reimbursement for expenses for participants in paragraph (b) are
59.27 governed by section 15.059, subdivision 3.

ARTICLE 5

CIVIL COMMITMENT

Section 1. Minnesota Statutes 2022, section 253.015, subdivision 1, is amended to read:

Subdivision 1. **State-operated services for persons with mental illness.** The ~~commissioner of human services~~ executive board shall determine to ~~what~~ which state-operated services facility persons with mental illness from each county shall be committed ~~from each county~~ and notify the ~~judge~~ judges exercising probate jurisdiction ~~thereof, and of changes made from time to time~~ over each county of the commitment. The executive board shall also notify judges of any changes made by the executive board to the commitment location.

Sec. 2. Minnesota Statutes 2022, section 253B.02, subdivision 4b, is amended to read:

Subd. 4b. **Community-based treatment program.** "Community-based treatment program" means non-state-operated treatment and services provided at the community level, including but not limited to community support services programs defined in section 245.462, subdivision 6; day treatment services defined in section 245.462, subdivision 8; outpatient services defined in section 245.462, subdivision 21; mental health crisis services under section 245.462, subdivision 14c; outpatient services defined in section 245.462, subdivision 21; assertive community treatment services under section 256B.0622; adult rehabilitation mental health services under section 256B.0623; home and community-based waivers; supportive housing; and residential treatment services as defined in section 245.462, subdivision 23. ~~Community-based treatment program excludes services provided by a state-operated treatment program.~~

Sec. 3. Minnesota Statutes 2022, section 253B.02, subdivision 4c, is amended to read:

Subd. 4c. **County of financial responsibility.** (a) "County of financial responsibility" has the meaning specified in chapter 256G. This definition does not require that the person qualifies for or receives any other form of financial, medical, or social service assistance in addition to the services under this chapter. Disputes about the county of financial responsibility shall be submitted for determination to the executive board through the commissioner of human services ~~to be determined~~ in the manner prescribed in section 256G.09.

(b) For purposes of proper venue for filing a petition pursuant to section 253B.064, subdivision 1, paragraph (a); 253B.07, subdivision 1, paragraph (a); or 253D.07, where the designated agency of a county has determined that it is the county of financial responsibility,

61.1 then that county is the county of financial responsibility until a different determination is
61.2 made by the appropriate county agencies or the commissioner pursuant to chapter 256G.

61.3 Sec. 4. Minnesota Statutes 2022, section 253B.02, is amended by adding a subdivision to
61.4 read:

61.5 Subd. 7b. **Executive board.** "Executive board" has the meaning given in section
61.6 246C.015.

61.7 Sec. 5. Minnesota Statutes 2022, section 253B.03, subdivision 1, is amended to read:

61.8 Subdivision 1. **Restraints.** (a) A patient has the right to be free from restraints. Restraints
61.9 shall not be applied to a patient in a treatment facility or state-operated treatment program
61.10 unless the head of the treatment facility, head of the state-operated treatment program, a
61.11 member of the medical staff, or a licensed peace officer who has custody of the patient
61.12 determines that restraints are necessary for the safety of the patient or others.

61.13 (b) Restraints shall not be applied to patients with developmental disabilities except as
61.14 permitted under section 245.825 ~~and, the~~ rules of the commissioner of human services, and
61.15 the rules of the executive board. Consent must be obtained from the patient or patient's
61.16 guardian except for emergency procedures as permitted under rules of the commissioner of
61.17 human services adopted under section 245.825 or rules of the executive board adopted under
61.18 chapter 246C.

61.19 (c) Each use of a restraint and reason for it shall be made part of the clinical record of
61.20 the patient under the signature of the head of the treatment facility.

61.21 Sec. 6. Minnesota Statutes 2022, section 253B.03, subdivision 6a, is amended to read:

61.22 Subd. 6a. **Consent for treatment for developmental disability.** A patient with a
61.23 developmental disability, or the patient's guardian, has the right to give or withhold consent
61.24 before:

61.25 (1) the implementation of any aversive or deprivation procedure except for emergency
61.26 procedures permitted in rules of the commissioner of human services adopted under section
61.27 245.825 or rules of the executive board adopted under chapter 246C; or

61.28 (2) the administration of psychotropic medication.

62.1 Sec. 7. Minnesota Statutes 2022, section 253B.09, subdivision 3a, is amended to read:

62.2 Subd. 3a. **Reporting judicial commitments; private treatment program or**
62.3 **facility.** Notwithstanding section 253B.23, subdivision 9, when a court commits a patient
62.4 to a non-state-operated treatment facility or program, the court shall report the commitment
62.5 to the commissioner through the supreme court information system for purposes of providing
62.6 commitment information for firearm background checks under section 245.041. If the patient
62.7 is committed to a state-operated treatment program, the court shall send a copy of the
62.8 commitment order to the commissioner and the executive board.

62.9 Sec. 8. Minnesota Statutes 2023 Supplement, section 253B.10, subdivision 1, is amended
62.10 to read:

62.11 Subdivision 1. **Administrative requirements.** (a) When a person is committed, the
62.12 court shall issue a warrant or an order committing the patient to the custody of the head of
62.13 the treatment facility, state-operated treatment program, or community-based treatment
62.14 program. The warrant or order shall state that the patient meets the statutory criteria for
62.15 civil commitment.

62.16 (b) The ~~commissioner~~ executive board shall prioritize patients being admitted from jail
62.17 or a correctional institution who are:

62.18 (1) ordered confined in a state-operated treatment program for an examination under
62.19 Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and
62.20 20.02, subdivision 2;

62.21 (2) under civil commitment for competency treatment and continuing supervision under
62.22 Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7;

62.23 (3) found not guilty by reason of mental illness under Minnesota Rules of Criminal
62.24 Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be
62.25 detained in a state-operated treatment program pending completion of the civil commitment
62.26 proceedings; or

62.27 (4) committed under this chapter to the ~~commissioner~~ executive board after dismissal
62.28 of the patient's criminal charges.

62.29 Patients described in this paragraph must be admitted to a state-operated treatment program
62.30 within 48 hours. The commitment must be ordered by the court as provided in section
62.31 253B.09, subdivision 1, paragraph (d).

(c) Upon the arrival of a patient at the designated treatment facility, state-operated treatment program, or community-based treatment program, the head of the facility or program shall retain the duplicate of the warrant and endorse receipt upon the original warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must be filed in the court of commitment. After arrival, the patient shall be under the control and custody of the head of the facility or program.

(d) Copies of the petition for commitment, the court's findings of fact and conclusions of law, the court order committing the patient, the report of the court examiners, and the prepetition report, and any medical and behavioral information available shall be provided at the time of admission of a patient to the designated treatment facility or program to which the patient is committed. Upon a patient's referral to the ~~commissioner of human services~~ executive board for admission pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or correctional facility that has provided care or supervision to the patient in the previous two years shall, when requested by the treatment facility or commissioner, provide copies of the patient's medical and behavioral records to the ~~Department of Human Services~~ executive board for purposes of preadmission planning. This information shall be provided by the head of the treatment facility to treatment facility staff in a consistent and timely manner and pursuant to all applicable laws.

(e) Patients described in paragraph (b) must be admitted to a state-operated treatment program within 48 hours of the Office of Executive Medical Director, under section ~~246.018~~ 246C.09, or a designee determining that a medically appropriate bed is available. This paragraph expires on June 30, 2025.

Sec. 9. Minnesota Statutes 2022, section 253B.17, subdivision 1, is amended to read:

Subdivision 1. **Petition for release from commitment.** Any patient, except one committed as a sexually dangerous person or a person with a sexual psychopathic personality or as a person who has a mental illness and is dangerous to the public as provided in section 253B.18, subdivision 3, or any interested person may petition the committing court or the court to which venue has been transferred for an order that the patient is not in need of continued care and treatment under commitment or for an order that an individual is no longer a person who poses a risk of harm due to mental illness, or a person who has a developmental disability or chemical dependency, or for any other relief. ~~A patient committed as a person who poses a risk of harm due to mental illness, a person who has a mental illness and is dangerous to the public, a sexually dangerous person, or a person with a sexual~~

64.1 ~~psychopathic personality may petition the committing court or the court to which venue has~~
64.2 ~~been transferred for a hearing concerning the administration of neuroleptic medication.~~

64.3 Sec. 10. Minnesota Statutes 2022, section 253B.17, is amended by adding a subdivision
64.4 to read:

64.5 Subd. 1a. **Petition for hearing concerning administration of neuroleptic medication.** A
64.6 patient committed as a person who poses a risk of harm due to mental illness, a person who
64.7 has a mental illness and is dangerous to the public, a sexually dangerous person, or a person
64.8 with a sexual psychopathic personality may petition the committing court or the court to
64.9 which venue has been transferred for a hearing concerning the administration of neuroleptic
64.10 medication.

64.11 Sec. 11. Minnesota Statutes 2022, section 253B.18, subdivision 4a, is amended to read:

64.12 Subd. 4a. **Release on pass; notification.** A patient who has been committed as a person
64.13 who has a mental illness and is dangerous to the public and who is confined at a secure
64.14 treatment facility or has been transferred out of a secure treatment facility according to
64.15 section 253B.18, subdivision 6, shall not be released on a pass unless the pass is part of a
64.16 pass plan that has been approved by the medical director of the secure treatment facility.
64.17 The pass plan must have a specific therapeutic purpose consistent with the treatment plan,
64.18 must be established for a specific period of time, and must have specific levels of liberty
64.19 delineated. The county case manager must be invited to participate in the development of
64.20 the pass plan. At least ten days prior to a determination on the plan, the medical director of
64.21 the secure treatment facility shall notify the designated agency, the committing court, the
64.22 county attorney of the county of commitment, an interested person, the local law enforcement
64.23 agency where the facility is located, the county attorney and the local law enforcement
64.24 agency in the location where the pass is to occur, the petitioner, and the petitioner's counsel
64.25 of the plan, the nature of the passes proposed, and their right to object to the plan. If any
64.26 notified person objects prior to the proposed date of implementation, the person shall have
64.27 an opportunity to appear, personally or in writing, before the medical director of the secure
64.28 treatment facility, within ten days of the objection, to present grounds for opposing the plan.
64.29 The pass plan shall not be implemented until the objecting person has been furnished that
64.30 opportunity. Nothing in this subdivision shall be construed to give a patient an affirmative
64.31 right to a pass plan.

65.1 Sec. 12. Minnesota Statutes 2022, section 253B.18, subdivision 4b, is amended to read:

65.2 Subd. 4b. **Pass-eligible status; notification.** (a) The following patients committed to a
65.3 secure treatment facility shall not be placed on pass-eligible status unless that status has
65.4 been approved by the medical director of the secure treatment facility:

65.5 (1) a patient who has been committed as a person who has a mental illness and is
65.6 dangerous to the public and who:

65.7 (i) was found incompetent to proceed to trial for a felony or was found not guilty by
65.8 reason of mental illness of a felony immediately prior to the filing of the commitment
65.9 petition;

65.10 (ii) was convicted of a felony immediately prior to or during commitment as a person
65.11 who has a mental illness and is dangerous to the public; or

65.12 (iii) is subject to a commitment to the commissioner of corrections; and

65.13 (2) a patient who has been committed as a psychopathic personality, a sexually
65.14 psychopathic personality, or a sexually dangerous person.

65.15 (b) At least ten days prior to a determination on the status, the medical director of the
65.16 secure treatment facility shall notify the committing court, the county attorney of the county
65.17 of commitment, the designated agency, an interested person, the petitioner, and the petitioner's
65.18 counsel of the proposed status, and their right to request review by the special review board.
65.19 If within ten days of receiving notice any notified person requests review by filing a notice
65.20 of objection with the ~~commissioner~~ executive board and the head of the secure treatment
65.21 facility, a hearing shall be held before the special review board. The proposed status shall
65.22 not be implemented unless it receives a favorable recommendation by a majority of the
65.23 special review board and approval by the ~~commissioner~~ executive board. The order of the
65.24 ~~commissioner~~ executive board is appealable as provided in section 253B.19.

65.25 (c) Nothing in this subdivision shall be construed to give a patient an affirmative right
65.26 to seek pass-eligible status from the special review board.

65.27 Sec. 13. Minnesota Statutes 2022, section 253B.18, subdivision 4c, is amended to read:

65.28 Subd. 4c. **Special review board.** (a) The ~~commissioner~~ executive board shall establish
65.29 one or more panels of a special review board. The special review board shall consist of three
65.30 members experienced in the field of mental illness. One member of each special review
65.31 board panel shall be a psychiatrist or a doctoral level psychologist with forensic experience
65.32 and one member shall be an attorney. No member shall be affiliated with the Department

of ~~Human Services~~ Direct Care and Treatment. The special review board shall meet at least every six months and at the call of the ~~commissioner~~ executive board. It shall hear and consider all petitions for a reduction in custody or to appeal a revocation of provisional discharge. A "~~reduction in custody~~" means ~~transfer from a secure treatment facility, discharge, and provisional discharge~~. Patients may be transferred by the ~~commissioner~~ executive board between secure treatment facilities without a special review board hearing.

Members of the special review board shall receive compensation and reimbursement for expenses as established by the ~~commissioner~~ executive board.

(b) For purposes of this section, "reduction in custody" means transfer from a secure treatment facility, discharge, and provisional discharge.

~~(b)~~ (c) The special review board must review each denied petition under subdivision 5 for barriers and obstacles preventing the patient from progressing in treatment. Based on the cases before the special review board in the previous year, the special review board shall provide to the ~~commissioner~~ executive board an annual summation of the barriers to treatment progress, and recommendations to achieve the common goal of making progress in treatment.

~~(e)~~ (d) A petition filed by a person committed as a person who has a mental illness and is dangerous to the public under this section must be heard as provided in subdivision 5 and, as applicable, subdivision 13. A petition filed by a person committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253D, or committed as both a person who has a mental illness and is dangerous to the public under this section and as a sexual psychopathic personality or as a sexually dangerous person must be heard as provided in section 253D.27.

Sec. 14. Minnesota Statutes 2022, section 253B.18, subdivision 5, is amended to read:

Subd. 5. **Petition; notice of hearing; attendance; order.** (a) A petition for a reduction in custody or revocation of provisional discharge shall be filed with the ~~commissioner~~ executive board and may be filed by the patient or by the head of the treatment facility or state-operated treatment program to which the person was committed or has been transferred. A patient may not petition the special review board for six months following commitment under subdivision 3 or following the final disposition of any previous petition and subsequent appeal by the patient. The head of the state-operated treatment program or head of the treatment facility must schedule a hearing before the special review board for any patient who has not appeared before the special review board in the previous three years, and schedule a hearing at least every three years thereafter. The medical director of the secure treatment facility may petition at any time.

(b) Fourteen days prior to the hearing, the committing court, the county attorney of the county of commitment, the designated agency, interested person, the petitioner, and the petitioner's counsel shall be given written notice by the ~~commissioner~~ executive board of the time and place of the hearing before the special review board. Only those entitled to statutory notice of the hearing or those administratively required to attend may be present at the hearing. The patient may designate interested persons to receive notice by providing the names and addresses to the ~~commissioner~~ executive board at least 21 days before the hearing. The special review board shall provide the commissioner with written findings of fact and recommendations within 21 days of the hearing. The ~~commissioner~~ executive board shall issue an order no later than 14 days after receiving the recommendation of the special review board. A copy of the order shall be mailed to every person entitled to statutory notice of the hearing within five days after the order is signed. No order by the ~~commissioner~~ executive board shall be effective sooner than 30 days after the order is signed, unless the county attorney, the patient, and the ~~commissioner~~ executive board agree that it may become effective sooner.

(c) The special review board shall hold a hearing on each petition prior to making its recommendation to the ~~commissioner~~ executive board. The special review board proceedings are not contested cases as defined in chapter 14. Any person or agency receiving notice that submits documentary evidence to the special review board prior to the hearing shall also provide copies to the patient, the patient's counsel, the county attorney of the county of commitment, the case manager, and the ~~commissioner~~ executive board.

(d) Prior to the final decision by the commissioner, the special review board may be reconvened to consider events or circumstances that occurred subsequent to the hearing.

(e) In making their recommendations and order, the special review board and ~~commissioner~~ executive board must consider any statements received from victims under subdivision 5a.

Sec. 15. Minnesota Statutes 2022, section 253B.18, subdivision 5a, is amended to read:

Subd. 5a. **Victim notification of petition and release; right to submit statement.** (a) As used in this subdivision:

(1) "crime" has the meaning given to "violent crime" in section 609.1095, and includes criminal sexual conduct in the fifth degree and offenses within the definition of "crime against the person" in section 253B.02, subdivision 4e, and also includes offenses listed in section 253D.02, subdivision 8, paragraph (b), regardless of whether they are sexually motivated;

(2) "victim" means a person who has incurred loss or harm as a result of a crime the behavior for which forms the basis for a commitment under this section or chapter 253D; and

(3) "convicted" and "conviction" have the meanings given in section 609.02, subdivision 5, and also include juvenile court adjudications, findings under Minnesota Rules of Criminal Procedure, rule 20.02, that the elements of a crime have been proved, and findings in commitment cases under this section or chapter 253D that an act or acts constituting a crime occurred or were part of their course of harmful sexual conduct.

(b) A county attorney who files a petition to commit a person under this section or chapter 253D shall make a reasonable effort to provide prompt notice of filing the petition to any victim of a crime for which the person was convicted. In addition, the county attorney shall make a reasonable effort to promptly notify the victim of the resolution of the petition and the process for requesting notification of an individual's change in status as provided in paragraph (c).

(c) A victim may request notification of an individual's discharge or release as provided in paragraph (d) by submitting a written request for notification to the executive director of the facility in which the individual is confined. The Department of Corrections or a county attorney who receives a request for notification from a victim under this section shall promptly forward the request to the executive director of the treatment facility in which the individual is confined.

