

2.2 **ARTICLE 1**

2.3 **DISABILITY SERVICES**

2.4 Section 1. Minnesota Statutes 2023 Supplement, section 13.46, subdivision 2, as amended
2.5 by Laws 2024, chapter 80, article 8, section 2, is amended to read:

2.6 Subd. 2. **General.** (a) Data on individuals collected, maintained, used, or disseminated
2.7 by the welfare system are private data on individuals, and shall not be disclosed except:

2.8 (1) according to section 13.05;

2.9 (2) according to court order;

2.10 (3) according to a statute specifically authorizing access to the private data;

2.11 (4) to an agent of the welfare system and an investigator acting on behalf of a county,
2.12 the state, or the federal government, including a law enforcement person or attorney in the
2.13 investigation or prosecution of a criminal, civil, or administrative proceeding relating to the
2.14 administration of a program;

2.15 (5) to personnel of the welfare system who require the data to verify an individual's
2.16 identity; determine eligibility, amount of assistance, and the need to provide services to an
2.17 individual or family across programs; coordinate services for an individual or family;
2.18 evaluate the effectiveness of programs; assess parental contribution amounts; and investigate
2.19 suspected fraud;

2.20 (6) to administer federal funds or programs;

2.21 (7) between personnel of the welfare system working in the same program;

2.22 (8) to the Department of Revenue to ~~assess parental contribution amounts for purposes~~
2.23 ~~of section 252.27, subdivision 2a,~~ administer and evaluate tax refund or tax credit programs
2.24 and to identify individuals who may benefit from these programs, and prepare the databases
2.25 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section
2.26 6. The following information may be disclosed under this paragraph: an individual's and
2.27 their dependent's names, dates of birth, Social Security or individual taxpayer identification
2.28 numbers, income, addresses, and other data as required, upon request by the Department
2.29 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human
2.30 services for the purposes described in this clause are governed by section 270B.14,
2.31 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
2.32 care credit under section 290.067, the Minnesota working family credit under section
3.1 290.0671, the property tax refund under section 290A.04, and the Minnesota education
3.2 credit under section 290.0674;

3.3 (9) between the Department of Human Services; the Department of Employment and
3.4 Economic Development; the Department of Children, Youth, and Families; and, when
3.5 applicable, the Department of Education, for the following purposes:

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2.10 (3) according to a statute specifically authorizing access to the private data;

2.11 (4) to an agent of the welfare system and an investigator acting on behalf of a county,
2.12 the state, or the federal government, including a law enforcement person or attorney in the
2.13 investigation or prosecution of a criminal, civil, or administrative proceeding relating to the
2.14 administration of a program;

2.15 (5) to personnel of the welfare system who require the data to verify an individual's
2.16 identity; determine eligibility, amount of assistance, and the need to provide services to an
2.17 individual or family across programs; coordinate services for an individual or family;
2.18 evaluate the effectiveness of programs; assess parental contribution amounts; and investigate
2.19 suspected fraud;

2.20 (6) to administer federal funds or programs;

2.21 (7) between personnel of the welfare system working in the same program;

2.22 (8) to the Department of Revenue to ~~assess parental contribution amounts for purposes~~
2.23 ~~of section 252.27, subdivision 2a,~~ administer and evaluate tax refund or tax credit programs
2.24 and to identify individuals who may benefit from these programs, and prepare the databases
2.25 for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section
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2.27 their dependent's names, dates of birth, Social Security or individual taxpayer identification
2.28 numbers, income, addresses, and other data as required, upon request by the Department
2.29 of Revenue. Disclosures by the commissioner of revenue to the commissioner of human
2.30 services for the purposes described in this clause are governed by section 270B.14,
2.31 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
2.32 care credit under section 290.067, the Minnesota working family credit under section
3.1 290.0671, the property tax refund under section 290A.04, and the Minnesota education
3.2 credit under section 290.0674;

3.3 (9) between the Department of Human Services; the Department of Employment and
3.4 Economic Development; the Department of Children, Youth, and Families; and, when
3.5 applicable, the Department of Education, for the following purposes:

3.6 (i) to monitor the eligibility of the data subject for unemployment benefits, for any
3.7 employment or training program administered, supervised, or certified by that agency;