(d) Before provisionally discharging, discharging, granting pass-eligible status, approving a pass plan, or otherwise permanently or temporarily releasing a person committed under this section from a state-operated treatment program or treatment facility, the head of the state-operated treatment program or head of the treatment facility shall make a reasonable effort to notify any victim of a crime for which the person was convicted that the person may be discharged or released and that the victim has a right to submit a written statement regarding decisions of the medical director of the secure treatment facility, special review board, or ~~commissioner~~ executive board with respect to the person. To the extent possible, the notice must be provided at least 14 days before any special review board hearing or before a determination on a pass plan. Notwithstanding section 611A.06, subdivision 4, the ~~commissioner~~ executive board shall provide the judicial appeal panel with victim information in order to comply with the provisions of this section. The judicial appeal panel shall ensure that the data on victims remains private as provided for in section 611A.06, subdivision 4. These notices shall only be provided to victims who have submitted a written request for notification as provided in paragraph (c).

(e) The rights under this subdivision are in addition to rights available to a victim under chapter 611A. This provision does not give a victim all the rights of a "notified person" or a person "entitled to statutory notice" under subdivision 4a, 4b, or 5 or section 253D.14.

Sec. 16. Minnesota Statutes 2022, section 253B.18, subdivision 13, is amended to read:

Subd. 13. **Appeal.** Any patient aggrieved by a revocation decision or any interested person may petition the special review board within seven days, exclusive of Saturdays, Sundays, and legal holidays, after receipt of the revocation report for a review of the revocation. The special review board shall schedule the matter ~~shall be scheduled~~ within 30 days. The special review board shall review the circumstances leading to the revocation and shall recommend to the ~~commissioner~~ executive board whether or not the revocation shall be upheld. The special review board may also recommend a new provisional discharge at the time of a revocation hearing.

Sec. 17. Minnesota Statutes 2022, section 253B.18, subdivision 14, is amended to read:

Subd. 14. **Voluntary readmission.** (a) With the consent of the head of the treatment facility or state-operated treatment program, a patient may voluntarily return from provisional discharge for a period of up to 30 days, or up to 60 days with the consent of the designated agency. If the patient is not returned to provisional discharge status within 60 days, the provisional discharge is revoked. Within 15 days of receiving notice of the change in status, the patient may request a review of the matter before the special review board. The special review board may recommend a return to a provisional discharge status.

(b) The treatment facility or state-operated treatment program is not required to petition for a further review by the special review board unless the patient's return to the community results in substantive change to the existing provisional discharge plan. All the terms and conditions of the provisional discharge order shall remain unchanged if the patient is released again.

Sec. 18. Minnesota Statutes 2022, section 253B.19, subdivision 1, is amended to read:

Subdivision 1. **Creation.** The supreme court shall establish an appeal panel composed of three judges and four alternate judges appointed from among the acting judges of the state. Panel members shall serve for terms of one year each. Only three judges need hear any case. One of the regular three appointed judges shall be designated as the chief judge of the appeal panel. The chief judge is vested with power to fix the time and place of all hearings before the panel, issue all notices, subpoena witnesses, appoint counsel for the

70.1 patient, if necessary, and supervise and direct the operation of the appeal panel. The chief
70.2 judge shall designate one of the other judges or an alternate judge to act as chief judge in
70.3 any case where the chief judge is unable to act. No member of the appeal panel shall take
70.4 part in the consideration of any case in which that judge committed the patient. The chief
70.5 justice of the supreme court shall determine the compensation of the judges serving on the
70.6 appeal panel. The compensation shall be in addition to their regular compensation as judges.
70.7 All compensation and expenses of the appeal panel and all allowable fees and costs of the
70.8 patient's counsel shall be established and paid by the ~~Department of Human Services~~
70.9 executive board.

70.10 Sec. 19. Minnesota Statutes 2022, section 253B.20, subdivision 2, is amended to read:

70.11 Subd. 2. **Necessities.** (a) The state-operated treatment program shall make necessary
70.12 arrangements at the expense of the state to insure that no patient is discharged or provisionally
70.13 discharged without suitable clothing. The head of the state-operated treatment program
70.14 shall, if necessary, provide the patient with a sufficient sum of money to secure transportation
70.15 home, or to another destination of the patient's choice, if the destination is located within a
70.16 reasonable distance of the state-operated treatment program.

70.17 (b) The commissioner shall establish procedures by rule to help the patient receive all
70.18 public assistance benefits provided by state or federal law to which the patient is entitled
70.19 by residence and circumstances. The rule shall be uniformly applied in all counties. All
70.20 counties shall provide temporary relief whenever necessary to meet the intent of this
70.21 subdivision.

70.22 (c) The commissioner and the executive board may adopt joint rules necessary to
70.23 accomplish the requirements under paragraph (b).

70.24 Sec. 20. Minnesota Statutes 2022, section 253B.212, subdivision 2, is amended to read:

70.25 Subd. 2. **Effect given to Tribal commitment order.** (a) When, under an agreement
70.26 entered into pursuant to subdivision 1, 1a, or 1b, the Indian Health Service or the placing
70.27 Tribe applies to a state-operated treatment program for admission of a person committed
70.28 to the jurisdiction of the health service by the Tribal court due to mental illness,
70.29 developmental disability, or chemical dependency, the ~~commissioner~~ executive board may
70.30 treat the patient with the consent of the Indian Health Service or the placing Tribe.

70.31 (b) A person admitted to a state-operated treatment program pursuant to this section has
70.32 all the rights accorded by section 253B.03. In addition, treatment reports, prepared in
70.33 accordance with the requirements of section 253B.12, subdivision 1, shall be filed with the

71.1 Indian Health Service or the placing Tribe within 60 days of commencement of the patient's
71.2 stay at the program. A subsequent treatment report shall be filed with the Indian Health
71.3 Service or the placing Tribe within six months of the patient's admission to the program or
71.4 prior to discharge, whichever comes first. Provisional discharge or transfer of the patient
71.5 may be authorized by the head of the program only with the consent of the Indian Health
71.6 Service or the placing Tribe. Discharge from the program to the Indian Health Service or
71.7 the placing Tribe may be authorized by the head of the state-operated treatment program
71.8 after notice to and consultation with the Indian Health Service or the placing Tribe.

71.9 Sec. 21. Minnesota Statutes 2022, section 253B.22, subdivision 1, is amended to read:

71.10 Subdivision 1. **Establishment.** The ~~commissioner~~ executive board shall establish a
71.11 review board of three or more persons for the Anoka-Metro Regional Treatment Center,
71.12 Minnesota Security Hospital, and Minnesota Sex Offender Program to review the admission
71.13 and retention of patients of that program receiving services under this chapter. One member
71.14 shall be qualified in the diagnosis of mental illness, developmental disability, or chemical
71.15 dependency, and one member shall be an attorney. The ~~commissioner~~ executive board may,
71.16 upon written request from the appropriate federal authority, establish a review panel for
71.17 any federal treatment facility within the state to review the admission and retention of
71.18 patients hospitalized under this chapter. For any review board established for a federal
71.19 treatment facility, one of the persons appointed by the ~~commissioner~~ executive board shall
71.20 be the commissioner of veterans affairs or the ~~commissioner's~~ designee of the commissioner
71.21 of veterans affairs.

71.22 Sec. 22. Minnesota Statutes 2022, section 253B.22, subdivision 3, is amended to read:

71.23 Subd. 3. **Notice.** The head of each program specified in subdivision 1 shall notify each
71.24 patient at the time of admission by a simple written statement of the patient's right to appear
71.25 before the review board and the next date when the review board will visit that program. A
71.26 request to appear before the review board need not be in writing. Any employee of the
71.27 program receiving a patient's request to appear before the review board shall notify the head
71.28 of the program of the request.

71.29 Sec. 23. Minnesota Statutes 2022, section 253B.22, subdivision 4, is amended to read:

71.30 Subd. 4. **Review.** The review board shall review the admission and retention of patients
71.31 at the program. The review board may examine the records of all patients admitted and may
71.32 examine personally at its own instigation all patients who from the records or otherwise
71.33 appear to justify reasonable doubt as to continued need of confinement in the program. The

review board shall report its findings to the ~~commissioner~~ executive board and to the head of the program. The review board may also receive reports from patients, interested persons, and employees of the program, and investigate conditions affecting the care of patients.

ARTICLE 6

CIVIL COMMITMENT AND TREATMENT OF SEX OFFENDERS

Section 1. Minnesota Statutes 2022, section 253D.02, subdivision 2, is amended to read:

Subd. 2. **Administrative restriction.** "Administrative restriction" means any measure utilized by the ~~commissioner~~ executive board to maintain safety and security, protect possible evidence, and prevent the continuation of suspected criminal acts. Administrative restriction does not mean protective isolation as defined by Minnesota Rules, part 9515.3090, subpart 4. Administrative restriction may include increased monitoring, program limitations, loss of privileges, restricted access to and use of possessions, and separation of a committed person from the normal living environment, as determined by the ~~commissioner~~ executive board or the ~~commissioner's~~ designee of the executive board. Administrative restriction applies only to committed persons in a secure treatment facility ~~as defined in subdivision 13~~ who:

(1) are suspected of committing a crime or charged with a crime;

(2) are the subject of a criminal investigation;

(3) are awaiting sentencing following a conviction of a crime; or

(4) are awaiting transfer to a correctional facility.

Sec. 2. Minnesota Statutes 2022, section 253D.02, subdivision 3, is amended to read:

Subd. 3. **Commissioner.** "Commissioner" means the commissioner of ~~human services~~ corrections or the commissioner's designee.

Sec. 3. Minnesota Statutes 2022, section 253D.02, subdivision 4, is amended to read:

Subd. 4. **Committed person.** "Committed person" means an individual committed under this chapter, or under this chapter and under section 253B.18. It includes individuals described in section 246B.01, subdivision 1a, and any person committed as a sexually dangerous person, a person with a psychopathic personality, or a person with a sexual psychopathic personality under any previous statute including chapter 253B or Minnesota Statutes 1992, section 526.10 or chapter 253B.

73.1 Sec. 4. Minnesota Statutes 2022, section 253D.02, is amended by adding a subdivision to
73.2 read:

73.3 Subd. 7a. **Executive board.** "Executive board" has the meaning given under section
73.4 246C.015.

73.5 Sec. 5. Minnesota Statutes 2023 Supplement, section 253D.02, subdivision 8, is amended
73.6 to read:

73.7 Subd. 8. **Harmful sexual conduct.** (a) "Harmful sexual conduct" means sexual conduct
73.8 that creates a substantial likelihood of serious physical or emotional harm to another.

73.9 (b) There is a rebuttable presumption that conduct described in the following provisions
73.10 creates a substantial likelihood that a victim will suffer serious physical or emotional harm:
73.11 section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual
73.12 conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345
73.13 (criminal sexual conduct in the fourth degree), or 609.3458 (sexual extortion).

73.14 (c) If the conduct was motivated by the person's sexual impulses or was part of a pattern
73.15 of behavior that had criminal sexual conduct as a goal, the presumption in paragraph (b)
73.16 also applies to conduct described in section 609.185 (murder in the first degree), 609.19
73.17 (murder in the second degree), 609.195 (murder in the third degree), 609.20 (manslaughter
73.18 in the first degree), 609.205 (manslaughter in the second degree), 609.221 (assault in the
73.19 first degree), 609.222 (assault in the second degree), 609.223 (assault in the third degree),
73.20 609.24 (simple robbery), 609.245 (aggravated robbery), 609.247 (carjacking), 609.25
73.21 (kidnapping), 609.255 (false imprisonment), 609.365 (incest), 609.498 (tampering with a
73.22 witness), 609.561 (arson in the first degree), 609.582, subdivision 1 (burglary in the first
73.23 degree), 609.713 (terroristic threats), or 609.749, subdivision 3 or 5 (harassment or stalking).

73.24 Sec. 6. Minnesota Statutes 2022, section 253D.02, subdivision 16, is amended to read:

73.25 Subd. 16. **Sexually dangerous person.** (a) A "sexually dangerous person" means a
73.26 person who:

73.27 (1) has engaged in a course of harmful sexual conduct as defined in subdivision 8;

73.28 (2) has manifested a sexual, personality, or other mental disorder or dysfunction; and

73.29 (3) as a result, is likely to engage in acts of harmful sexual conduct ~~as defined in~~
73.30 ~~subdivision 8.~~

74.1 (b) For purposes of this provision, it is not necessary to prove that the person has an
74.2 inability to control the person's sexual impulses.

74.3 Sec. 7. Minnesota Statutes 2022, section 253D.02, is amended by adding a subdivision to
74.4 read:

74.5 Subd. 17. **Other treatment program.** "Other treatment program" means a service or
74.6 program administered by the Minnesota Sex Offender Program outside a secure environment.

74.7 Sec. 8. Minnesota Statutes 2022, section 253D.10, subdivision 2, is amended to read:

74.8 Subd. 2. **Correctional facilities.** (a) A person who is being petitioned for commitment
74.9 under this chapter and who is placed under a judicial hold order under section 253B.07,
74.10 subdivision 2b or 7, may be confined as specified in this subdivision at a Department of
74.11 Corrections or a county correctional or detention facility, rather than a secure treatment
74.12 facility, until a determination of the commitment petition ~~as specified in this subdivision.~~

74.13 (b) A court may order that a person who is being petitioned for commitment under this
74.14 chapter be confined in a Department of Corrections facility pursuant to the judicial hold
74.15 order under the following circumstances and conditions:

74.16 (1) The person is currently serving a sentence in a Department of Corrections facility
74.17 and the court determines that the person has made a knowing and voluntary (i) waiver of
74.18 the right to be held in a secure treatment facility and (ii) election to be held in a Department
74.19 of Corrections facility. The order confining the person in the Department of Corrections
74.20 facility shall remain in effect until the court vacates the order or the person's criminal sentence
74.21 and conditional release term expire.

74.22 In no case may the person be held in a Department of Corrections facility pursuant only
74.23 to this ~~subdivision~~ clause, and not pursuant to any separate correctional authority, for more
74.24 than 210 days.

74.25 (2) A person who has elected to be confined in a Department of Corrections facility
74.26 ~~under this subdivision~~ clause (1) may revoke the election by filing a written notice of intent
74.27 to revoke the election with the court and serving the notice upon the Department of
74.28 Corrections and the county attorney. The court shall order the person transferred to a secure
74.29 treatment facility within 15 days of the date that the notice of revocation was filed with the
74.30 court, except that, if the person has additional time to serve in prison at the end of the 15-day
74.31 period, the person shall not be transferred to a secure treatment facility until the person's
74.32 prison term expires. After a person has revoked an election to remain in a Department of

75.1 Corrections facility under this ~~subdivision~~ clause, the court may not adopt another election
75.2 to remain in a Department of Corrections facility without the agreement of both parties and
75.3 the Department of Corrections.

75.4 (3) Upon petition by the commissioner of corrections, after notice to the parties and
75.5 opportunity for hearing and for good cause shown, the court may order that the person's
75.6 place of confinement be changed from the Department of Corrections to a secure treatment
75.7 facility.

75.8 (4) While at a Department of Corrections facility pursuant to this ~~subdivision~~ paragraph,
75.9 the person shall remain subject to all rules and practices applicable to correctional inmates
75.10 in the facility in which the person is placed including but not limited to the powers and
75.11 duties of the commissioner of corrections under section 241.01, powers relating to use of
75.12 force under section 243.52, and the right of the commissioner of corrections to determine
75.13 the place of confinement in a prison, reformatory, or other facility.

75.14 (5) A person may not be confined in a Department of Corrections facility under this
75.15 ~~provision~~ paragraph beyond the end of the person's executed sentence or the end of any
75.16 applicable conditional release period, whichever is later. If a person confined in a Department
75.17 of Corrections facility pursuant to this ~~provision~~ paragraph reaches the person's supervised
75.18 release date and is subject to a period of conditional release, the period of conditional release
75.19 shall commence on the supervised release date even though the person remains in the
75.20 Department of Corrections facility pursuant to this provision. At the end of the later of the
75.21 executed sentence or any applicable conditional release period, the person shall be transferred
75.22 to a secure treatment facility.

75.23 (6) Nothing in this ~~section~~ paragraph may be construed to establish a right of an inmate
75.24 in a state correctional facility to participate in sex offender treatment. This section must be
75.25 construed in a manner consistent with the provisions of section 244.03.

75.26 ~~(e)~~ (7) When a person is temporarily confined in a Department of Corrections facility
75.27 solely under this ~~subdivision~~ paragraph and not based on any separate correctional authority,
75.28 the commissioner of corrections may charge the county of financial responsibility for the
75.29 costs of confinement, and the ~~Department of Human Services~~ executive board shall use
75.30 existing appropriations to fund all remaining nonconfinement costs. The funds received by
75.31 the commissioner of corrections for the confinement and nonconfinement costs are
75.32 appropriated to the ~~department~~ commissioner for these purposes.

75.33 ~~(d)~~ (c) The committing county may offer a person who is being petitioned for commitment
75.34 under this chapter and who is placed under a judicial hold order under section 253B.07,

subdivision 2b or 7, the option to be held in a county correctional or detention facility rather than a secure treatment facility, under such terms as may be agreed to by the county, the commitment petitioner, and the commitment respondent. If a person makes such an election under this paragraph, the court hold order shall specify the terms of the agreement, including the conditions for revoking the election.

Sec. 9. Minnesota Statutes 2022, section 253D.11, subdivision 2, is amended to read:

Subd. 2. **Petitions.** If the supreme court creates the judicial panel authorized by this section, all petitions for civil commitment of sexually dangerous persons or persons with sexual psychopathic personalities brought under section 253D.07 shall be filed with the supreme court instead of with the district court in the county where the proposed patient is present, notwithstanding any provision of section 253D.07 to the contrary. Otherwise, all of the other applicable procedures contained in this chapter and sections 253B.07 and 253B.08 apply to commitment proceedings conducted by a judge on the panel.

Sec. 10. Minnesota Statutes 2022, section 253D.27, subdivision 1, is amended to read:

Subdivision 1. **Victim notification.** (a) This section applies only to committed persons as defined in section 253D.02, subdivision 4. The procedures in section 253D.14 for victim notification and right to submit a statement apply to petitions filed and reductions in custody recommended under this ~~subdivision~~ section.

(b) For the purposes of this section, "reduction in custody" means transfer out of a secure treatment facility, a provisional discharge, or a discharge from commitment. A reduction in custody is considered to be a commitment proceeding under section 8.01.

Sec. 11. Minnesota Statutes 2022, section 253D.29, subdivision 1, is amended to read:

Subdivision 1. **Factors.** (a) A person who is committed as a sexually dangerous person or a person with a sexual psychopathic personality shall not be transferred out of a secure treatment facility unless the transfer is appropriate. Transfer may be to other treatment programs under the ~~commissioner's~~ control of the executive board.

(b) The following factors must be considered in determining whether a transfer is appropriate:

(1) the person's clinical progress and present treatment needs;

(2) the need for security to accomplish continuing treatment;

(3) the need for continued institutionalization;

(4) which ~~facility~~ other treatment program can best meet the person's needs; and

(5) whether transfer can be accomplished with a reasonable degree of safety for the public.

Sec. 12. Minnesota Statutes 2022, section 253D.29, subdivision 2, is amended to read:

Subd. 2. **Voluntary readmission to a secure treatment facility.** (a) After a committed person has been transferred out of a secure treatment facility pursuant to subdivision 1 and with the consent of the executive director, a committed person may voluntarily return to a secure treatment facility for a period of up to 60 days.

(b) If the committed person is not returned to the ~~facility~~ other treatment program to which the person was originally transferred pursuant to subdivision 1 within 60 days of being readmitted to a secure treatment facility under this subdivision, the transfer to the other treatment program under subdivision 1 is revoked and the committed person shall remain in a secure treatment facility. The committed person shall immediately be notified in writing of the revocation.

(c) Within 15 days of receiving notice of the revocation, the committed person may petition the special review board for a review of the revocation. The special review board shall review the circumstances of the revocation and shall recommend to the judicial appeal panel whether or not the revocation shall be upheld. The special review board may also recommend a new transfer at the time of the revocation hearing.

(d) If the transfer has not been revoked and the committed person is to be returned to the ~~facility~~ other treatment program to which the committed person was originally transferred pursuant to subdivision 1 with no substantive change to the conditions of the transfer ordered pursuant to subdivision 1, no action by the special review board or judicial appeal panel is required.

Sec. 13. Minnesota Statutes 2022, section 253D.29, subdivision 3, is amended to read:

Subd. 3. **Revocation.** (a) The executive director may revoke a transfer made pursuant to subdivision 1 and require a committed person to return to a secure treatment facility if:

(1) remaining in a nonsecure setting will not provide a reasonable degree of safety to the committed person or others; or

(2) the committed person has regressed in clinical progress so that the ~~facility~~ other treatment program to which the committed person was transferred is no longer sufficient to meet the committed person's needs.

(b) Upon the revocation of the transfer, the committed person shall be immediately returned to a secure treatment facility. A report documenting reasons for revocation shall be issued by the executive director within seven days after the committed person is returned to the secure treatment facility. Advance notice to the committed person of the revocation is not required.

(c) The committed person must be provided a copy of the revocation report and informed, orally and in writing, of the rights of a committed person under this section. The revocation report shall be served upon the committed person and the committed person's counsel. The report shall outline the specific reasons for the revocation including, but not limited to, the specific facts upon which the revocation is based.

(d) If a committed person's transfer is revoked, the committed person may re-petition for transfer according to section 253D.27.

(e) Any committed person aggrieved by a transfer revocation decision may petition the special review board within seven days, exclusive of Saturdays, Sundays, and legal holidays, after receipt of the revocation report for a review of the revocation. The matter shall be scheduled within 30 days. The special review board shall review the circumstances leading to the revocation and, after considering the factors in subdivision 1, paragraph (b), shall recommend to the judicial appeal panel whether or not the revocation shall be upheld. The special review board may also recommend a new transfer out of a secure treatment facility at the time of the revocation hearing.

Sec. 14. Minnesota Statutes 2022, section 253D.30, subdivision 5, is amended to read:

Subd. 5. **Revocation.** (a) The executive director may revoke a provisional discharge if either of the following grounds exist:

(1) the committed person has departed from the conditions of the provisional discharge plan; or

(2) the committed person is exhibiting behavior which may be dangerous to self or others.

(b) The executive director may revoke the provisional discharge and, either orally or in writing, order that the committed person be immediately returned to a ~~Minnesota Sex Offender Program~~ secure treatment facility or other treatment program. A report documenting reasons for revocation shall be issued by the executive director within seven days after the committed person is returned to the secure treatment facility or other treatment program. Advance notice to the committed person of the revocation is not required.

(c) The committed person must be provided a copy of the revocation report and informed, orally and in writing, of the rights of a committed person under this section. The revocation report shall be served upon the committed person, the committed person's counsel, and the county attorneys of the county of commitment and the county of financial responsibility. The report shall outline the specific reasons for the revocation, including but not limited to the specific facts upon which the revocation is based.

(d) An individual who is revoked from provisional discharge must successfully re-petition the special review board and judicial appeal panel prior to being placed back on provisional discharge.

ARTICLE 7

MINNESOTA SEX OFFENDER PROGRAM

Section 1. Minnesota Statutes 2022, section 246B.01, subdivision 2, is amended to read:

Subd. 2. ~~Commissioner~~ **Executive board.** ~~"Commissioner" means the commissioner of human services or the commissioner's designee~~ "Executive board" has the meaning given in section 246C.015.

Sec. 2. Minnesota Statutes 2022, section 246B.01, subdivision 2b, is amended to read:

Subd. 2b. **Cost of care.** "Cost of care" means the ~~commissioner's~~ executive board's charge for housing and treatment services provided to any person admitted to the Minnesota Sex Offender Program.

For purposes of this subdivision, "charge for housing and treatment services" means the cost of services, treatment, maintenance, bonds issued for capital improvements, depreciation of buildings and equipment, and indirect costs related to the operation of state facilities. ~~The commissioner~~ executive board may determine the charge for services on an anticipated average per diem basis as an all-inclusive charge per facility.

Sec. 3. Minnesota Statutes 2022, section 246B.03, subdivision 1, is amended to read:

Subdivision 1. **Licensure.** (a) The ~~commissioner of human services~~ executive board shall apply to the commissioner of health to license the secure treatment facilities operated by the Minnesota Sex Offender Program as supervised living facilities with applicable program licensing standards.

(b) The executive board shall apply to the commissioner of human services to license the Minnesota Sex Offender Program as needed to provide program services.

80.1 Sec. 4. Minnesota Statutes 2022, section 246B.04, subdivision 1, is amended to read:

80.2 Subdivision 1. **Program rules and evaluation.** ~~The commissioner of human services~~
80.3 executive board shall adopt rules to govern the operation, and maintenance, ~~and licensure~~
80.4 of secure treatment facilities operated by the Minnesota Sex Offender Program or at any
80.5 other facility operated by the ~~commissioner~~, executive board for a person committed as a
80.6 sexual psychopathic personality or a sexually dangerous person. ~~The commissioner shall~~
80.7 ~~establish an evaluation process to measure outcomes and behavioral changes as a result of~~
80.8 ~~treatment compared with incarceration without treatment, to determine the value, if any, of~~
80.9 ~~treatment in protecting the public.~~

80.10 Sec. 5. Minnesota Statutes 2022, section 246B.04, is amended by adding a subdivision to
80.11 read:

80.12 Subd. 1a. **Program evaluation.** The executive board shall establish an evaluation process
80.13 to measure outcomes and behavioral changes as a result of treatment compared with
80.14 incarceration without treatment to determine the value, if any, of treatment in protecting
80.15 the public.

80.16 Sec. 6. Minnesota Statutes 2022, section 246B.06, subdivision 1, is amended to read:

80.17 Subdivision 1. **Establishment; purpose.** (a) ~~The commissioner of human services~~
80.18 executive board may establish, equip, maintain, and operate a vocational work program at
80.19 any Minnesota Sex Offender Program facility under this chapter. ~~The commissioner~~ executive
80.20 board may establish vocational activities for sex offender treatment for civilly committed
80.21 sex offenders as the ~~commissioner~~ executive board deems necessary and suitable to the
80.22 meaningful work skills training, educational training, and development of proper work
80.23 habits and extended treatment services for civilly committed sex offenders consistent with
80.24 the requirements in section 246B.05. The industrial and commercial activities authorized
80.25 by this section are designated Minnesota State Industries and must be for the primary purpose
80.26 of sustaining and ensuring Minnesota State Industries' self-sufficiency, providing educational
80.27 training, meaningful employment, and the teaching of proper work habits to the individuals
80.28 in the Minnesota Sex Offender Program under this chapter, and not solely as competitive
80.29 business ventures.

80.30 (b) The net profits from the vocational work program must be used for the benefit of
80.31 the civilly committed sex offenders as it relates to building education and self-sufficiency
80.32 skills. Prior to the establishment of any vocational activity, the ~~commissioner of human~~
80.33 ~~services~~ executive board shall consult with stakeholders including representatives of business,

industry, organized labor, the commissioner of education, the state Apprenticeship Council, the commissioner of labor and industry, the commissioner of employment and economic development, the commissioner of administration, the commissioner of human services, and other stakeholders the ~~commissioner~~ executive board deems qualified. The purpose of the stakeholder consultation is to determine the quantity and nature of the goods, wares, merchandise, and services to be made or provided, and the types of processes to be used in their manufacture, processing, repair, and production consistent with the greatest opportunity for the reform and educational training of the civilly committed sex offenders, and with the best interests of the state, business, industry, and labor.

(c) The ~~commissioner of human services~~ executive board shall, at all times in the conduct of any vocational activity authorized by this section, utilize civilly committed sex offender labor to the greatest extent feasible, provided that the ~~commissioner~~ executive board may employ all administrative, supervisory, and other skilled workers necessary to the proper instruction of the civilly committed sex offenders and the efficient operation of the vocational activities authorized by this section.

(d) The ~~commissioner of human services~~ executive board may authorize the director of any Minnesota Sex Offender ~~treatment~~ Program facility under the ~~commissioner's~~ control of the executive board to accept work projects from outside sources for processing, fabrication, or repair, provided that preference is given to the performance of work projects for state departments and agencies.

Sec. 7. Minnesota Statutes 2022, section 246B.06, subdivision 2, is amended to read:

Subd. 2. **Revolving fund Vocational work program account.** ~~As described in section 246B.05, subdivision 2, there is established a vocational work program revolving fund under the control of the commissioner of human services. The revolving fund vocational work program account established under section 246B.05, subdivision 2, must be used for the vocational work program authorized under this section, including; but not limited to; the purchase of equipment and raw materials, the payment of salaries and wages, and other necessary expenses as determined by the commissioner of human services executive board. The purchase of services, materials, and commodities used in and held for resale are not subject to the competitive bidding procedures of section 16C.06, but are subject to all other provisions of chapters 16B and 16C. When practical, purchases must be made from small targeted group businesses designated under section 16C.16. Additionally, the expenses of client educational training and self-sufficiency skills may be financed from the revolving fund vocational work program account in an amount to be determined by the commissioner~~

82.1 executive board or designee. The proceeds and income from all vocational work program
82.2 activities conducted at the Minnesota Sex Offender ~~treatment~~ Program facilities must be
82.3 deposited in the ~~revolving fund~~ vocational work program account subject to disbursement
82.4 under subdivision 3. The ~~commissioner of human services~~ executive board may request
82.5 that money in the fund be invested pursuant to section 11A.25. Proceeds from the investment
82.6 not currently needed must be accounted for separately and credited to the ~~revolving fund~~
82.7 vocational work program account.

82.8 Sec. 8. Minnesota Statutes 2022, section 246B.06, subdivision 3, is amended to read:

82.9 Subd. 3. **Disbursement from fund account.** The vocational work program ~~revolving~~
82.10 ~~fund~~ account must be deposited in the state treasury and paid out only on proper vouchers
82.11 as authorized and approved by the ~~commissioner of human services~~ executive board, and
82.12 in the same manner and under the same restrictions as ~~are now~~ provided by law for the
82.13 disbursement of funds by the ~~commissioner~~ executive board. An amount deposited in the
82.14 state treasury equal to six months of net operating cash as determined by the prior 12 months
82.15 of revenue and cash flow statements must be restricted for use only by the vocational work
82.16 program as described under subdivision 2. For purposes of this subdivision, "net operating
82.17 cash" means net income, minus sales, plus cost of goods sold. Cost of goods sold include
82.18 all direct costs of products attributable to the goods' production.

82.19 Sec. 9. Minnesota Statutes 2022, section 246B.06, subdivision 4, is amended to read:

82.20 Subd. 4. **Revolving fund Vocational work program account; borrowing.** The
82.21 ~~commissioner of human services~~ executive board is authorized to borrow sums of money
82.22 as the ~~commissioner~~ executive board deems necessary to meet current demands on the
82.23 vocational work program ~~revolving fund~~ account. The sums borrowed must not exceed, in
82.24 any calendar year, six months of net operating cash as determined by the previous 12 months
82.25 of the vocational program's revenue and cash flow statements. If the ~~commissioner of human~~
82.26 ~~services~~ executive board determines that borrowing of funds is necessary, the ~~commissioner~~
82.27 ~~of human services~~ executive board shall certify this need to the commissioner of management
82.28 and budget. Funds may be borrowed from general fund appropriations to the Minnesota
82.29 Sex Offender Program with the authorization of the commissioner of management and
82.30 budget. Upon authorization of the commissioner of management and budget, the transfer
82.31 must be made and credited to the vocational work program ~~revolving fund~~ account. The
82.32 sum transferred to the vocational work program ~~revolving fund~~ account must be repaid by
82.33 the ~~commissioner of human services~~ executive board from the ~~revolving fund~~ account to
82.34 the fund from which it was transferred in a time period specified by the commissioner of

83.1 management and budget, but by no later than the end of the biennium, as defined in section
83.2 16A.011, in which the loan is made. When any transfer is made to the vocational work
83.3 program ~~revolving fund~~ account, the commissioner of management and budget shall notify
83.4 the ~~commissioner of human services~~ executive board of the amount transferred to the ~~fund~~
83.5 account and the date the transfer is to be repaid.

83.6 ARTICLE 8

83.7 DEPARTMENT OF HUMAN SERVICES

83.8 Section 1. [245.021] DEFINITIONS.

83.9 (a) For the purposes of this chapter, the definitions in this section have the meanings
83.10 given them.

83.11 (b) "Commissioner" means the commissioner of human services.

83.12 (c) "Executive board" has the meaning given in section 246C.015.

83.13 Sec. 2. Minnesota Statutes 2022, section 245.073, is amended to read:

83.14 **245.073 TECHNICAL TRAINING; COMMUNITY-BASED PROGRAMS.**

83.15 (a) In conjunction with the discharge of persons from regional treatment centers and
83.16 their admission to state-operated and privately operated community-based programs, the
83.17 commissioner may provide technical training assistance to the community-based programs.
83.18 The commissioner may apply for and accept money from any source including reimbursement
83.19 charges from the community-based programs for reasonable costs of training. Money
83.20 received must be deposited in the general fund and is appropriated annually to the
83.21 commissioner of human services for training under this section.

83.22 (b) The commissioner must coordinate with the executive board to provide technical
83.23 training assistance to community-based programs under this section and section 245C.12,
83.24 subdivision 7.

83.25 Sec. 3. Minnesota Statutes 2022, section 245.462, subdivision 22, is amended to read:

83.26 Subd. 22. **Regional treatment center inpatient services.** "Regional treatment center
83.27 inpatient services" means the 24-hour-a-day comprehensive medical, nursing, or psychosocial
83.28 services ~~provided in a regional treatment center operated by the state~~ required to be provided
83.29 pursuant to section 245.474.

84.1 Sec. 4. Minnesota Statutes 2022, section 245.462, subdivision 24, is amended to read:

84.2 Subd. 24. **Service provider.** "Service provider" means either a county board or an
84.3 ~~individual or agency including a regional treatment center~~ entity under contract with the
84.4 county board that provides adult mental health services funded by sections 245.461 to
84.5 245.486. A contracting entity may be an individual, organization, or agency, including a
84.6 regional treatment center.

84.7 Sec. 5. Minnesota Statutes 2022, section 245.464, subdivision 3, is amended to read:

84.8 Subd. 3. **Public-private partnerships.** The commissioner may establish a mechanism
84.9 by which counties, the Department of Human Services, the Department of Direct Care and
84.10 Treatment, hospitals, health plans, consumers, providers, and others may enter into
84.11 agreements that allow for capacity building and oversight of any agreed-upon entity that is
84.12 developed through these partnerships. The purpose of these partnerships is the development
84.13 and provision of mental health services which would be more effective, efficient, and
84.14 accessible than services that might be provided separately by each partner.

84.15 Sec. 6. Minnesota Statutes 2022, section 245.466, subdivision 1, is amended to read:

84.16 Subdivision 1. **Development of services.** The county board in each county is responsible
84.17 for using all available resources to develop and coordinate a system of locally available and
84.18 affordable adult mental health services. The county board may provide some or all of the
84.19 mental health services and activities specified in subdivision 2 directly through a county
84.20 agency or under contracts with other individuals or agencies. A county or counties may
84.21 enter into an agreement with a regional treatment center under section 246.57 or with any
84.22 state facility or program as defined in section 246.50, subdivision 3, under the control of
84.23 the direct care and treatment executive board to enable the county or counties to provide
84.24 the treatment services in subdivision 2. Services provided through an agreement between
84.25 a county and a regional treatment center must meet the same requirements as services from
84.26 other service providers.

84.27 Sec. 7. Minnesota Statutes 2023 Supplement, section 245.4661, subdivision 2, is amended
84.28 to read:

84.29 Subd. 2. **Program design and implementation.** Adult mental health initiatives shall
84.30 be responsible for designing, planning, improving, and maintaining a mental health service
84.31 delivery system for adults with serious and persistent mental illness that would:

85.1 (1) provide an expanded array of services from which clients can choose services
85.2 appropriate to their needs;

85.3 (2) be based on purchasing strategies that improve access and coordinate services without
85.4 cost shifting;

85.5 (3) prioritize evidence-based services and implement services that are promising practices
85.6 or theory-based practices so that the service can be evaluated according to subdivision 5a;

85.7 (4) incorporate existing state facilities and resources into the community mental health
85.8 infrastructure through creative partnerships with local vendors; and

85.9 (5) utilize existing categorical funding streams and reimbursement sources in combined
85.10 and creative ways, except appropriations to ~~regional treatment centers~~ and all funds that are
85.11 attributable to the operation of state-operated services under the control of the direct care
85.12 and treatment executive board are excluded unless appropriated specifically by the legislature
85.13 for a purpose consistent with this section.