3.8 (ii) to administer any rehabilitation program or child care assistance program, whether
3.9 alone or in conjunction with the welfare system;

3.10 (iii) to monitor and evaluate the Minnesota family investment program or the child care
3.11 assistance program by exchanging data on recipients and former recipients of Supplemental
3.12 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,
3.13 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter
3.14 256B or 256L; and

3.15 (iv) to analyze public assistance employment services and program utilization, cost,
3.16 effectiveness, and outcomes as implemented under the authority established in Title II,
3.17 Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999.
3.18 Health records governed by sections 144.291 to 144.298 and "protected health information"
3.19 as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code
3.20 of Federal Regulations, title 45, parts 160-164, including health care claims utilization
3.21 information, must not be exchanged under this clause;

3.22 (10) to appropriate parties in connection with an emergency if knowledge of the
3.23 information is necessary to protect the health or safety of the individual or other individuals
3.24 or persons;

3.25 (11) data maintained by residential programs as defined in section 245A.02 may be
3.26 disclosed to the protection and advocacy system established in this state according to Part
3.27 C of Public Law 98-527 to protect the legal and human rights of persons with developmental
3.28 disabilities or other related conditions who live in residential facilities for these persons if
3.29 the protection and advocacy system receives a complaint by or on behalf of that person and
3.30 the person does not have a legal guardian or the state or a designee of the state is the legal
3.31 guardian of the person;

3.32 (12) to the county medical examiner or the county coroner for identifying or locating
3.33 relatives or friends of a deceased person;

4.1 (13) data on a child support obligor who makes payments to the public agency may be
4.2 disclosed to the Minnesota Office of Higher Education to the extent necessary to determine
4.3 eligibility under section 136A.121, subdivision 2, clause (5);

4.4 (14) participant Social Security or individual taxpayer identification numbers and names
4.5 collected by the telephone assistance program may be disclosed to the Department of
4.6 Revenue to conduct an electronic data match with the property tax refund database to
4.7 determine eligibility under section 237.70, subdivision 4a;

4.8 (15) the current address of a Minnesota family investment program participant may be
4.9 disclosed to law enforcement officers who provide the name of the participant and notify
4.10 the agency that:

3.6 (i) to monitor the eligibility of the data subject for unemployment benefits, for any
3.7 employment or training program administered, supervised, or certified by that agency;

3.8 (ii) to administer any rehabilitation program or child care assistance program, whether
3.9 alone or in conjunction with the welfare system;

3.10 (iii) to monitor and evaluate the Minnesota family investment program or the child care
3.11 assistance program by exchanging data on recipients and former recipients of Supplemental
3.12 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D,
3.13 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter
3.14 256B or 256L; and

3.15 (iv) to analyze public assistance employment services and program utilization, cost,
3.16 effectiveness, and outcomes as implemented under the authority established in Title II,
3.17 Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999.
3.18 Health records governed by sections 144.291 to 144.298 and "protected health information"
3.19 as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code
3.20 of Federal Regulations, title 45, parts 160-164, including health care claims utilization
3.21 information, must not be exchanged under this clause;

3.22 (10) to appropriate parties in connection with an emergency if knowledge of the
3.23 information is necessary to protect the health or safety of the individual or other individuals
3.24 or persons;

3.25 (11) data maintained by residential programs as defined in section 245A.02 may be
3.26 disclosed to the protection and advocacy system established in this state according to Part
3.27 C of Public Law 98-527 to protect the legal and human rights of persons with developmental
3.28 disabilities or other related conditions who live in residential facilities for these persons if
3.29 the protection and advocacy system receives a complaint by or on behalf of that person and
3.30 the person does not have a legal guardian or the state or a designee of the state is the legal
3.31 guardian of the person;

3.32 (12) to the county medical examiner or the county coroner for identifying or locating
3.33 relatives or friends of a deceased person;

4.1 (13) data on a child support obligor who makes payments to the public agency may be
4.2 disclosed to the Minnesota Office of Higher Education to the extent necessary to determine
4.3 eligibility under section 136A.121, subdivision 2, clause (5);