85.14 Sec. 8. Minnesota Statutes 2023 Supplement, section 245.4661, subdivision 6, is amended
85.15 to read:

85.16 Subd. 6. **Duties of commissioner.** (a) For purposes of adult mental health initiatives,
85.17 the commissioner shall facilitate integration of funds or other resources as needed and
85.18 requested by each adult mental health initiative. These resources may include:

85.19 (1) community support services funds administered under Minnesota Rules, parts
85.20 9535.1700 to 9535.1760;

85.21 (2) other mental health special project funds;

85.22 (3) medical assistance, MinnesotaCare, and housing support under chapter 256I if
85.23 requested by the adult mental health initiative's managing entity and if the commissioner
85.24 determines this would be consistent with the state's overall health care reform efforts; and

85.25 (4) regional treatment center resources, with consent from the direct care and treatment
85.26 executive board.

85.27 (b) The commissioner shall consider the following criteria in awarding grants for adult
85.28 mental health initiatives:

85.29 (1) the ability of the initiatives to accomplish the objectives described in subdivision 2;

85.30 (2) the size of the target population to be served; and

85.31 (3) geographical distribution.

(c) The commissioner shall review overall status of the initiatives at least every two years and recommend any legislative changes needed by January 15 of each odd-numbered year.

(d) The commissioner may waive administrative rule requirements that are incompatible with the implementation of the adult mental health initiative.

(e) The commissioner may exempt the participating counties from fiscal sanctions for noncompliance with requirements in laws and rules that are incompatible with the implementation of the adult mental health initiative.

(f) The commissioner may award grants to an entity designated by a county board or group of county boards to pay for start-up and implementation costs of the adult mental health initiative.

Sec. 9. Minnesota Statutes 2022, section 245.4862, subdivision 7, is amended to read:

Subd. 7. **Flexible implementation.** To implement this section, the commissioner shall select the structure and funding method that is the most cost-effective for each county or group of counties. This may include grants, contracts, ~~direct provision by state-operated services,~~ service agreements with the direct care and treatment executive board, and public-private partnerships. Where feasible, the commissioner shall make any grants under this section a part of the integrated adult mental health initiative grants under section 245.4661.

Sec. 10. Minnesota Statutes 2022, section 245.4871, subdivision 33, is amended to read:

Subd. 33. **Service provider.** "Service provider" means either a county board or an ~~individual or agency including a regional treatment center~~ entity under contract with the county board that provides children's mental health services funded under sections 245.487 to 245.4889. A contracting entity may be an individual, organization, or agency, including a regional treatment center.

Sec. 11. Minnesota Statutes 2022, section 245.696, subdivision 1, is amended to read:

Subdivision 1. **Mental Behavioral Health Division.** A ~~Mental Behavioral Health~~ Division is created in the Department of Human Services. The division shall enforce and coordinate the laws administered by the commissioner of human services, relating to mental illness, which the commissioner assigns to the division. The ~~Mental Behavioral Health~~ Division shall be under the supervision of an assistant commissioner of ~~mental behavioral~~ health appointed by the commissioner. The commissioner, working with the assistant

87.1 commissioner of ~~mental~~ behavioral health, shall oversee and coordinate services to people
87.2 with mental illness in ~~both~~ community programs and ~~regional treatment centers~~ throughout
87.3 the state.

87.4 Sec. 12. Minnesota Statutes 2022, section 245.697, subdivision 1, is amended to read:

87.5 Subdivision 1. **Creation.** (a) A State Advisory Council on Mental Health is created. The
87.6 council must have members appointed by the governor in accordance with federal
87.7 requirements. In making the appointments, the governor shall consider appropriate
87.8 representation of communities of color. The council must be composed of:

87.9 (1) the assistant commissioner of the Department of Human Services who oversees
87.10 behavioral health policy;

87.11 (2) a representative of the Department of Human Services responsible for the medical
87.12 assistance program;

87.13 (3) a representative of the Department of Direct Care and Treatment;

87.14 ~~(3)~~ (4) a representative of the Department of Health;

87.15 ~~(4)~~ (5) one member of each of the following professions:

87.16 (i) psychiatry;

87.17 (ii) psychology;

87.18 (iii) social work;

87.19 (iv) nursing;

87.20 (v) marriage and family therapy; and

87.21 (vi) professional clinical counseling;

87.22 ~~(5)~~ (6) one representative from each of the following advocacy groups: Mental Health
87.23 Association of Minnesota, NAMI-MN, Minnesota Disability Law Center, American Indian
87.24 Mental Health Advisory Council, and a consumer-run mental health advocacy group;

87.25 ~~(6)~~ (7) providers of mental health services;

87.26 ~~(7)~~ (8) consumers of mental health services;

87.27 ~~(8)~~ (9) family members of persons with mental illnesses;

87.28 ~~(9)~~ (10) legislators;

87.29 ~~(10)~~ (11) social service agency directors;

88.1 ~~(11)~~ (12) county commissioners; and

88.2 ~~(12)~~ (13) other members reflecting a broad range of community interests, including
88.3 family physicians, or members as the United States Secretary of Health and Human Services
88.4 may prescribe by regulation or as may be selected by the governor.

88.5 (b) The council shall select a chair. Terms, compensation, and removal of members and
88.6 filling of vacancies are governed by section 15.059. Notwithstanding provisions of section
88.7 15.059, the council and its subcommittee on children's mental health do not expire. The
88.8 commissioner of human services shall provide staff support and supplies to the council.

88.9 Sec. 13. Minnesota Statutes 2022, section 245.697, subdivision 2a, is amended to read:

88.10 Subd. 2a. **Subcommittee on Children's Mental Health.** The State Advisory Council
88.11 on Mental Health (the "advisory council") must have a Subcommittee on Children's Mental
88.12 Health. The subcommittee must make recommendations to the advisory council on policies,
88.13 laws, regulations, and services relating to children's mental health. Members of the
88.14 subcommittee must include:

88.15 (1) the commissioners or designees of the commissioners of the Departments of Human
88.16 Services, Health, Education, State Planning, and Corrections;

88.17 (2) a designee of the direct care and treatment executive board;

88.18 ~~(2)~~ (3) the commissioner of commerce or a designee of the commissioner who is
88.19 knowledgeable about medical insurance issues;

88.20 ~~(3)~~ (4) at least one representative of an advocacy group for children with emotional
88.21 disturbances;

88.22 ~~(4)~~ (5) providers of children's mental health services, including at least one provider of
88.23 services to preadolescent children, one provider of services to adolescents, and one
88.24 hospital-based provider;

88.25 ~~(5)~~ (6) parents of children who have emotional disturbances;

88.26 ~~(6)~~ (7) a present or former consumer of adolescent mental health services;

88.27 ~~(7)~~ (8) educators currently working with emotionally disturbed children;

88.28 ~~(8)~~ (9) people knowledgeable about the needs of emotionally disturbed children of
88.29 minority races and cultures;

88.30 ~~(9)~~ (10) people experienced in working with emotionally disturbed children who have
88.31 committed status offenses;

89.1 ~~(10)~~ (11) members of the advisory council;

89.2 ~~(11)~~ (12) one person from the local corrections department and one representative of
89.3 the Minnesota District Judges Association Juvenile Committee; and

89.4 ~~(12)~~ (13) county commissioners and social services agency representatives.

89.5 The chair of the advisory council shall appoint subcommittee members described in
89.6 clauses ~~(3)~~ (4) to ~~(11)~~ (12) through the process established in section 15.0597. The chair
89.7 shall appoint members to ensure a geographical balance on the subcommittee. Terms,
89.8 compensation, removal, and filling of vacancies are governed by subdivision 1, except that
89.9 terms of subcommittee members who are also members of the advisory council are
89.10 coterminous with their terms on the advisory council. The subcommittee shall meet at the
89.11 call of the subcommittee chair who is elected by the subcommittee from among its members.
89.12 The subcommittee expires with the expiration of the advisory council.

89.13 Sec. 14. Minnesota Statutes 2022, section 245.91, subdivision 2, is amended to read:

89.14 Subd. 2. **Agency.** "Agency" means the divisions, officials, or employees of the state
89.15 Departments of Human Services, Direct Care and Treatment, Health, and Education, and
89.16 of local school districts and designated county social service agencies as defined in section
89.17 256G.02, subdivision 7, that are engaged in monitoring, providing, or regulating services
89.18 or treatment for mental illness, developmental disability, substance use disorder, or emotional
89.19 disturbance.

89.20 Sec. 15. Minnesota Statutes 2022, section 245.94, subdivision 1, is amended to read:

89.21 Subdivision 1. **Powers.** (a) The ombudsman may prescribe the methods by which
89.22 complaints to the office are to be made, reviewed, and acted upon. The ombudsman may
89.23 not levy a complaint fee.

89.24 (b) The ombudsman is a health oversight agency as defined in Code of Federal
89.25 Regulations, title 45, section 164.501. The ombudsman may access patient records according
89.26 to Code of Federal Regulations, title 42, section 2.53. For purposes of this paragraph,
89.27 "records" has the meaning given in Code of Federal Regulations, title 42, section
89.28 2.53(a)(1)(i).

89.29 (c) The ombudsman may mediate or advocate on behalf of a client.

89.30 (d) The ombudsman may investigate the quality of services provided to clients and
89.31 determine the extent to which quality assurance mechanisms within state and county
89.32 government work to promote the health, safety, and welfare of clients.

(e) At the request of a client, or upon receiving a complaint or other information affording reasonable grounds to believe that the rights of one or more clients who may not be capable of requesting assistance have been adversely affected, the ombudsman may gather information and data about and analyze, on behalf of the client, the actions of an agency, facility, or program.

(f) The ombudsman may gather, on behalf of one or more clients, records of an agency, facility, or program, or records related to clinical drug trials from the University of Minnesota Department of Psychiatry, if the records relate to a matter that is within the scope of the ombudsman's authority. If the records are private and the client is capable of providing consent, the ombudsman shall first obtain the client's consent. The ombudsman is not required to obtain consent for access to private data on clients with developmental disabilities and individuals served by the Minnesota Sex Offender Program. The ombudsman may also take photographic or videographic evidence while reviewing the actions of an agency, facility, or program, with the consent of the client. The ombudsman is not required to obtain consent for access to private data on decedents who were receiving services for mental illness, developmental disability, substance use disorder, or emotional disturbance. All data collected, created, received, or maintained by the ombudsman are governed by chapter 13 and other applicable law.

(g) Notwithstanding any law to the contrary, the ombudsman may subpoena a person to appear, give testimony, or produce documents or other evidence that the ombudsman considers relevant to a matter under inquiry. The ombudsman may petition the appropriate court in Ramsey County to enforce the subpoena. A witness who is at a hearing or is part of an investigation possesses the same privileges that a witness possesses in the courts or under the law of this state. Data obtained from a person under this paragraph are private data as defined in section 13.02, subdivision 12.

(h) The ombudsman may, at reasonable times in the course of conducting a review, enter and view premises within the control of an agency, facility, or program.

(i) The ombudsman may attend Department of ~~Human Services~~ Direct Care and Treatment Review Board and Special Review Board proceedings; proceedings regarding the transfer of clients, as defined in section 246.50, subdivision 4, between institutions operated by the ~~Department of Human Services~~ direct care and treatment executive board; and, subject to the consent of the affected client, other proceedings affecting the rights of clients. The ombudsman is not required to obtain consent to attend meetings or proceedings and have access to private data on clients with developmental disabilities and individuals served by the Minnesota Sex Offender Program.

91.1 (j) The ombudsman shall gather data of agencies, facilities, or programs classified as
91.2 private or confidential as defined in section 13.02, subdivisions 3 and 12, regarding services
91.3 provided to clients with developmental disabilities and individuals served by the Minnesota
91.4 Sex Offender Program.

91.5 (k) To avoid duplication and preserve evidence, the ombudsman shall inform relevant
91.6 licensing or regulatory officials before undertaking a review of an action of the facility or
91.7 program.

91.8 (l) The Office of Ombudsman shall provide the services of the Civil Commitment
91.9 Training and Resource Center.

91.10 (m) The ombudsman shall monitor the treatment of individuals participating in a
91.11 University of Minnesota Department of Psychiatry clinical drug trial and ensure that all
91.12 protections for human subjects required by federal law and the Institutional Review Board
91.13 are provided.

91.14 (n) Sections 245.91 to 245.97 are in addition to other provisions of law under which any
91.15 other remedy or right is provided.

91.16 Sec. 16. Minnesota Statutes 2022, section 256.01, subdivision 2, is amended to read:

91.17 Subd. 2. **Specific powers.** Subject to the provisions of section 241.021, subdivision 2,
91.18 the commissioner of human services shall carry out the specific duties in paragraphs (a)
91.19 through (bb):

91.20 (a) Administer and supervise all forms of public assistance provided for by state law
91.21 and other welfare activities or services as are vested in the commissioner. Administration
91.22 and supervision of human services activities or services includes, but is not limited to,
91.23 assuring timely and accurate distribution of benefits, completeness of service, and quality
91.24 program management. In addition to administering and supervising human services activities
91.25 vested by law in the department, the commissioner shall have the authority to:

91.26 (1) require county agency participation in training and technical assistance programs to
91.27 promote compliance with statutes, rules, federal laws, regulations, and policies governing
91.28 human services;

91.29 (2) monitor, on an ongoing basis, the performance of county agencies in the operation
91.30 and administration of human services, enforce compliance with statutes, rules, federal laws,
91.31 regulations, and policies governing welfare services and promote excellence of administration
91.32 and program operation;

92.1 (3) develop a quality control program or other monitoring program to review county
92.2 performance and accuracy of benefit determinations;

92.3 (4) require county agencies to make an adjustment to the public assistance benefits issued
92.4 to any individual consistent with federal law and regulation and state law and rule and to
92.5 issue or recover benefits as appropriate;

92.6 (5) delay or deny payment of all or part of the state and federal share of benefits and
92.7 administrative reimbursement according to the procedures set forth in section 256.017;

92.8 (6) make contracts with and grants to public and private agencies and organizations,
92.9 both profit and nonprofit, and individuals, using appropriated funds; and

92.10 (7) enter into contractual agreements with federally recognized Indian tribes with a
92.11 reservation in Minnesota to the extent necessary for the tribe to operate a federally approved
92.12 family assistance program or any other program under the supervision of the commissioner.
92.13 The commissioner shall consult with the affected county or counties in the contractual
92.14 agreement negotiations, if the county or counties wish to be included, in order to avoid the
92.15 duplication of county and tribal assistance program services. The commissioner may establish
92.16 necessary accounts for the purposes of receiving and disbursing funds as necessary for the
92.17 operation of the programs.

92.18 (b) Inform county agencies, on a timely basis, of changes in statute, rule, federal law,
92.19 regulation, and policy necessary to county agency administration of the programs.

92.20 (c) Administer and supervise all child welfare activities; promote the enforcement of
92.21 laws protecting children with a disability and children who are dependent, neglected, or
92.22 delinquent, and children born to mothers who were not married to the children's fathers at
92.23 the times of the conception nor at the births of the children; license and supervise child-caring
92.24 and child-placing agencies and institutions; supervise the care of children in boarding and
92.25 foster homes or in private institutions; and generally perform all functions relating to the
92.26 field of child welfare now vested in the State Board of Control.

92.27 (d) Administer and supervise all noninstitutional service to persons with disabilities,
92.28 including persons who have vision impairments, and persons who are deaf, deafblind, and
92.29 hard-of-hearing or with other disabilities. The commissioner may provide and contract for
92.30 the care and treatment of qualified indigent children in facilities other than those located
92.31 and available at state hospitals when it is not feasible to provide the service in state hospitals.

93.1 (e) Assist and actively cooperate with other departments, agencies and institutions, local,
93.2 state, and federal, by performing services in conformity with the purposes of Laws 1939,
93.3 chapter 431.

93.4 (f) Act as the agent of and cooperate with the federal government in matters of mutual
93.5 concern relative to and in conformity with the provisions of Laws 1939, chapter 431,
93.6 including the administration of any federal funds granted to the state to aid in the performance
93.7 of any functions of the commissioner as specified in Laws 1939, chapter 431, and including
93.8 the promulgation of rules making uniformly available medical care benefits to all recipients
93.9 of public assistance, at such times as the federal government increases its participation in
93.10 assistance expenditures for medical care to recipients of public assistance, the cost thereof
93.11 to be borne in the same proportion as are grants of aid to said recipients.

93.12 (g) Establish and maintain any administrative units reasonably necessary for the
93.13 performance of administrative functions common to all divisions of the department.

93.14 (h) Act as designated guardian of both the estate and the person of all the wards of the
93.15 state of Minnesota, whether by operation of law or by an order of court, without any further
93.16 act or proceeding whatever, except as to persons committed as developmentally disabled.
93.17 For children under the guardianship of the commissioner or a tribe in Minnesota recognized
93.18 by the Secretary of the Interior whose interests would be best served by adoptive placement,
93.19 the commissioner may contract with a licensed child-placing agency or a Minnesota tribal
93.20 social services agency to provide adoption services. A contract with a licensed child-placing
93.21 agency must be designed to supplement existing county efforts and may not replace existing
93.22 county programs or tribal social services, unless the replacement is agreed to by the county
93.23 board and the appropriate exclusive bargaining representative, tribal governing body, or the
93.24 commissioner has evidence that child placements of the county continue to be substantially
93.25 below that of other counties. Funds encumbered and obligated under an agreement for a
93.26 specific child shall remain available until the terms of the agreement are fulfilled or the
93.27 agreement is terminated.

93.28 (i) Act as coordinating referral and informational center on requests for service for newly
93.29 arrived immigrants coming to Minnesota.