4.4 (14) participant Social Security or individual taxpayer identification numbers and names
4.5 collected by the telephone assistance program may be disclosed to the Department of
4.6 Revenue to conduct an electronic data match with the property tax refund database to
4.7 determine eligibility under section 237.70, subdivision 4a;

4.8 (15) the current address of a Minnesota family investment program participant may be
4.9 disclosed to law enforcement officers who provide the name of the participant and notify
4.10 the agency that:

4.11 (i) the participant:

4.12 (A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after

4.13 conviction, for a crime or attempt to commit a crime that is a felony under the laws of the

4.14 jurisdiction from which the individual is fleeing; or

4.15 (B) is violating a condition of probation or parole imposed under state or federal law;

4.16 (ii) the location or apprehension of the felon is within the law enforcement officer's

4.17 official duties; and

4.18 (iii) the request is made in writing and in the proper exercise of those duties;

4.19 (16) the current address of a recipient of general assistance may be disclosed to probation

4.20 officers and corrections agents who are supervising the recipient and to law enforcement

4.21 officers who are investigating the recipient in connection with a felony level offense;

4.22 (17) information obtained from a SNAP applicant or recipient households may be

4.23 disclosed to local, state, or federal law enforcement officials, upon their written request, for

4.24 the purpose of investigating an alleged violation of the Food and Nutrition Act, according

4.25 to Code of Federal Regulations, title 7, section 272.1(c);

4.26 (18) the address, Social Security or individual taxpayer identification number, and, if

4.27 available, photograph of any member of a household receiving SNAP benefits shall be made

4.28 available, on request, to a local, state, or federal law enforcement officer if the officer

4.29 furnishes the agency with the name of the member and notifies the agency that:

4.30 (i) the member:

4.31 (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a

4.32 crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

5.1 (B) is violating a condition of probation or parole imposed under state or federal law;

5.2 or

5.3 (C) has information that is necessary for the officer to conduct an official duty related

5.4 to conduct described in subitem (A) or (B);

5.5 (ii) locating or apprehending the member is within the officer's official duties; and

5.6 (iii) the request is made in writing and in the proper exercise of the officer's official duty;

5.7 (19) the current address of a recipient of Minnesota family investment program, general

5.8 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,

5.9 provide the name of the recipient and notify the agency that the recipient is a person required

5.10 to register under section 243.166, but is not residing at the address at which the recipient is

5.11 registered under section 243.166;

5.12 (20) certain information regarding child support obligors who are in arrears may be

5.13 made public according to section 518A.74;

4.11 (i) the participant:

4.12 (A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after

4.13 conviction, for a crime or attempt to commit a crime that is a felony under the laws of the

4.14 jurisdiction from which the individual is fleeing; or

4.15 (B) is violating a condition of probation or parole imposed under state or federal law;

4.16 (ii) the location or apprehension of the felon is within the law enforcement officer's

4.17 official duties; and

4.18 (iii) the request is made in writing and in the proper exercise of those duties;

4.19 (16) the current address of a recipient of general assistance may be disclosed to probation

4.20 officers and corrections agents who are supervising the recipient and to law enforcement

4.21 officers who are investigating the recipient in connection with a felony level offense;

4.22 (17) information obtained from a SNAP applicant or recipient households may be

4.23 disclosed to local, state, or federal law enforcement officials, upon their written request, for

4.24 the purpose of investigating an alleged violation of the Food and Nutrition Act, according

4.25 to Code of Federal Regulations, title 7, section 272.1(c);

4.26 (18) the address, Social Security or individual taxpayer identification number, and, if

4.27 available, photograph of any member of a household receiving SNAP benefits shall be made

4.28 available, on request, to a local, state, or federal law enforcement officer if the officer

4.29 furnishes the agency with the name of the member and notifies the agency that:

4.30 (i) the member:

4.31 (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a

4.32 crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

5.1 (B) is violating a condition of probation or parole imposed under state or federal law;

5.2 or

5.3 (C) has information that is necessary for the officer to conduct an official duty related

5.4 to conduct described in subitem (A) or (B);

5.5 (ii) locating or apprehending the member is within the officer's official duties; and

5.6 (iii) the request is made in writing and in the proper exercise of the officer's official duty;