93.30 (j) The specific enumeration of powers and duties as hereinabove set forth shall in no
93.31 way be construed to be a limitation upon the general transfer of powers herein contained.

93.32 (k) Establish county, regional, or statewide schedules of maximum fees and charges
93.33 which may be paid by county agencies for medical, dental, surgical, hospital, nursing and

nursing home care and medicine and medical supplies under all programs of medical care provided by the state and for congregate living care under the income maintenance programs.

(l) Have the authority to conduct and administer experimental projects to test methods and procedures of administering assistance and services to recipients or potential recipients of public welfare. To carry out such experimental projects, it is further provided that the commissioner of human services is authorized to waive the enforcement of existing specific statutory program requirements, rules, and standards in one or more counties. The order establishing the waiver shall provide alternative methods and procedures of administration, shall not be in conflict with the basic purposes, coverage, or benefits provided by law, and in no event shall the duration of a project exceed four years. It is further provided that no order establishing an experimental project as authorized by the provisions of this section shall become effective until the following conditions have been met:

(1) the secretary of health and human services of the United States has agreed, for the same project, to waive state plan requirements relative to statewide uniformity; and

(2) a comprehensive plan, including estimated project costs, shall be approved by the Legislative Advisory Commission and filed with the commissioner of administration.

(m) According to federal requirements, establish procedures to be followed by local welfare boards in creating citizen advisory committees, including procedures for selection of committee members.

(n) Allocate federal fiscal disallowances or sanctions which are based on quality control error rates for the aid to families with dependent children program formerly codified in sections 256.72 to 256.87, medical assistance, or the Supplemental Nutrition Assistance Program (SNAP) in the following manner:

(1) one-half of the total amount of the disallowance shall be borne by the county boards responsible for administering the programs. For the medical assistance and the AFDC program formerly codified in sections 256.72 to 256.87, disallowances shall be shared by each county board in the same proportion as that county's expenditures for the sanctioned program are to the total of all counties' expenditures for the AFDC program formerly codified in sections 256.72 to 256.87, and medical assistance programs. For SNAP, sanctions shall be shared by each county board, with 50 percent of the sanction being distributed to each county in the same proportion as that county's administrative costs for SNAP benefits are to the total of all SNAP administrative costs for all counties, and 50 percent of the sanctions being distributed to each county in the same proportion as that county's value of SNAP benefits issued are to the total of all benefits issued for all counties. Each county shall pay

95.1 its share of the disallowance to the state of Minnesota. When a county fails to pay the amount
95.2 due hereunder, the commissioner may deduct the amount from reimbursement otherwise
95.3 due the county, or the attorney general, upon the request of the commissioner, may institute
95.4 civil action to recover the amount due; and

95.5 (2) notwithstanding the provisions of clause (1), if the disallowance results from knowing
95.6 noncompliance by one or more counties with a specific program instruction, and that knowing
95.7 noncompliance is a matter of official county board record, the commissioner may require
95.8 payment or recover from the county or counties, in the manner prescribed in clause (1), an
95.9 amount equal to the portion of the total disallowance which resulted from the noncompliance,
95.10 and may distribute the balance of the disallowance according to clause (1).

95.11 (o) Develop and implement special projects that maximize reimbursements and result
95.12 in the recovery of money to the state. For the purpose of recovering state money, the
95.13 commissioner may enter into contracts with third parties. Any recoveries that result from
95.14 projects or contracts entered into under this paragraph shall be deposited in the state treasury
95.15 and credited to a special account until the balance in the account reaches \$1,000,000. When
95.16 the balance in the account exceeds \$1,000,000, the excess shall be transferred and credited
95.17 to the general fund. All money in the account is appropriated to the commissioner for the
95.18 purposes of this paragraph.

95.19 (p) Have the authority to establish and enforce the following county reporting
95.20 requirements:

95.21 (1) the commissioner shall establish fiscal and statistical reporting requirements necessary
95.22 to account for the expenditure of funds allocated to counties for human services programs.
95.23 When establishing financial and statistical reporting requirements, the commissioner shall
95.24 evaluate all reports, in consultation with the counties, to determine if the reports can be
95.25 simplified or the number of reports can be reduced;

95.26 (2) the county board shall submit monthly or quarterly reports to the department as
95.27 required by the commissioner. Monthly reports are due no later than 15 working days after
95.28 the end of the month. Quarterly reports are due no later than 30 calendar days after the end
95.29 of the quarter, unless the commissioner determines that the deadline must be shortened to
95.30 20 calendar days to avoid jeopardizing compliance with federal deadlines or risking a loss
95.31 of federal funding. Only reports that are complete, legible, and in the required format shall
95.32 be accepted by the commissioner;

95.33 (3) if the required reports are not received by the deadlines established in clause (2), the
95.34 commissioner may delay payments and withhold funds from the county board until the next

96.1 reporting period. When the report is needed to account for the use of federal funds and the
96.2 late report results in a reduction in federal funding, the commissioner shall withhold from
96.3 the county boards with late reports an amount equal to the reduction in federal funding until
96.4 full federal funding is received;

96.5 (4) a county board that submits reports that are late, illegible, incomplete, or not in the
96.6 required format for two out of three consecutive reporting periods is considered
96.7 noncompliant. When a county board is found to be noncompliant, the commissioner shall
96.8 notify the county board of the reason the county board is considered noncompliant and
96.9 request that the county board develop a corrective action plan stating how the county board
96.10 plans to correct the problem. The corrective action plan must be submitted to the
96.11 commissioner within 45 days after the date the county board received notice of
96.12 noncompliance;

96.13 (5) the final deadline for fiscal reports or amendments to fiscal reports is one year after
96.14 the date the report was originally due. If the commissioner does not receive a report by the
96.15 final deadline, the county board forfeits the funding associated with the report for that
96.16 reporting period and the county board must repay any funds associated with the report
96.17 received for that reporting period;

96.18 (6) the commissioner may not delay payments, withhold funds, or require repayment
96.19 under clause (3) or (5) if the county demonstrates that the commissioner failed to provide
96.20 appropriate forms, guidelines, and technical assistance to enable the county to comply with
96.21 the requirements. If the county board disagrees with an action taken by the commissioner
96.22 under clause (3) or (5), the county board may appeal the action according to sections 14.57
96.23 to 14.69; and

96.24 (7) counties subject to withholding of funds under clause (3) or forfeiture or repayment
96.25 of funds under clause (5) shall not reduce or withhold benefits or services to clients to cover
96.26 costs incurred due to actions taken by the commissioner under clause (3) or (5).

96.27 (q) Allocate federal fiscal disallowances or sanctions for audit exceptions when federal
96.28 fiscal disallowances or sanctions are based on a statewide random sample in direct proportion
96.29 to each county's claim for that period.

96.30 (r) Be responsible for ensuring the detection, prevention, investigation, and resolution
96.31 of fraudulent activities or behavior by applicants, recipients, and other participants in the
96.32 human services programs administered by the department.

97.1 (s) Require county agencies to identify overpayments, establish claims, and utilize all
97.2 available and cost-beneficial methodologies to collect and recover these overpayments in
97.3 the human services programs administered by the department.

97.4 (t) Have the authority to administer the federal drug rebate program for drugs purchased
97.5 under the medical assistance program as allowed by section 1927 of title XIX of the Social
97.6 Security Act and according to the terms and conditions of section 1927. Rebates shall be
97.7 collected for all drugs that have been dispensed or administered in an outpatient setting and
97.8 that are from manufacturers who have signed a rebate agreement with the United States
97.9 Department of Health and Human Services.

97.10 (u) Have the authority to administer a supplemental drug rebate program for drugs
97.11 purchased under the medical assistance program. The commissioner may enter into
97.12 supplemental rebate contracts with pharmaceutical manufacturers and may require prior
97.13 authorization for drugs that are from manufacturers that have not signed a supplemental
97.14 rebate contract. Prior authorization of drugs shall be subject to the provisions of section
97.15 256B.0625, subdivision 13.

97.16 (v) Operate the department's communication systems account established in Laws 1993,
97.17 First Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared
97.18 communication costs necessary for the operation of the programs the commissioner
97.19 supervises. ~~A communications account may also be established for each regional treatment~~
97.20 ~~center which operates communications systems.~~ Each account must be used to manage
97.21 shared communication costs necessary for the operations of the programs the commissioner
97.22 supervises. The commissioner may distribute the costs of operating and maintaining
97.23 communication systems to participants in a manner that reflects actual usage. Costs may
97.24 include acquisition, licensing, insurance, maintenance, repair, staff time and other costs as
97.25 determined by the commissioner. Nonprofit organizations and state, county, and local
97.26 government agencies involved in the operation of programs the commissioner supervises
97.27 may participate in the use of the department's communications technology and share in the
97.28 cost of operation. The commissioner may accept on behalf of the state any gift, bequest,
97.29 devise or personal property of any kind, or money tendered to the state for any lawful
97.30 purpose pertaining to the communication activities of the department. Any money received
97.31 for this purpose must be deposited in the department's communication systems accounts.
97.32 Money collected by the commissioner for the use of communication systems must be
97.33 deposited in the state communication systems account and is appropriated to the
97.34 commissioner for purposes of this section.

98.1 (w) Receive any federal matching money that is made available through the medical
98.2 assistance program for the consumer satisfaction survey. Any federal money received for
98.3 the survey is appropriated to the commissioner for this purpose. The commissioner may
98.4 expend the federal money received for the consumer satisfaction survey in either year of
98.5 the biennium.

98.6 (x) Designate community information and referral call centers and incorporate cost
98.7 reimbursement claims from the designated community information and referral call centers
98.8 into the federal cost reimbursement claiming processes of the department according to
98.9 federal law, rule, and regulations. Existing information and referral centers provided by
98.10 Greater Twin Cities United Way or existing call centers for which Greater Twin Cities
98.11 United Way has legal authority to represent, shall be included in these designations upon
98.12 review by the commissioner and assurance that these services are accredited and in
98.13 compliance with national standards. Any reimbursement is appropriated to the commissioner
98.14 and all designated information and referral centers shall receive payments according to
98.15 normal department schedules established by the commissioner upon final approval of
98.16 allocation methodologies from the United States Department of Health and Human Services
98.17 Division of Cost Allocation or other appropriate authorities.

98.18 (y) Develop recommended standards for foster care homes that address the components
98.19 of specialized therapeutic services to be provided by foster care homes with those services.

98.20 (z) Authorize the method of payment to or from the department as part of the human
98.21 services programs administered by the department. This authorization includes the receipt
98.22 or disbursement of funds held by the department in a fiduciary capacity as part of the human
98.23 services programs administered by the department.

98.24 (aa) Designate the agencies that operate the Senior LinkAge Line under section 256.975,
98.25 subdivision 7, and the Disability Hub under subdivision 24 as the state of Minnesota Aging
98.26 and Disability Resource Center under United States Code, title 42, section 3001, the Older
98.27 Americans Act Amendments of 2006, and incorporate cost reimbursement claims from the
98.28 designated centers into the federal cost reimbursement claiming processes of the department
98.29 according to federal law, rule, and regulations. Any reimbursement must be appropriated
98.30 to the commissioner and treated consistent with section 256.011. All Aging and Disability
98.31 Resource Center designated agencies shall receive payments of grant funding that supports
98.32 the activity and generates the federal financial participation according to Board on Aging
98.33 administrative granting mechanisms.

ARTICLE 9

CONFORMING CHANGES

Section 1. Minnesota Statutes 2022, section 13.46, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** As used in this section:

(a) "Individual" means an individual according to section 13.02, subdivision 8, but does not include a vendor of services.

(b) "Program" includes all programs for which authority is vested in a component of the welfare system according to statute or federal law, including, but not limited to, Native American tribe programs that provide a service component of the welfare system, the aid to families with dependent children program formerly codified in sections 256.72 to 256.87, Minnesota family investment program, the temporary assistance for needy families program, medical assistance, general assistance, general assistance medical care formerly codified in chapter 256D, the child care assistance program, and child support collections.

(c) "Welfare system" includes the ~~Department~~ Departments of Human Services and Direct Care and Treatment, local social services agencies, county welfare agencies, county public health agencies, county veteran services agencies, county housing agencies, private licensing agencies, the public authority responsible for child support enforcement, human services boards, community mental health center boards, state hospitals, state nursing homes, the ombudsman for mental health and developmental disabilities, Native American tribes to the extent a tribe provides a service component of the welfare system, and persons, agencies, institutions, organizations, and other entities under contract to any of the above agencies to the extent specified in the contract.

(d) "Mental health data" means data on individual clients and patients of community mental health centers, established under section 245.62, mental health divisions of counties and other providers under contract to deliver mental health services, Department of Direct Care and Treatment mental health services, or the ombudsman for mental health and developmental disabilities.

(e) "Fugitive felon" means a person who has been convicted of a felony and who has escaped from confinement or violated the terms of probation or parole for that offense.

(f) "Private licensing agency" means an agency licensed by the commissioner of human services under chapter 245A to perform the duties under section 245A.16.

Sec. 2. Minnesota Statutes 2022, section 13.46, subdivision 10, is amended to read:

Subd. 10. **Responsible authority.** (a) Notwithstanding any other provision of this chapter to the contrary, the responsible authority for each component of the welfare system listed in subdivision 1, clause (c), shall be as follows:

(1) the responsible authority for the Department of Human Services, ~~state hospitals, and nursing homes~~ is the commissioner of the Department of human services;

(2) the responsible authority of a county welfare agency is the director of the county welfare agency;

(3) the responsible authority for a local social services agency, human services board, or community mental health center board is the chair of the board;

(4) the responsible authority of any person, agency, institution, organization, or other entity under contract to any of the components of the welfare system listed in subdivision 1, clause (c), is the person specified in the contract;

(5) the responsible authority of the public authority for child support enforcement is the head of the public authority for child support enforcement; ~~and~~

(6) the responsible authority for county veteran services is the county veterans service officer pursuant to section 197.603, subdivision 2.; and

(7) the responsible authority for the Department of Direct Care and Treatment is the direct care and treatment executive board.

(b) A responsible authority shall allow another responsible authority in the welfare system access to data classified as not public data when access is necessary for the administration and management of programs, or as authorized or required by statute or federal law.

Sec. 3. Minnesota Statutes 2022, section 43A.241, is amended to read:

43A.241 INSURANCE CONTRIBUTIONS; FORMER EMPLOYEES.

(a) This section applies to a person who:

(1) was employed by the commissioner of the Department of corrections ~~or by the Department,~~ the commissioner of human services, or the direct care and treatment executive board;

(2) was covered by the correctional employee retirement plan under section 352.91 or the general state employees retirement plan of the Minnesota State Retirement System as defined in section 352.021;

(3) while employed under clause (1), was assaulted by:

(i) a person under correctional supervision for a criminal offense; or

(ii) a client or patient at the Minnesota Sex Offender Program, or at a state-operated forensic services program as defined in section 352.91, subdivision 3j, ~~under the control of the commissioner of the Department of Human Services;~~ and

(4) as a direct result of the assault under clause (3), was determined to be totally and permanently physically disabled under laws governing the Minnesota State Retirement System.

(b) For a person to whom this section applies, the commissioner ~~of the Department of corrections or, the commissioner of the Department of human services,~~ or the direct care and treatment executive board, using existing budget resources, must continue to make the employer contribution for medical and dental benefits under the State Employee Group Insurance Program after the person terminates state service. If the person had dependent coverage at the time of terminating state service, employer contributions for dependent coverage also must continue under this section. The employer contributions must be in the amount of the employer contribution for active state employees at the time each payment is made. The employer contributions must continue until the person reaches age 65, provided the person makes the required employee contributions, in the amount required of an active state employee, at the time and in the manner specified by the commissioner or executive board.

Sec. 4. **[198.267] VETERANS IN STATE-OPERATED FACILITIES.**

Subdivision 1. **Compensation.** Notwithstanding any law to the contrary, the commissioner of veterans affairs is authorized to provide the payment to residents of veterans homes under the commissioner's management and control of such pecuniary compensation as required by the United States Department of Labor. Payment of subminimum wages shall meet all requirements of United States Department of Labor Regulations, Code of Federal Regulations, title 29, part 525. The amount of compensation depends upon the quality and character of the work performed as determined by the commissioner pursuant to section 177.24.

Subd. 2. **Imprest cash fund.** The commissioner of veterans affairs may establish an imprest cash fund for each of the state-operated residential facilities to be utilized for payment to veteran residents participating in on-campus work programs.

Sec. 5. Minnesota Statutes 2022, section 243.166, subdivision 7, is amended to read:

Subd. 7. **Use of data.** (a) Except as otherwise provided in subdivision 4b or 7a or sections 244.052 and 299C.093, the data provided under this section is private data on individuals under section 13.02, subdivision 12.

(b) The data may be used only by law enforcement and corrections agencies for law enforcement and corrections purposes. Law enforcement or a corrections agent may disclose the status of an individual as a predatory offender to a child protection worker with a local welfare agency for purposes of doing a family assessment under chapter 260E. A corrections agent may also disclose the status of an individual as a predatory offender to comply with section 244.057.

(c) The commissioner of human services is authorized to have access to the data for:

~~(1) state-operated services, as defined in section 246.014, for the purposes described in section 246.13, subdivision 2, paragraph (b); and~~

~~(2) purposes of completing background studies under chapter 245C.~~

(d) The direct care and treatment executive board is authorized to have access to data for any service, program, or facility owned or operated by the state of Minnesota and under the programmatic direction and fiscal control of the executive board for purposes described in section 246.13, subdivision 2, paragraph (b).

Sec. 6. **[245A.0951] ADOPTION OF RULES FOR LICENSURE OF SECURE TREATMENT FACILITIES.**

The commissioner of human services shall adopt rules to govern the licensure of secure treatment facilities operated by the Minnesota Sex Offender Program or any other facility operated by the executive board for a person committed as a sexual psychopathic personality or a sexually dangerous person.

Sec. 7. Minnesota Statutes 2022, section 245D.10, subdivision 3a, is amended to read:

Subd. 3a. **Service termination.** (a) The license holder must establish policies and procedures for service termination that promote continuity of care and service coordination with the person and the case manager and with other licensed caregivers, if any, who also

103.1 provide support to the person. The policy must include the requirements specified in
103.2 paragraphs (b) to (f).