5.7 (19) the current address of a recipient of Minnesota family investment program, general

5.8 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,

5.9 provide the name of the recipient and notify the agency that the recipient is a person required

5.10 to register under section 243.166, but is not residing at the address at which the recipient is

5.11 registered under section 243.166;

5.12 (20) certain information regarding child support obligors who are in arrears may be

5.13 made public according to section 518A.74;

5.14 (21) data on child support payments made by a child support obligor and data on the
5.15 distribution of those payments excluding identifying information on obligees may be
5.16 disclosed to all obligees to whom the obligor owes support, and data on the enforcement
5.17 actions undertaken by the public authority, the status of those actions, and data on the income
5.18 of the obligor or obligee may be disclosed to the other party;

5.19 (22) data in the work reporting system may be disclosed under section 256.998,
5.20 subdivision 7;

5.21 (23) to the Department of Education for the purpose of matching Department of Education
5.22 student data with public assistance data to determine students eligible for free and
5.23 reduced-price meals, meal supplements, and free milk according to United States Code,
5.24 title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and state
5.25 funds that are distributed based on income of the student's family; and to verify receipt of
5.26 energy assistance for the telephone assistance plan;

5.27 (24) the current address and telephone number of program recipients and emergency
5.28 contacts may be released to the commissioner of health or a community health board as
5.29 defined in section 145A.02, subdivision 5, when the commissioner or community health
5.30 board has reason to believe that a program recipient is a disease case, carrier, suspect case,
5.31 or at risk of illness, and the data are necessary to locate the person;

5.32 (25) to other state agencies, statewide systems, and political subdivisions of this state,
5.33 including the attorney general, and agencies of other states, interstate information networks,
6.1 federal agencies, and other entities as required by federal regulation or law for the
6.2 administration of the child support enforcement program;

6.3 (26) to personnel of public assistance programs as defined in section 256.741, for access
6.4 to the child support system database for the purpose of administration, including monitoring
6.5 and evaluation of those public assistance programs;

6.6 (27) to monitor and evaluate the Minnesota family investment program by exchanging
6.7 data between the Departments of Human Services; Children, Youth, and Families; and
6.8 Education, on recipients and former recipients of SNAP benefits, cash assistance under
6.9 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical
6.10 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
6.11 256D;

6.12 (28) to evaluate child support program performance and to identify and prevent fraud
6.13 in the child support program by exchanging data between the Department of Human Services;
6.14 Department of Children, Youth, and Families; Department of Revenue under section 270B.14,
6.15 subdivision 1, paragraphs (a) and (b), without regard to the limitation of use in paragraph
6.16 (c); Department of Health; Department of Employment and Economic Development; and
6.17 other state agencies as is reasonably necessary to perform these functions;

5.14 (21) data on child support payments made by a child support obligor and data on the
5.15 distribution of those payments excluding identifying information on obligees may be
5.16 disclosed to all obligees to whom the obligor owes support, and data on the enforcement
5.17 actions undertaken by the public authority, the status of those actions, and data on the income
5.18 of the obligor or obligee may be disclosed to the other party;

5.19 (22) data in the work reporting system may be disclosed under section 256.998,
5.20 subdivision 7;

5.21 (23) to the Department of Education for the purpose of matching Department of Education
5.22 student data with public assistance data to determine students eligible for free and
5.23 reduced-price meals, meal supplements, and free milk according to United States Code,
5.24 title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and state
5.25 funds that are distributed based on income of the student's family; and to verify receipt of
5.26 energy assistance for the telephone assistance plan;

5.27 (24) the current address and telephone number of program recipients and emergency
5.28 contacts may be released to the commissioner of health or a community health board as
5.29 defined in section 145A.02, subdivision 5, when the commissioner or community health
5.30 board has reason to believe that a program recipient is a disease case, carrier, suspect case,
5.31 or at risk of illness, and the data are necessary to locate the person;

5.32 (25) to other state agencies, statewide systems, and political subdivisions of this state,
5.33 including the attorney general, and agencies of other states, interstate information networks,
6.1 federal agencies, and other entities as required by federal regulation or law for the
6.2 administration of the child support enforcement program;