103.3 (b) The license holder must permit each person to remain in the program or to continue
103.4 receiving services and must not terminate services unless:

103.5 (1) the termination is necessary for the person's welfare and the license holder cannot
103.6 meet the person's needs;

103.7 (2) the safety of the person, others in the program, or staff is endangered and positive
103.8 support strategies were attempted and have not achieved and effectively maintained safety
103.9 for the person or others;

103.10 (3) the health of the person, others in the program, or staff would otherwise be
103.11 endangered;

103.12 (4) the license holder has not been paid for services;

103.13 (5) the program or license holder ceases to operate;

103.14 (6) the person has been terminated by the lead agency from waiver eligibility; or

103.15 (7) for state-operated community-based services, the person no longer demonstrates
103.16 complex behavioral needs that cannot be met by private community-based providers
103.17 identified in section 252.50, subdivision 5, paragraph (a), clause (1).

103.18 (c) Prior to giving notice of service termination, the license holder must document actions
103.19 taken to minimize or eliminate the need for termination. Action taken by the license holder
103.20 must include, at a minimum:

103.21 (1) consultation with the person's support team or expanded support team to identify
103.22 and resolve issues leading to issuance of the termination notice;

103.23 (2) a request to the case manager for intervention services identified in section 245D.03,
103.24 subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention
103.25 services to support the person in the program. This requirement does not apply to notices
103.26 of service termination issued under paragraph (b), clauses (4) and (7); and

103.27 (3) for state-operated community-based services terminating services under paragraph
103.28 (b), clause (7), the state-operated community-based services must engage in consultation
103.29 with the person's support team or expanded support team to:

103.30 (i) identify that the person no longer demonstrates complex behavioral needs that cannot
103.31 be met by private community-based providers identified in section 252.50, subdivision 5,
103.32 paragraph (a), clause (1);

104.1 (ii) provide notice of intent to issue a termination of services to the lead agency when a
104.2 finding has been made that a person no longer demonstrates complex behavioral needs that
104.3 cannot be met by private community-based providers identified in section 252.50, subdivision
104.4 5, paragraph (a), clause (1);

104.5 (iii) assist the lead agency and case manager in developing a person-centered transition
104.6 plan to a private community-based provider to ensure continuity of care; and

104.7 (iv) coordinate with the lead agency to ensure the private community-based service
104.8 provider is able to meet the person's needs and criteria established in a person's
104.9 person-centered transition plan.

104.10 If, based on the best interests of the person, the circumstances at the time of the notice were
104.11 such that the license holder was unable to take the action specified in clauses (1) and (2),
104.12 the license holder must document the specific circumstances and the reason for being unable
104.13 to do so.

104.14 (d) The notice of service termination must meet the following requirements:

104.15 (1) the license holder must notify the person or the person's legal representative and the
104.16 case manager in writing of the intended service termination. If the service termination is
104.17 from residential supports and services as defined in section 245D.03, subdivision 1, paragraph
104.18 (c), clause (3), the license holder must also notify the commissioner in writing; and

104.19 (2) the notice must include:

104.20 (i) the reason for the action;

104.21 (ii) except for a service termination under paragraph (b), clause (5), a summary of actions
104.22 taken to minimize or eliminate the need for service termination or temporary service
104.23 suspension as required under paragraph (c), and why these measures failed to prevent the
104.24 termination or suspension;

104.25 (iii) the person's right to appeal the termination of services under section 256.045,
104.26 subdivision 3, paragraph (a); and

104.27 (iv) the person's right to seek a temporary order staying the termination of services
104.28 according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).

104.29 (e) Notice of the proposed termination of service, including those situations that began
104.30 with a temporary service suspension, must be given at least 90 days prior to termination of
104.31 services under paragraph (b), clause (7), 60 days prior to termination when a license holder
104.32 is providing intensive supports and services identified in section 245D.03, subdivision 1,

paragraph (c), and 30 days prior to termination for all other services licensed under this chapter. This notice may be given in conjunction with a notice of temporary service suspension under subdivision 3.

(f) During the service termination notice period, the license holder must:

(1) work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care;

(2) provide information requested by the person or case manager; and

(3) maintain information about the service termination, including the written notice of intended service termination, in the service recipient record.

(g) For notices issued under paragraph (b), clause (7), the lead agency shall provide notice to the commissioner and ~~state-operated services~~ the direct care and treatment executive board at least 30 days before the conclusion of the 90-day termination period, if an appropriate alternative provider cannot be secured. Upon receipt of this notice, the commissioner and ~~state-operated services~~ the executive board shall reassess whether a private community-based service can meet the person's needs. If the commissioner determines that a private provider can meet the person's needs, ~~state-operated services~~ the executive board shall, if necessary, extend notice of service termination until placement can be made. If the commissioner determines that a private provider cannot meet the person's needs, ~~state-operated services~~ the executive board shall rescind the notice of service termination and re-engage with the lead agency in service planning for the person.

(h) For state-operated community-based services, the license holder shall prioritize the capacity created within the existing service site by the termination of services under paragraph (b), clause (7), to serve persons described in section 252.50, subdivision 5, paragraph (a), clause (1).

Sec. 8. Minnesota Statutes 2022, section 251.041, is amended to read:

251.041 EMPLOYEES CONTRACTING TUBERCULOSIS TO RECEIVE MEDICAL CARE AND COMPENSATION.

Any sanitarium, medical laboratories or institutional employee of the state or of any county or other subdivision of the state, or any duly licensed nurse employed by the state or by any county, city, nursing district or other subdivision of the state, whose duties in connection with such employment bring or have brought the employee or nurse in contact with patients or persons who are afflicted with tuberculosis, or with tuberculosis contaminated material, who contracts tuberculosis, shall be entitled to the medical care and compensation

provided by sections ~~251.041 to 251.044~~ 176.87 to 176.873. "Contracts tuberculosis" shall be construed to mean the development of demonstrable lesions of tuberculosis or the demonstration of the germs of tuberculosis in that person's secretions or excretions.

Sec. 9. Minnesota Statutes 2022, section 251.042, is amended to read:

251.042 REPORT OF ILLNESS OF EMPLOYEE, HEARING ON CLAIM.

Whenever the superintendent of any state, county or city sanitarium, medical laboratories or other institution, or the head of any department of the state or of any county, city, nursing district or other subdivision of the state employing licensed nurses, learns that any employee of ~~such~~ the institution or department whose duties bring the employee in contact with patients or inmates ~~therein~~ or who works in and around any tuberculosis contaminated material, has contracted tuberculosis while employed in ~~such~~ the institution or department, ~~such~~ the superintendent or department head shall report ~~such~~ the illness to the Workers' Compensation Division. Copies of ~~such~~ the report shall be sent to the ~~commissioner of human services~~ direct care and treatment executive board if a state institution; to the head of the department if a department of the state; to the county board if a county institution or department; or to the governing body of the city or other subdivision of the state which employs the afflicted person. The ~~commissioner of the department~~ of labor and industry upon receiving ~~such~~ the report, shall mail to the superintendent of ~~such~~ the institution or the head of ~~such~~ the department blank forms to be filled out by ~~such~~ the employee claiming the medical and sanitarium treatment and compensation ~~hereinafter~~ provided for in this chapter. The ~~commissioner of the Department~~ of labor and industry shall ~~thereupon~~ set the claim on for hearing and determination in the same manner as claims of other public employees under the workers' compensation law are heard and determined.

Sec. 10. Minnesota Statutes 2022, section 251.043, is amended to read:

251.043 FINDINGS, PAYMENT OF MEDICAL CARE AND COMPENSATION.

Subdivision 1. **Duty to seek treatment.** If upon the evidence mentioned in ~~the preceding~~ section 176.871, the workers' compensation division finds that an employee is suffering from tuberculosis contracted in the institution or department by contact with inmates or patients therein or by contact with tuberculosis contaminated material therein, it shall order the employee to seek the services of a physician, advanced practice registered nurse, physician assistant, or medical care facility.

Subd. 1a. Payment for medical care. ~~There shall be paid to~~ The physician, advanced practice registered nurse, physician assistant, or facility where the employee may be received;

107.1 must be paid the same fee for the maintenance and care of the person as is received by the
107.2 institution for the maintenance and care of a nonresident patient. If the employee worked
107.3 in a state hospital or nursing home, ~~payment~~ the direct care and treatment executive board
107.4 must pay for the care ~~shall be made by the commissioner of human services~~. If employed
107.5 in any other institution or department the payment ~~shall~~ must be made from funds allocated
107.6 or appropriated for the operation of the institution or department.

107.7 Subd. 1b. **Payment of compensation.** If the employee dies from the effects of the disease
107.8 of tuberculosis and if the tuberculosis was the primary infection and the authentic cause of
107.9 death, the workers' compensation division shall order payment to dependents as provided
107.10 for under the general provisions of the workers' compensation law.

107.11 Subd. 2. **Presumption of risk.** Whenever it appears that any employee subject to the
107.12 provisions of sections ~~251.041 to 251.044~~ 176.87 to 176.873 has come into contact with
107.13 persons who are afflicted with tuberculosis or with tuberculosis contaminated material in
107.14 connection with the employment and has subsequently contracted tuberculosis it shall be
107.15 presumed that such employee contracted tuberculosis by such contact and while working
107.16 within the scope of employment.

107.17 Subd. 3. **Date of contracting tuberculosis.** When an employee has contracted
107.18 tuberculosis within the meaning of subdivision 1, the periods of time specified in section
107.19 176.141 shall be computed from the date that a confirmed diagnosis of tuberculosis is first
107.20 communicated to the employee.

107.21 Sec. 11. Minnesota Statutes 2022, section 256B.693, subdivision 1, is amended to read:

107.22 Subdivision 1. **Proposals for managed care; role of state-operated services.** Any
107.23 proposal integrating state-operated services with managed care systems for persons with
107.24 disabilities ~~shall~~ must identify the specific role to be assumed by state-operated services
107.25 and the funding arrangement in which state-operated services shall effectively operate within
107.26 the managed care initiative. The commissioner of human services shall not approve or
107.27 implement ~~the an~~ initiative that consolidates funding appropriated for state-operated services
107.28 with funding for managed care initiatives for persons with disabilities.

107.29 Sec. 12. Minnesota Statutes 2022, section 256B.77, subdivision 22, is amended to read:

107.30 Subd. 22. **Minnesota Commitment Act services.** The county administrative entity or
107.31 service delivery organization is financially responsible for all services for enrollees covered
107.32 by the medical assistance benefit set and ordered by the court under the Minnesota
107.33 Commitment Act, chapter 253B. The county authority shall seek input from the county

108.1 administrative entity or service delivery organization in giving the court information about
108.2 services the enrollee needs and least restrictive alternatives. The court order for services is
108.3 deemed to comply with the definition of medical necessity in Minnesota Rules, part
108.4 9505.0175. The financial responsibility of the county administrative entity or service delivery
108.5 organization for regional treatment center services to an enrollee while committed to the
108.6 regional treatment center is limited to 45 days following commitment. Voluntary
108.7 hospitalization for enrollees at regional treatment centers must be covered by the county
108.8 administrative entity or service delivery organization if deemed medically necessary by the
108.9 county administrative entity or service delivery organization. The regional treatment center
108.10 shall not accept a voluntary admission of an enrollee without the authorization of the county
108.11 administrative entity or service delivery organization. An enrollee will maintain enrollee
108.12 status while receiving treatment under the Minnesota Commitment Act or voluntary services
108.13 in a regional treatment center. For enrollees committed to the regional treatment center
108.14 longer than 45 days, the commissioner of human services may adjust the aggregate capitation
108.15 payments, as specified in the intergovernmental contract or service delivery contract.

108.16 Sec. 13. Minnesota Statutes 2022, section 299C.093, is amended to read:

108.17 **299C.093 DATABASE OF REGISTERED PREDATORY OFFENDERS.**

108.18 The superintendent of the Bureau of Criminal Apprehension shall maintain a
108.19 computerized data system relating to individuals required to register as predatory offenders
108.20 under section 243.166. To the degree feasible, the system must include the data required to
108.21 be provided under section 243.166, subdivisions 4, 4a, and 4b, and indicate the time period
108.22 that the person is required to register. The superintendent shall maintain this data in a manner
108.23 that ensures that it is readily available to law enforcement agencies. This data is private data
108.24 on individuals under section 13.02, subdivision 12, but may be used for law enforcement
108.25 and corrections purposes. Law enforcement or a corrections agent may disclose the status
108.26 of an individual as a predatory offender to a child protection worker with a local welfare
108.27 agency for purposes of doing a family assessment under chapter 260E. A corrections agent
108.28 may also disclose the status of an individual as a predatory offender to comply with section
108.29 244.057. The commissioner of human services ~~has~~ and direct care and treatment executive
108.30 board have access to the data for state-operated services, as defined in section 246.014, for
108.31 the purposes described in section 246.13, subdivision 2, paragraph (b), and for purposes of
108.32 conducting background studies under chapter 245C.

109.1 Sec. 14. Minnesota Statutes 2022, section 352.91, subdivision 2a, is amended to read:

109.2 Subd. 2a. **Special teachers.** "Covered correctional service" also means service rendered
109.3 by a state employee as a special teacher employed by the Department of Corrections or by
109.4 the Department of ~~Human Services~~ Direct Care and Treatment at a security unit, provided
109.5 that at least 75 percent of the employee's working time is spent in direct contact with inmates
109.6 or patients and the fact of this direct contact is certified to the executive director by the
109.7 appropriate commissioner or executive board, unless the person elects to retain the current
109.8 retirement coverage under Laws 1996, chapter 408, article 8, section 21.

109.9 Sec. 15. Minnesota Statutes 2022, section 352.91, subdivision 3c, is amended to read:

109.10 Subd. 3c. **Nursing personnel.** (a) "Covered correctional service" means service by a
109.11 state employee in one of the employment positions at a correctional facility, in the
109.12 state-operated forensic services program, or in the Minnesota Sex Offender Program that
109.13 are specified in paragraph (b) if at least 75 percent of the employee's working time is spent
109.14 in direct contact with inmates or patients and the fact of this direct contact is certified to the
109.15 executive director by the appropriate commissioner or executive board.

109.16 (b) The employment positions are as follows:

109.17 (1) registered nurse - senior;

109.18 (2) registered nurse;

109.19 (3) registered nurse - principal;

109.20 (4) licensed practical nurse;

109.21 (5) registered nurse advance practice; and

109.22 (6) psychiatric advance practice registered nurse.

109.23 Sec. 16. Minnesota Statutes 2022, section 352.91, subdivision 3d, is amended to read:

109.24 Subd. 3d. **Other correctional personnel.** (a) "Covered correctional service" means
109.25 service by a state employee in one of the employment positions at a correctional facility or
109.26 in the state-operated forensic services program specified in paragraph (b) if at least 75
109.27 percent of the employee's working time is spent in direct contact with inmates or patients
109.28 and the fact of this direct contact is certified to the executive director by the appropriate
109.29 commissioner or executive board.

109.30 (b) The employment positions are:

- 110.1 (1) automotive mechanic;
- 110.2 (2) baker;
- 110.3 (3) central services administrative specialist, intermediate;
- 110.4 (4) central services administrative specialist, principal;
- 110.5 (5) chaplain;
- 110.6 (6) chief cook;
- 110.7 (7) clinical program therapist 1;
- 110.8 (8) clinical program therapist 2;
- 110.9 (9) clinical program therapist 3;
- 110.10 (10) clinical program therapist 4;
- 110.11 (11) cook;
- 110.12 (12) cook coordinator;
- 110.13 (13) corrections inmate program coordinator;
- 110.14 (14) corrections transitions program coordinator;
- 110.15 (15) corrections security caseworker;
- 110.16 (16) corrections security caseworker career;
- 110.17 (17) corrections teaching assistant;
- 110.18 (18) delivery van driver;
- 110.19 (19) dentist;
- 110.20 (20) electrician supervisor;
- 110.21 (21) general maintenance worker lead;
- 110.22 (22) general repair worker;
- 110.23 (23) library/information research services specialist;
- 110.24 (24) library/information research services specialist senior;
- 110.25 (25) library technician;
- 110.26 (26) painter lead;
- 110.27 (27) plant maintenance engineer lead;

- 111.1 (28) plumber supervisor;
- 111.2 (29) psychologist 1;
- 111.3 (30) psychologist 3;
- 111.4 (31) recreation therapist;
- 111.5 (32) recreation therapist coordinator;
- 111.6 (33) recreation program assistant;
- 111.7 (34) recreation therapist senior;
- 111.8 (35) sports medicine specialist;
- 111.9 (36) work therapy assistant;
- 111.10 (37) work therapy program coordinator; and
- 111.11 (38) work therapy technician.

111.12 Sec. 17. Minnesota Statutes 2022, section 352.91, subdivision 3e, is amended to read:

111.13 Subd. 3e. **Minnesota Specialty Health System-Cambridge.** (a) "Covered correctional
111.14 service" means service by a state employee in one of the employment positions with the
111.15 Minnesota Specialty Health System-Cambridge specified in paragraph (b) if at least 75
111.16 percent of the employee's working time is spent in direct contact with patients who are in
111.17 the Minnesota Specialty Health System-Cambridge and if service in such a position is
111.18 certified to the executive director by the ~~commissioner of human services~~ direct care and
111.19 treatment executive board.

111.20 (b) The employment positions are:

- 111.21 (1) behavior analyst 1;
- 111.22 (2) behavior analyst 2;
- 111.23 (3) behavior analyst 3;
- 111.24 (4) group supervisor;
- 111.25 (5) group supervisor assistant;
- 111.26 (6) human services support specialist;
- 111.27 (7) residential program lead;
- 111.28 (8) psychologist 2;

- 112.1 (9) recreation program assistant;
- 112.2 (10) recreation therapist senior;
- 112.3 (11) registered nurse senior;
- 112.4 (12) skills development specialist;
- 112.5 (13) social worker senior;
- 112.6 (14) social worker specialist; and
- 112.7 (15) speech pathology specialist.