6.3 (26) to personnel of public assistance programs as defined in section 256.741, for access
6.4 to the child support system database for the purpose of administration, including monitoring
6.5 and evaluation of those public assistance programs;

6.6 (27) to monitor and evaluate the Minnesota family investment program by exchanging
6.7 data between the Departments of Human Services; Children, Youth, and Families; and
6.8 Education, on recipients and former recipients of SNAP benefits, cash assistance under
6.9 chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical
6.10 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
6.11 256D;

6.12 (28) to evaluate child support program performance and to identify and prevent fraud
6.13 in the child support program by exchanging data between the Department of Human Services;
6.14 Department of Children, Youth, and Families; Department of Revenue under section 270B.14,
6.15 subdivision 1, paragraphs (a) and (b), without regard to the limitation of use in paragraph
6.16 (c); Department of Health; Department of Employment and Economic Development; and
6.17 other state agencies as is reasonably necessary to perform these functions;

6.18 (29) counties and the Department of Children, Youth, and Families operating child care
6.19 assistance programs under chapter 119B may disseminate data on program participants,
6.20 applicants, and providers to the commissioner of education;

6.21 (30) child support data on the child, the parents, and relatives of the child may be
6.22 disclosed to agencies administering programs under titles IV-B and IV-E of the Social
6.23 Security Act, as authorized by federal law;

6.24 (31) to a health care provider governed by sections 144.291 to 144.298, to the extent
6.25 necessary to coordinate services;

6.26 (32) to the chief administrative officer of a school to coordinate services for a student
6.27 and family; data that may be disclosed under this clause are limited to name, date of birth,
6.28 gender, and address;

6.29 (33) to county correctional agencies to the extent necessary to coordinate services and
6.30 diversion programs; data that may be disclosed under this clause are limited to name, client
6.31 demographics, program, case status, and county worker information; or

6.32 (34) between the Department of Human Services and the Metropolitan Council for the
6.33 following purposes:

7.1 (i) to coordinate special transportation service provided under section 473.386 with
7.2 services for people with disabilities and elderly individuals funded by or through the
7.3 Department of Human Services; and

7.4 (ii) to provide for reimbursement of special transportation service provided under section
7.5 473.386.

7.6 The data that may be shared under this clause are limited to the individual's first, last, and
7.7 middle names; date of birth; residential address; and program eligibility status with expiration
7.8 date for the purposes of informing the other party of program eligibility.

7.9 (b) Information on persons who have been treated for substance use disorder may only
7.10 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
7.11 2.1 to 2.67.

7.12 (c) Data provided to law enforcement agencies under paragraph (a), clause (15), (16),
7.13 (17), or (18), or paragraph (b), are investigative data and are confidential or protected
7.14 nonpublic while the investigation is active. The data are private after the investigation
7.15 becomes inactive under section 13.82, subdivision 7, clause (a) or (b).

7.16 (d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are
7.17 not subject to the access provisions of subdivision 10, paragraph (b).

7.18 For the purposes of this subdivision, a request will be deemed to be made in writing if
7.19 made through a computer interface system.

6.18 (29) counties and the Department of Children, Youth, and Families operating child care
6.19 assistance programs under chapter 119B may disseminate data on program participants,
6.20 applicants, and providers to the commissioner of education;

6.21 (30) child support data on the child, the parents, and relatives of the child may be
6.22 disclosed to agencies administering programs under titles IV-B and IV-E of the Social
6.23 Security Act, as authorized by federal law;

6.24 (31) to a health care provider governed by sections 144.291 to 144.298, to the extent
6.25 necessary to coordinate services;

6.26 (32) to the chief administrative officer of a school to coordinate services for a student
6.27 and family; data that may be disclosed under this clause are limited to name, date of birth,
6.28 gender, and address;

6.29 (33) to county correctional agencies to the extent necessary to coordinate services and
6.30 diversion programs; data that may be disclosed under this clause are limited to name, client
6.31 demographics, program, case status, and county worker information; or

6.32 (34) between the Department of Human Services and the Metropolitan Council for the
6.33 following purposes:

7.1 (i) to coordinate special transportation service provided under section 473.386 with
7.2 services for people with disabilities and elderly individuals funded by or through the
7.3 Department of Human Services; and

7.4 (ii) to provide for reimbursement of special transportation service provided under section
7.5 473.386.

7.6 The data that may be shared under this clause are limited to the individual's first, last, and
7.7 middle names; date of birth; residential address; and program eligibility status with expiration
7.8 date for the purposes of informing the other party of program eligibility.

7.9 (b) Information on persons who have been treated for substance use disorder may only
7.10 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
7.11 2.1 to 2.67.

7.12 (c) Data provided to law enforcement agencies under paragraph (a), clause (15), (16),
7.13 (17), or (18), or paragraph (b), are investigative data and are confidential or protected
7.14 nonpublic while the investigation is active. The data are private after the investigation
7.15 becomes inactive under section 13.82, subdivision 7, clause (a) or (b).

7.16 (d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are
7.17 not subject to the access provisions of subdivision 10, paragraph (b).

7.18 For the purposes of this subdivision, a request will be deemed to be made in writing if
7.19 made through a computer interface system.

7.20 Sec. 2. Minnesota Statutes 2022, section 245.821, subdivision 1, is amended to read:

7.21 Subdivision 1. **Notice required.** Notwithstanding any law to the contrary, no private or
7.22 public facility for the treatment, housing, or counseling of more than five persons with
7.23 mental illness, physical disability, developmental disability, ~~as defined in section 252.27,~~
7.24 ~~subdivision 1a,~~ substance use disorder, or another form of dependency, nor any correctional
7.25 facility for more than five persons, shall be established without 30 days' written notice to
7.26 the affected municipality or other political subdivision.

7.27 Sec. 3. Minnesota Statutes 2022, section 245.825, subdivision 1, is amended to read:

7.28 Subdivision 1. **Rules governing aversive and deprivation procedures.** The
7.29 commissioner of human services shall by October, 1983, promulgate rules governing the
7.30 use of aversive and deprivation procedures in all licensed facilities and licensed services
7.31 serving persons with developmental disabilities, ~~as defined in section 252.27, subdivision~~
7.32 ~~1a.~~ No provision of these rules shall encourage or require the use of aversive and deprivation
8.1 procedures. The rules shall prohibit: (1) the application of certain aversive and deprivation
8.2 procedures in facilities except as authorized and monitored by the commissioner; (2) the
8.3 use of aversive and deprivation procedures that restrict the consumers' normal access to
8.4 nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene
8.5 facilities, normal sleeping conditions, and necessary clothing; and (3) the use of faradic
8.6 shock without a court order. The rule shall further specify that consumers may not be denied
8.7 ordinary access to legal counsel and next of kin. In addition, the rule may specify other
8.8 prohibited practices and the specific conditions under which permitted practices are to be
8.9 carried out. For any persons receiving faradic shock, a plan to reduce and eliminate the use
8.10 of faradic shock shall be in effect upon implementation of the procedure.

8.11 Sec. 4. Minnesota Statutes 2023 Supplement, section 245A.03, subdivision 7, as amended
8.12 by Laws 2024, chapter 80, article 2, section 37, and Laws 2024, chapter 85, section 53, is
8.13 amended to read:

8.14 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
8.15 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
8.16 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
8.17 for a physical location that will not be the primary residence of the license holder for the
8.18 entire period of licensure. If a family adult foster care home license is issued during this
8.19 moratorium, and the license holder changes the license holder's primary residence away
8.20 from the physical location of the foster care license, the commissioner shall revoke the
8.21 license according to section 245A.07. The commissioner shall not issue an initial license
8.22 for a community residential setting licensed under chapter 245D. When approving an
8.23 exception under this paragraph, the commissioner shall consider the resource need
8.24 determination process in paragraph (h), the availability of foster care licensed beds in the
8.25 geographic area in which the licensee seeks to operate, the results of a person's choices
8.26 during their annual assessment and service plan review, and the recommendation of the
8.27 local county board. The determination by the commissioner is final and not subject to appeal.
8.28 Exceptions to the moratorium include:

7.20 Sec. 2. Minnesota Statutes 2022, section 245.821, subdivision 1, is amended to read:

7.21 Subdivision 1. **Notice required.** Notwithstanding any law to the contrary, no private or
7.22 public facility for the treatment, housing, or counseling of more than five persons with
7.23 mental illness, physical disability, developmental disability, ~~as defined in section 252.27,~~
7.24 ~~subdivision 1a,~~ substance use disorder, or another form of dependency, nor any correctional
7.25 facility for more than five persons, shall be established without 30 days' written notice to
7.26 the affected municipality or other political subdivision.