112.8 (c) A Department of Human Services or Department of Direct Care and Treatment
112.9 employee who was employed at the Minnesota Specialty Health System-Cambridge
112.10 immediately preceding the 2014 conversion to the community-based homes and was in
112.11 covered correctional service at the time of the transition shall continue to be covered by the
112.12 correctional employees retirement plan while employed by and without a break in service
112.13 with the Department of Human Services or Department of Direct Care and Treatment in
112.14 the direct care and treatment of patients.

112.15 Sec. 18. Minnesota Statutes 2023 Supplement, section 352.91, subdivision 3f, is amended
112.16 to read:

112.17 Subd. 3f. **Additional Department of Human Services personnel.** (a) "Covered
112.18 correctional service" means service by a state employee in one of the employment positions
112.19 specified in paragraph (b) in the state-operated forensic services program or the Minnesota
112.20 Sex Offender Program if at least 75 percent of the employee's working time is spent in direct
112.21 contact with patients and the determination of this direct contact is certified to the executive
112.22 director by the commissioner of human services or direct care and treatment executive
112.23 board.

112.24 (b) The employment positions are:

- 112.25 (1) behavior analyst 2;
- 112.26 (2) behavior analyst 3;
- 112.27 (3) certified occupational therapy assistant 1;
- 112.28 (4) certified occupational therapy assistant 2;
- 112.29 (5) client advocate;
- 112.30 (6) clinical program therapist 2;

- 113.1 (7) clinical program therapist 3;
- 113.2 (8) clinical program therapist 4;
- 113.3 (9) customer services specialist principal;
- 113.4 (10) dental assistant registered;
- 113.5 (11) dental hygienist;
- 113.6 (12) group supervisor;
- 113.7 (13) group supervisor assistant;
- 113.8 (14) human services support specialist;
- 113.9 (15) licensed alcohol and drug counselor;
- 113.10 (16) licensed practical nurse;
- 113.11 (17) management analyst 3;
- 113.12 (18) occupational therapist;
- 113.13 (19) occupational therapist, senior;
- 113.14 (20) physical therapist;
- 113.15 (21) psychologist 1;
- 113.16 (22) psychologist 2;
- 113.17 (23) psychologist 3;
- 113.18 (24) recreation program assistant;
- 113.19 (25) recreation therapist lead;
- 113.20 (26) recreation therapist senior;
- 113.21 (27) rehabilitation counselor senior;
- 113.22 (28) residential program lead;
- 113.23 (29) security supervisor;
- 113.24 (30) skills development specialist;
- 113.25 (31) social worker senior;
- 113.26 (32) social worker specialist;
- 113.27 (33) social worker specialist, senior;

- 114.1 (34) special education program assistant;
- 114.2 (35) speech pathology clinician;
- 114.3 (36) substance use disorder counselor senior;
- 114.4 (37) work therapy assistant; and
- 114.5 (38) work therapy program coordinator.

114.6 Sec. 19. Minnesota Statutes 2022, section 352.91, subdivision 4a, is amended to read:

114.7 Subd. 4a. **Process for evaluating and recommending potential employment positions**
114.8 **for membership inclusion.** (a) The Department of Corrections and the Department of
114.9 ~~Human Services~~ Direct Care and Treatment must establish a procedure for evaluating
114.10 periodic requests by department employees for qualification for recommendation by the
114.11 commissioner or executive board for inclusion of the employment position in the correctional
114.12 facility or ~~human services~~ direct care and treatment facility in the correctional retirement
114.13 plan and for periodically determining employment positions that no longer qualify for
114.14 continued correctional retirement plan coverage.

114.15 (b) The procedure must provide for an evaluation of the extent of the employee's working
114.16 time spent in direct contact with patients or inmates, the extent of the physical hazard that
114.17 the employee is routinely subjected to in the course of employment, and the extent of
114.18 intervention routinely expected of the employee in the event of a facility incident. The
114.19 percentage of routine direct contact with inmates or patients may not be less than 75 percent.

114.20 (c) The applicable commissioner or executive board shall notify the employee of the
114.21 determination of the appropriateness of recommending the employment position for inclusion
114.22 in the correctional retirement plan, if the evaluation procedure results in a finding that the
114.23 employee:

114.24 (1) routinely spends 75 percent of the employee's time in direct contact with inmates or
114.25 patients; and

114.26 (2) is regularly engaged in the rehabilitation, treatment, custody, or supervision of inmates
114.27 or patients.

114.28 (d) After providing the affected employee an opportunity to dispute or clarify any
114.29 evaluation determinations, if the commissioner or executive board determines that the
114.30 employment position is appropriate for inclusion in the correctional retirement plan, the
114.31 commissioner or executive board shall forward that recommendation and supporting
114.32 documentation to the chair of the Legislative Commission on Pensions and Retirement, the

115.1 chair of the State and Local Governmental Operations Committee of the senate, the chair
115.2 of the Governmental Operations and Veterans Affairs Policy Committee of the house of
115.3 representatives, and the executive director of the Legislative Commission on Pensions and
115.4 Retirement in the form of the appropriate proposed legislation. The recommendation must
115.5 be forwarded to the legislature before January 15 for the recommendation to be considered
115.6 in that year's legislative session.

115.7 Sec. 20. Minnesota Statutes 2022, section 524.3-801, is amended to read:

115.8 **524.3-801 NOTICE TO CREDITORS.**

115.9 (a) Unless notice has already been given under this section, upon appointment of a
115.10 general personal representative in informal proceedings or upon the filing of a petition for
115.11 formal appointment of a general personal representative, notice thereof, in the form prescribed
115.12 by court rule, shall be given under the direction of the court administrator by publication
115.13 once a week for two successive weeks in a legal newspaper in the county wherein the
115.14 proceedings are pending giving the name and address of the general personal representative
115.15 and notifying creditors of the estate to present their claims within four months after the date
115.16 of the court administrator's notice which is subsequently published or be forever barred,
115.17 unless they are entitled to further service of notice under paragraph (b) or (c).

115.18 (b) The personal representative shall, within three months after the date of the first
115.19 publication of the notice, serve a copy of the notice upon each then known and identified
115.20 creditor in the manner provided in paragraph (c). If the decedent or a predeceased spouse
115.21 of the decedent received assistance for which a claim could be filed under section 246.53,
115.22 256B.15, 256D.16, or 261.04, notice to the commissioner of human services or direct care
115.23 and treatment executive board, as applicable, must be given under paragraph (d) instead of
115.24 under this paragraph or paragraph (c). A creditor is "known" if: (i) the personal representative
115.25 knows that the creditor has asserted a claim that arose during the decedent's life against
115.26 either the decedent or the decedent's estate; (ii) the creditor has asserted a claim that arose
115.27 during the decedent's life and the fact is clearly disclosed in accessible financial records
115.28 known and available to the personal representative; or (iii) the claim of the creditor would
115.29 be revealed by a reasonably diligent search for creditors of the decedent in accessible
115.30 financial records known and available to the personal representative. Under this section, a
115.31 creditor is "identified" if the personal representative's knowledge of the name and address
115.32 of the creditor will permit service of notice to be made under paragraph (c).

115.33 (c) Unless the claim has already been presented to the personal representative or paid,
115.34 the personal representative shall serve a copy of the notice required by paragraph (b) upon

116.1 each creditor of the decedent who is then known to the personal representative and identified
116.2 either by delivery of a copy of the required notice to the creditor, or by mailing a copy of
116.3 the notice to the creditor by certified, registered, or ordinary first class mail addressed to
116.4 the creditor at the creditor's office or place of residence.

116.5 (d)(1) Effective for decedents dying on or after July 1, 1997, if the decedent or a
116.6 predeceased spouse of the decedent received assistance for which a claim could be filed
116.7 under section 246.53, 256B.15, 256D.16, or 261.04, the personal representative or the
116.8 attorney for the personal representative shall serve the commissioner of ~~human services~~ or
116.9 executive board, as applicable, with notice in the manner prescribed in paragraph (c) as
116.10 soon as practicable after the appointment of the personal representative. The notice must
116.11 state the decedent's full name, date of birth, and Social Security number and, to the extent
116.12 then known after making a reasonably diligent inquiry, the full name, date of birth, and
116.13 Social Security number for each of the decedent's predeceased spouses. The notice may
116.14 also contain a statement that, after making a reasonably diligent inquiry, the personal
116.15 representative has determined that the decedent did not have any predeceased spouses or
116.16 that the personal representative has been unable to determine one or more of the previous
116.17 items of information for a predeceased spouse of the decedent. A copy of the notice to
116.18 creditors must be attached to and be a part of the notice to the commissioner or executive
116.19 board.

116.20 (2) Notwithstanding a will or other instrument or law to the contrary, except as allowed
116.21 in this paragraph, no property subject to administration by the estate may be distributed by
116.22 the estate or the personal representative until 70 days after the date the notice is served on
116.23 the commissioner or executive board as provided in paragraph (c), unless the local agency
116.24 consents as provided for in clause (6). This restriction on distribution does not apply to the
116.25 personal representative's sale of real or personal property, but does apply to the net proceeds
116.26 the estate receives from these sales. The personal representative, or any person with personal
116.27 knowledge of the facts, may provide an affidavit containing the description of any real or
116.28 personal property affected by this paragraph and stating facts showing compliance with this
116.29 paragraph. If the affidavit describes real property, it may be filed or recorded in the office
116.30 of the county recorder or registrar of titles for the county where the real property is located.
116.31 This paragraph does not apply to proceedings under sections 524.3-1203 and 525.31, or
116.32 when a duly authorized agent of a county is acting as the personal representative of the
116.33 estate.

116.34 (3) At any time before an order or decree is entered under section 524.3-1001 or
116.35 524.3-1002, or a closing statement is filed under section 524.3-1003, the personal

117.1 representative or the attorney for the personal representative may serve an amended notice
117.2 on the commissioner or executive board to add variations or other names of the decedent
117.3 or a predeceased spouse named in the notice, the name of a predeceased spouse omitted
117.4 from the notice, to add or correct the date of birth or Social Security number of a decedent
117.5 or predeceased spouse named in the notice, or to correct any other deficiency in a prior
117.6 notice. The amended notice must state the decedent's name, date of birth, and Social Security
117.7 number, the case name, case number, and district court in which the estate is pending, and
117.8 the date the notice being amended was served on the commissioner or executive board. If
117.9 the amendment adds the name of a predeceased spouse omitted from the notice, it must also
117.10 state that spouse's full name, date of birth, and Social Security number. The amended notice
117.11 must be served on the commissioner or executive board in the same manner as the original
117.12 notice. Upon service, the amended notice relates back to and is effective from the date the
117.13 notice it amends was served, and the time for filing claims arising under section 246.53,
117.14 256B.15, 256D.16 or 261.04 is extended by 60 days from the date of service of the amended
117.15 notice. Claims filed during the 60-day period are undischarged and unbarred claims, may
117.16 be prosecuted by the entities entitled to file those claims in accordance with section
117.17 524.3-1004, and the limitations in section 524.3-1006 do not apply. The personal
117.18 representative or any person with personal knowledge of the facts may provide and file or
117.19 record an affidavit in the same manner as provided for in clause (1).

117.20 (4) Within one year after the date an order or decree is entered under section 524.3-1001
117.21 or 524.3-1002 or a closing statement is filed under section 524.3-1003, any person who has
117.22 an interest in property that was subject to administration by the estate may serve an amended
117.23 notice on the commissioner or executive board to add variations or other names of the
117.24 decedent or a predeceased spouse named in the notice, the name of a predeceased spouse
117.25 omitted from the notice, to add or correct the date of birth or Social Security number of a
117.26 decedent or predeceased spouse named in the notice, or to correct any other deficiency in
117.27 a prior notice. The amended notice must be served on the commissioner or executive board
117.28 in the same manner as the original notice and must contain the information required for
117.29 amendments under clause (3). If the amendment adds the name of a predeceased spouse
117.30 omitted from the notice, it must also state that spouse's full name, date of birth, and Social
117.31 Security number. Upon service, the amended notice relates back to and is effective from
117.32 the date the notice it amends was served. If the amended notice adds the name of an omitted
117.33 predeceased spouse or adds or corrects the Social Security number or date of birth of the
117.34 decedent or a predeceased spouse already named in the notice, then, notwithstanding any
117.35 other laws to the contrary, claims against the decedent's estate on account of those persons
117.36 resulting from the amendment and arising under section 246.53, 256B.15, 256D.16, or

118.1 261.04 are undischarged and unbarred claims, may be prosecuted by the entities entitled to
118.2 file those claims in accordance with section 524.3-1004, and the limitations in section
118.3 524.3-1006 do not apply. The person filing the amendment or any other person with personal
118.4 knowledge of the facts may provide and file or record an affidavit describing affected real
118.5 or personal property in the same manner as clause (1).

118.6 (5) After one year from the date an order or decree is entered under section 524.3-1001
118.7 or 524.3-1002, or a closing statement is filed under section 524.3-1003, no error, omission,
118.8 or defect of any kind in the notice to the commissioner or executive board required under
118.9 this paragraph or in the process of service of the notice on the commissioner or executive
118.10 board, or the failure to serve the commissioner or executive board with notice as required
118.11 by this paragraph, makes any distribution of property by a personal representative void or
118.12 voidable. The distributee's title to the distributed property shall be free of any claims based
118.13 upon a failure to comply with this paragraph.

118.14 (6) The local agency may consent to a personal representative's request to distribute
118.15 property subject to administration by the estate to distributees during the 70-day period after
118.16 service of notice on the commissioner or executive board. The local agency may grant or
118.17 deny the request in whole or in part and may attach conditions to its consent as it deems
118.18 appropriate. When the local agency consents to a distribution, it shall give the estate a written
118.19 certificate evidencing its consent to the early distribution of assets at no cost. The certificate
118.20 must include the name, case number, and district court in which the estate is pending, the
118.21 name of the local agency, describe the specific real or personal property to which the consent
118.22 applies, state that the local agency consents to the distribution of the specific property
118.23 described in the consent during the 70-day period following service of the notice on the
118.24 commissioner or executive board, state that the consent is unconditional or list all of the
118.25 terms and conditions of the consent, be dated, and may include other contents as may be
118.26 appropriate. The certificate must be signed by the director of the local agency or the director's
118.27 designees and is effective as of the date it is dated unless it provides otherwise. The signature
118.28 of the director or the director's designee does not require any acknowledgment. The certificate
118.29 shall be prima facie evidence of the facts it states, may be attached to or combined with a
118.30 deed or any other instrument of conveyance and, when so attached or combined, shall
118.31 constitute a single instrument. If the certificate describes real property, it shall be accepted
118.32 for recording or filing by the county recorder or registrar of titles in the county in which the
118.33 property is located. If the certificate describes real property and is not attached to or combined
118.34 with a deed or other instrument of conveyance, it shall be accepted for recording or filing
118.35 by the county recorder or registrar of titles in the county in which the property is located.

The certificate constitutes a waiver of the 70-day period provided for in clause (2) with respect to the property it describes and is prima facie evidence of service of notice on the commissioner or executive board. The certificate is not a waiver or relinquishment of any claims arising under section 246.53, 256B.15, 256D.16, or 261.04, and does not otherwise constitute a waiver of any of the personal representative's duties under this paragraph. Distributees who receive property pursuant to a consent to an early distribution shall remain liable to creditors of the estate as provided for by law.

(7) All affidavits provided for under this paragraph:

(i) shall be provided by persons who have personal knowledge of the facts stated in the affidavit;

(ii) may be filed or recorded in the office of the county recorder or registrar of titles in the county in which the real property they describe is located for the purpose of establishing compliance with the requirements of this paragraph; and

(iii) are prima facie evidence of the facts stated in the affidavit.

(8) This paragraph applies to the estates of decedents dying on or after July 1, 1997. Clause (5) also applies with respect to all notices served on the commissioner of human services before July 1, 1997, under Laws 1996, chapter 451, article 2, section 55. All notices served on the commissioner before July 1, 1997, pursuant to Laws 1996, chapter 451, article 2, section 55, shall be deemed to be legally sufficient for the purposes for which they were intended, notwithstanding any errors, omissions or other defects.

ARTICLE 10
EFFECTIVE DATES, REPEALER, AND REVISOR INSTRUCTIONS

Section 1. REVISOR INSTRUCTION.

The revisor of statutes shall renumber each provision of Minnesota Statutes listed in column A as amended in this act to the number listed in column B.