7.27 Sec. 3. Minnesota Statutes 2022, section 245.825, subdivision 1, is amended to read:

7.28 Subdivision 1. **Rules governing aversive and deprivation procedures.** The
7.29 commissioner of human services shall by October, 1983, promulgate rules governing the
7.30 use of aversive and deprivation procedures in all licensed facilities and licensed services
7.31 serving persons with developmental disabilities, ~~as defined in section 252.27, subdivision~~
7.32 ~~1a.~~ No provision of these rules shall encourage or require the use of aversive and deprivation
8.1 procedures. The rules shall prohibit: (1) the application of certain aversive and deprivation
8.2 procedures in facilities except as authorized and monitored by the commissioner; (2) the
8.3 use of aversive and deprivation procedures that restrict the consumers' normal access to
8.4 nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene
8.5 facilities, normal sleeping conditions, and necessary clothing; and (3) the use of faradic
8.6 shock without a court order. The rule shall further specify that consumers may not be denied
8.7 ordinary access to legal counsel and next of kin. In addition, the rule may specify other
8.8 prohibited practices and the specific conditions under which permitted practices are to be
8.9 carried out. For any persons receiving faradic shock, a plan to reduce and eliminate the use
8.10 of faradic shock shall be in effect upon implementation of the procedure.

8.29 (1) a license for a person in a foster care setting that is not the primary residence of the
8.30 license holder and where at least 80 percent of the residents are 55 years of age or older;

8.31 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
8.32 community residential setting licenses replacing adult foster care licenses in existence on
8.33 December 31, 2013, and determined to be needed by the commissioner under paragraph
8.34 (b);

9.1 (3) new foster care licenses or community residential setting licenses determined to be
9.2 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
9.3 or regional treatment center; restructuring of state-operated services that limits the capacity
9.4 of state-operated facilities; or allowing movement to the community for people who no
9.5 longer require the level of care provided in state-operated facilities as provided under section
9.6 256B.092, subdivision 13, or 256B.49, subdivision 24; ~~or~~

9.7 (4) new foster care licenses or community residential setting licenses determined to be
9.8 needed by the commissioner under paragraph (b) for persons requiring hospital-level care;
9.9 ~~or~~

9.10 (5) new community residential setting licenses determined necessary by the commissioner
9.11 for people affected by the closure of homes with a capacity of five or six beds currently
9.12 licensed as supervised living facilities licensed under Minnesota Rules, chapter 4665, but
9.13 not designated as intermediate care facilities. This exception is available until June 30, 2025.

9.14 (b) The commissioner shall determine the need for newly licensed foster care homes or
9.15 community residential settings as defined under this subdivision. As part of the determination,
9.16 the commissioner shall consider the availability of foster care capacity in the area in which
9.17 the licensee seeks to operate, and the recommendation of the local county board. The
9.18 determination by the commissioner must be final. A determination of need is not required
9.19 for a change in ownership at the same address.

9.20 (c) When an adult resident served by the program moves out of a foster home that is not
9.21 the primary residence of the license holder according to section 256B.49, subdivision 15,
9.22 paragraph (f), or the adult community residential setting, the county shall immediately
9.23 inform the Department of Human Services Licensing Division. The department may decrease
9.24 the statewide licensed capacity for adult foster care settings.

9.25 (d) Residential settings that would otherwise be subject to the decreased license capacity
9.26 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
9.27 residents whose primary diagnosis is mental illness and the license holder is certified under
9.28 the requirements in subdivision 6a or section 245D.33.