<u>Column A</u>	<u>Column B</u>
<u>245.036</u>	<u>246C.16, subdivision 1</u>
<u>245.037</u>	<u>246C.16, subdivision 2</u>
<u>245.041</u>	<u>246C.15</u>
<u>245.474, subdivision 1</u>	<u>246C.12, subdivision 1</u>
<u>245.474, subdivision 2</u>	<u>246C.12, subdivision 2</u>
<u>245.474, subdivision 3</u>	<u>246C.12, subdivision 3</u>
<u>245.474, subdivision 4</u>	<u>246C.12, subdivision 4</u>

120.1	<u>246.0135, paragraph (a)</u>	<u>246C.18, subdivision 2, paragraph (a)</u>
120.2	<u>246.0135, paragraph (b)</u>	<u>246C.18, subdivision 2, paragraph (b)</u>
120.3	<u>246.0135, paragraph (c)</u>	<u>246C.18, subdivision 2, paragraph (c)</u>
120.4	<u>246.0135, paragraph (d)</u>	<u>246C.18, subdivision 3</u>
120.5	<u>246.018, subdivision 1</u>	<u>246C.09, subdivision 1</u>
120.6	<u>246.018, subdivision 2</u>	<u>246C.09, subdivision 2</u>
120.7	<u>246.018, subdivision 3</u>	<u>246C.09, subdivision 3</u>
120.8	<u>246.018, subdivision 4</u>	<u>246C.09, subdivision 4</u>
120.9	<u>246.12</u>	<u>246C.06, subdivision 7</u>
120.10	<u>246.128</u>	<u>246C.18, subdivision 1</u>
120.11	<u>246.129</u>	<u>246C.18, subdivision 4</u>
120.12	<u>246.14</u>	<u>246C.16, subdivision 3</u>
120.13	<u>246.23, subdivision 2</u>	<u>246.555, subdivision 1</u>
120.14	<u>246.23, subdivision 3</u>	<u>246.555, subdivision 2</u>
120.15	<u>246.23, subdivision 4</u>	<u>246.555, subdivision 3</u>
120.16	<u>246.23, subdivision 5</u>	<u>246.555, subdivision 4</u>
120.17	<u>246.23, subdivision 6</u>	<u>246.555, subdivision 5</u>
120.18	<u>246.234</u>	<u>246C.06, subdivision 8</u>
120.19	<u>246.24</u>	<u>246C.16, subdivision 4</u>
120.20	<u>246.27</u>	<u>246C.19</u>
120.21	<u>246.36</u>	<u>246C.06, subdivision 9</u>
120.22	<u>246.41, subdivision 1</u>	<u>246C.06, subdivision 10, paragraph</u>
120.23		<u>(a)</u>
120.24	<u>246.41, subdivision 2</u>	<u>246C.06, subdivision 10, paragraph</u>
120.25		<u>(b)</u>
120.26	<u>246.41, subdivision 3</u>	<u>246C.06, subdivision 10, paragraph</u>
120.27		<u>(c)</u>
120.28	<u>246.70</u>	<u>246C.18, subdivision 5</u>
120.29	<u>246B.02</u>	<u>246C.13</u>
120.30	<u>251.012, subdivision 1</u>	<u>246.575, subdivision 1</u>
120.31	<u>251.012, subdivision 2</u>	<u>246.575, subdivision 2</u>
120.32	<u>251.012, subdivision 3</u>	<u>246.575, subdivision 3</u>
120.33	<u>251.012, subdivision 4</u>	<u>246.575, subdivision 4</u>
120.34	<u>251.041</u>	<u>176.87</u>
120.35	<u>251.042</u>	<u>176.871</u>
120.36	<u>251.043, subdivision 1</u>	<u>176.872, subdivision 1</u>
120.37	<u>251.043, subdivision 1a</u>	<u>176.872, subdivision 2</u>
120.38	<u>251.043, subdivision 1b</u>	<u>176.872, subdivision 3</u>
120.39	<u>251.043, subdivision 2</u>	<u>176.872, subdivision 4</u>

121.1	<u>251.043, subdivision 3</u>	<u>176.872, subdivision 5</u>
121.2	<u>251.044</u>	<u>176.873</u>
121.3	<u>251.051</u>	<u>176.874</u>
121.4	<u>251.052</u>	<u>176.875</u>
121.5	<u>251.053</u>	<u>176.876</u>
121.6	<u>251.15, subdivision 1</u>	<u>176.872, subdivision 6, paragraph (a)</u>
121.7	<u>251.15, subdivision 2</u>	<u>176.872, subdivision 6, paragraph (b)</u>
121.8	<u>251.17</u>	<u>246C.14</u>
121.9	<u>252.50, subdivision 2</u>	<u>246C.16, subdivision 5</u>
121.10	<u>252.50, subdivision 4</u>	<u>246C.10, subdivision 2</u>
121.11	<u>252.50, subdivision 6</u>	<u>246.65</u>
121.12	<u>252.50, subdivision 7</u>	<u>246.585</u>
121.13	<u>252.50, subdivision 8</u>	<u>246.588</u>
121.14	<u>252.50, subdivision 10</u>	<u>246.611</u>
121.15	<u>253.015, subdivision 1</u>	<u>253B.10, subdivision 6</u>
121.16	<u>253.016</u>	<u>246.554</u>
121.17	<u>253.017, subdivision 1</u>	<u>246.591</u>
121.18	<u>253.017, subdivision 2</u>	<u>246C.10, subdivision 3</u>
121.19	<u>253.017, subdivision 3</u>	<u>246C.10, subdivision 4</u>
121.20	<u>253.13</u>	<u>253.245</u>
121.21	<u>253C.01, subdivision 1</u>	<u>245A.27, subdivision 1</u>
121.22	<u>253C.01, subdivision 2</u>	<u>245A.27, subdivision 2</u>
121.23	<u>253C.01, subdivision 3</u>	<u>245A.27, subdivision 3</u>
121.24	<u>256.0121, subdivision 1</u>	<u>246.595, subdivision 1</u>
121.25	<u>256.0121, subdivision 2</u>	<u>246.595, subdivision 2</u>
121.26	<u>256.0121, subdivision 3</u>	<u>246.595, subdivision 3</u>

121.27 **Sec. 2. REVISOR INSTRUCTION.**

121.28 The revisor of statutes, in consultation with the House Research Department; the Office
121.29 of Senate Counsel, Research, and Fiscal Analysis; the Department of Human Services; and
121.30 the Department of Direct Care and Treatment, shall make necessary cross-reference changes
121.31 and remove statutory cross-references in Minnesota Statutes to conform with the
121.32 recodification in this act. The revisor may make technical and other necessary changes to
121.33 sentence structure to preserve the meaning of the text. The revisor may alter the coding in
121.34 this act to incorporate statutory changes made by other law in the 2024 regular legislative
121.35 session. If a provision stricken in this act is also amended in the 2024 regular legislative

122.1 session by other law, the revisor shall merge the amendment into the recodification,
122.2 notwithstanding Minnesota Statutes, section 645.30.

122.3 Sec. 3. **REVISOR INSTRUCTION.**

122.4 The revisor of statutes shall change the term "commissioner of human services,"
122.5 "commissioner," or similar terms to "direct care and treatment executive board" or "executive
122.6 board" wherever the terms appear in respect to the head of the governmental entity with
122.7 programmatic direction and fiscal control over state-operated services, programs, or facilities
122.8 under Minnesota Statutes, chapter 246C. The revisor may make technical and other necessary
122.9 changes to sentence structure to preserve the meaning of the text.

122.10 Sec. 4. **REVISOR INSTRUCTION.**

122.11 The revisor of statutes shall change the term "Department of Human Services" to
122.12 "Department of Direct Care and Treatment" wherever the term appears in respect to the
122.13 governmental entity with programmatic direction and fiscal control over state-operated
122.14 services, programs, or facilities under Minnesota Statutes, chapter 246C. The revisor may
122.15 make technical and other necessary changes to sentence structure to preserve the meaning
122.16 of the text.

122.17 Sec. 5. **REPEALER.**

122.18 Minnesota Statutes 2022, sections 246.01; 246.013; 246.014; 246.15, subdivision 2;
122.19 246.23, subdivision 1; 246.60; 251.013; 252.50, subdivisions 1, 9, and 11; 252.51; and
122.20 256B.693, subdivision 2, are repealed.

122.21 Sec. 6. **EFFECTIVE DATE.**

122.22 (a) Article 1, section 23, is effective July 1, 2024.

122.23 (b) Article 1, sections 1 to 22 and 24 to 31, and articles 2 to 10 are effective January 1,
122.24 2025.

246.01 POWERS AND DUTIES.

The commissioner of human services is hereby specifically constituted the guardian of all persons with developmental disabilities, the guardianship of whom has heretofore been vested in the State Board of Control or in the director of social welfare whether by operation of law or by an order of court without any further act or proceeding, and all the powers and duties vested in or imposed upon the State Board of Control or the director of social welfare, with reference to mental testing of persons with developmental disability, and with reference to the institutions of the state of Minnesota except correctional facilities administered and managed by the commissioner of corrections, are hereby transferred to, vested in, and imposed upon the commissioner of human services, and in relation thereto is hereby charged with and shall have the exclusive power of administration and management of all of the following state institutions: state hospitals for persons with developmental disability, mental illness, or substance use disorder. The commissioner shall have power and authority to determine all matters relating to the unified and continuous development of all of the foregoing institutions and of such other institutions, the supervision of which may, from time to time, be vested in the commissioner. It is intended that there be vested in the commissioner all of the powers, functions, and authority heretofore vested in the State Board of Control relative to such state institutions. The commissioner shall have the power and authority to accept, in behalf of the state, contributions and gifts of money and personal property for the use and benefit of the residents of the public institutions under the commissioner's control, and all money and securities so received shall be deposited in the state treasury subject to the order of the commissioner of human services. If the gift or contribution is designated by the donor for a certain institution or purpose, the commissioner of human services shall expend or use the same as nearly as may be in accordance with the conditions of the gift or contribution, compatible with the best interests of the inmates and the state. The commissioner of human services is hereby constituted the "state agency" as defined by the Social Security Act of the United States and the laws of this state for all purposes relating to mental health and mental hygiene.

For the purpose of carrying out these duties, the commissioner of human services shall accept from wards with developmental disabilities for whom the commissioner is specifically appointed guardian a signed application for consent to the marriage of said ward. Upon receipt of such application the commissioner shall promptly conduct such investigation as the commissioner deems proper and determine if the contemplated marriage is for the best interest of the ward and the public. A signed copy of the commissioner's determination shall be mailed to the ward and to the court administrator of the district court of the county where the application for such marriage license was made.

There is hereby appropriated to such persons or institutions as are entitled to such sums as are provided for in this section, from the fund or account in the state treasury to which the money was credited, an amount sufficient to make such payment.

246.013 PERSONS WITH MENTAL ILLNESS; CARE, TREATMENT.

Within the limits of the appropriations for the commissioner of human services, the commissioner is directed, in the performance of the duties imposed by the laws of this state, to bring to the measure prescribed by section 246.014, the care and treatment of persons with mental illness as speedily as is possible, and to thereafter, subject to the paramount authority of the legislature with respect to appropriations, maintain said standards in the care and treatment of persons with mental illness.

246.014 SERVICES.

The measure of services are:

(a) The commissioner of human services shall develop and maintain state-operated services in a manner consistent with sections 245.461 and 245.487 and chapters 252, 254A, and 254B. State-operated services shall be provided in coordination with counties and other vendors. State-operated services shall include regional treatment centers, specialized inpatient or outpatient treatment programs, enterprise services, community-based services and programs, community preparation services, consultative services, and other services consistent with the mission of the Department of Human Services. These services shall include crisis beds, waived homes, intermediate care facilities, and day training and habilitation facilities. The administrative structure of state-operated services must be statewide in character. The state-operated services staff may deliver services at any location throughout the state.

(b) The commissioner of human services shall create and maintain forensic services programs. Forensic services shall be provided in coordination with counties and other vendors. Forensic services shall include specialized inpatient programs at secure treatment facilities as defined in

sections 253B.02, subdivision 18a, and 253D.02, subdivision 13, consultative services, aftercare services, community-based services and programs, transition services, nursing home services, or other services consistent with the mission of the Department of Human Services.

(c) Community preparation services as identified in paragraphs (a) and (b) are defined as specialized inpatient or outpatient services or programs operated outside of a secure environment but are administered by a secured treatment facility.

(d) The commissioner of human services may establish policies and procedures which govern the operation of the services and programs under the direct administrative authority of the commissioner.

246.15 MONEY OF PATIENTS OR RESIDENTS.

Subd. 2. **Correctional inmates fund.** Any money in the inmates fund provided for in this section, belonging to inmates of state institutions under the jurisdiction of the commissioner of corrections shall be immediately transferred by the commissioner of human services to the correctional inmates' fund created by section 241.08.

246.23 PERSONS ADMISSIBLE TO REGIONAL TREATMENT CENTERS.

Subdivision 1. **Residence.** No person who has not a settlement in a county, as defined in section 256G.02, subdivision 4, shall be admitted to a regional treatment center for persons with mental illness, developmental disability, or substance use disorder, except that the commissioner of human services may authorize admission thereto when the residence cannot be ascertained, or when the circumstances in the judgment of the commissioner make it advisable. When application is made to a judge exercising probate jurisdiction for admission to any of the regional treatment centers above named for admission thereto, if the judge finds that the person for whom application is made has not such residence, or that residence cannot be ascertained, the judge shall so report to the commissioner; and may recommend that such person be admitted notwithstanding, giving reasons therefor. The commissioner of human services shall thereupon investigate the question of residence and, if the commissioner finds that such person has not such residence and has a legal residence in another state or country, the commissioner may cause the person to be returned thereto at the expense of this state.

246.60 CONSOLIDATION; EMPLOYEES.

When institutions under the control of the commissioner of human services or the commissioner of corrections are consolidated, the commissioner of management and budget and the commissioner of administration shall direct the department incorporating the consolidation and any other state department or agency, as necessary, to employ the affected employees at no loss in salary. The commissioner of management and budget shall temporarily suspend any rules or laws to accommodate these provisions. Any department or agency that employs an affected employee is authorized to temporarily exceed its approved complement. The commissioner of management and budget shall develop procedures to insure that moving expenses are reimbursed for those employees who relocate pursuant to the consolidation.

251.013 AH-GWAH-CHING, WILLMAR, AND FERGUS FALLS REGIONAL TREATMENT CENTERS.

Subdivision 1. **Ah-Gwah-Ching.** It is the intent of the legislature that the Ah-Gwah-Ching Center continue operation in Walker, Minnesota, as a provider of nursing care to geriatric and other residents whose aggressive or difficult to manage behavioral needs cannot be met in their home community.

Subd. 2. **Admissions criteria.** An individual who has a documented history of behavioral patterns that pose a substantial risk of harm to the individual, other vulnerable adults, staff, or visitors is eligible for placement at the Ah-Gwah-Ching Center if the individual meets all other admissions criteria.

Subd. 3. **Geriatric rapid assessment stabilization program.** The Ah-Gwah-Ching Center shall provide information on the geriatric rapid assessment stabilization program (GRASP) or emergency admittance programs to nursing facilities throughout the state and shall promote and encourage the use of these programs by these facilities.

Subd. 4. **Willmar.** It is the intent of the legislature that the Willmar Regional Treatment Center continue operation in Willmar as a provider of mental health and substance use disorder treatment, and also as an operator of community-based programs for persons with developmental disabilities.

Subd. 5. **Fergus Falls.** It is the intent of the legislature to continue operation as a downsized regional treatment center in Fergus Falls and use state employees to operate and maintain the downsized facility.

252.50 STATE-OPERATED PROGRAMS.

Subdivision 1. **Community-based programs established.** The commissioner shall establish a system of state-operated, community-based programs for persons with developmental disabilities. For purposes of this section, "state-operated, community-based program" means a program administered by the state to provide treatment and habilitation in noninstitutional community settings to persons with developmental disabilities. Employees of the programs, except clients who work within and benefit from these treatment and habilitation programs, must be state employees under chapters 43A and 179A. Although any clients who work within and benefit from these treatment and habilitation programs are not employees under chapters 43A and 179A, the Department of Human Services may consider clients who work within and benefit from these programs employees for federal tax purposes. The establishment of state-operated, community-based programs must be within the context of a comprehensive definition of the role of state-operated services in the state. The role of state-operated services must be defined within the context of a comprehensive system of services for persons with developmental disabilities. State-operated, community-based programs may include, but are not limited to, community group homes, foster care, supportive living services, day training and habilitation programs, and respite care arrangements. The commissioner may operate the pilot projects established under Laws 1985, First Special Session chapter 9, article 1, section 2, subdivision 6, and shall, within the limits of available appropriations, establish additional state-operated, community-based programs for persons with developmental disabilities. State-operated, community-based programs may accept admissions from regional treatment centers, from the person's own home, or from community programs. State-operated, community-based programs offering day program services may be provided for persons with developmental disabilities who are living in state-operated, community-based residential programs until July 1, 2000. No later than 1994, the commissioner, together with family members, counties, advocates, employee representatives, and other interested parties, shall begin planning so that by July 1, 2000, state-operated, community-based residential facilities will be in compliance with section 252.41, subdivision 9.

Subd. 9. **Evaluation of community-based services development.** The commissioner shall develop an integrated approach to assessing and improving the quality of community-based services, including state-operated programs for persons with developmental disabilities.

The commissioner shall evaluate the progress of the development and quality of community-based services to determine if further development can proceed. The commissioner shall report results of the evaluation to the legislature by January 31, 1991, and January 31, 1993.

Subd. 11. **Agreement authorized.** The agreement between the commissioner of human services, the state negotiator, and the bargaining representatives of state employees, dated March 10, 1989, concerning the Department of Human Services plan to restructure the regional treatment centers, is ratified, subject to approval by the Legislative Commission on Employee Relations.

252.51 COMMUNITY PLANNING.

Each community where there is a regional treatment center shall establish a group to work with and advise the commissioner and the counties to:

- (1) ensure community input in the development of community services for persons with developmental disabilities;
- (2) assure consideration of family concern about choice of service settings;
- (3) assist counties in recruiting new providers, capitalizing, and siting new day services and residential programs;
- (4) work with the surrounding counties to coordinate development of services for persons with developmental disabilities;
- (5) facilitate community education concerning services to persons with developmental disabilities;
- (6) assist in recruiting potential supported employment opportunities;
- (7) assist in developing shared services agreements among providers of service;
- (8) coordinate with the development of state-operated services; and

(9) seek to resolve local transportation issues for people with developmental disabilities.

Funds appropriated to the Department of Human Services for this purpose shall be transferred to the city in which the regional treatment center is located upon receipt of evidence from the city that such a group has been constituted and designated. The funds shall be used to defray the expenses of the group.

The membership of each community group must reflect a broad range of community interests, including, at a minimum, families of persons with developmental disabilities, state employee unions, providers, advocates, and counties.

256B.693 STATE-OPERATED SERVICES; MANAGED CARE.

Subd. 2. **Study by the commissioner.** To help identify appropriate state-operated services for managed care systems, the commissioner of human services shall study the integration of state-operated services into public managed care systems and make recommendations to the legislature. The commissioner's study and recommendations shall include, but shall not be limited to, the following:

(1) identification of persons with disabilities on waiting lists for services, which could be provided by state-operated services;

(2) availability of crisis services to persons with disabilities;

(3) unmet service needs, which could be met by state-operated services; and

(4) deficiencies in managed care contracts and services, which hinder the placement and maintenance of persons with disabilities in community settings.

In conducting this study, the commissioner shall survey counties concerning their interest in and need for services that could be provided by state-operated services. The commissioner shall also consult with the appropriate exclusive bargaining unit representatives. The commissioner shall report findings to the legislature by February 1, 1998.