9.29 (e) A resource need determination process, managed at the state level, using the available
9.30 data required by section 144A.351, and other data and information shall be used to determine
9.31 where the reduced capacity determined under section 256B.493 will be implemented. The
9.32 commissioner shall consult with the stakeholders described in section 144A.351, and employ
9.33 a variety of methods to improve the state's capacity to meet the informed decisions of those

9.34 people who want to move out of corporate foster care or community residential settings,
10.1 long-term service needs within budgetary limits, including seeking proposals from service
10.2 providers or lead agencies to change service type, capacity, or location to improve services,
10.3 increase the independence of residents, and better meet needs identified by the long-term
10.4 services and supports reports and statewide data and information.

10.5 (f) At the time of application and reapplication for licensure, the applicant and the license
10.6 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
10.7 required to inform the commissioner whether the physical location where the foster care
10.8 will be provided is or will be the primary residence of the license holder for the entire period
10.9 of licensure. If the primary residence of the applicant or license holder changes, the applicant
10.10 or license holder must notify the commissioner immediately. The commissioner shall print
10.11 on the foster care license certificate whether or not the physical location is the primary
10.12 residence of the license holder.

10.13 (g) License holders of foster care homes identified under paragraph (f) that are not the
10.14 primary residence of the license holder and that also provide services in the foster care home
10.15 that are covered by a federally approved home and community-based services waiver, as
10.16 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
10.17 services licensing division that the license holder provides or intends to provide these
10.18 waiver-funded services.

10.19 (h) The commissioner may adjust capacity to address needs identified in section
10.20 144A.351. Under this authority, the commissioner may approve new licensed settings or
10.21 delicense existing settings. Delicensing of settings will be accomplished through a process
10.22 identified in section 256B.493.

10.23 (i) The commissioner must notify a license holder when its corporate foster care or
10.24 community residential setting licensed beds are reduced under this section. The notice of
10.25 reduction of licensed beds must be in writing and delivered to the license holder by certified
10.26 mail or personal service. The notice must state why the licensed beds are reduced and must
10.27 inform the license holder of its right to request reconsideration by the commissioner. The
10.28 license holder's request for reconsideration must be in writing. If mailed, the request for
10.29 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
10.30 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
10.31 reconsideration is made by personal service, it must be received by the commissioner within
10.32 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

10.33 (j) The commissioner shall not issue an initial license for children's residential treatment
10.34 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
11.1 for a program that Centers for Medicare and Medicaid Services would consider an institution
11.2 for mental diseases. Facilities that serve only private pay clients are exempt from the
11.3 moratorium described in this paragraph. The commissioner has the authority to manage
11.4 existing statewide capacity for children's residential treatment services subject to the
11.5 moratorium under this paragraph and may issue an initial license for such facilities if the

11.6 initial license would not increase the statewide capacity for children's residential treatment
11.7 services subject to the moratorium under this paragraph.

11.8 **EFFECTIVE DATE.** This section is effective August 1, 2024.

11.9 Sec. 5. Minnesota Statutes 2022, section 245A.11, subdivision 2a, is amended to read:

11.10 Subd. 2a. **Adult foster care and community residential setting license capacity.** (a)
11.11 The commissioner shall issue adult foster care and community residential setting licenses
11.12 with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,
11.13 except that the commissioner may issue a license with a capacity of five beds, including
11.14 roomers and boarders, according to paragraphs (b) to ~~(g)~~ (h).

11.15 (b) The license holder may have a maximum license capacity of five if all persons in
11.16 care are age 55 or over and do not have a serious and persistent mental illness or a
11.17 developmental disability.

11.18 (c) The commissioner may grant variances to paragraph (b) to allow a facility with a
11.19 licensed capacity of up to five persons to admit an individual under the age of 55 if the
11.20 variance complies with section 245A.04, subdivision 9, and approval of the variance is
11.21 recommended by the county in which the licensed facility is located.

11.22 (d) The commissioner may grant variances to paragraph (a) to allow the use of an
11.23 additional bed, up to six, for emergency crisis services for a person with serious and persistent
11.24 mental illness or a developmental disability, regardless of age, if the variance complies with
11.25 section 245A.04, subdivision 9, and approval of the variance is recommended by the county
11.26 in which the licensed facility is located.

11.27 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an
11.28 additional bed, up to six, for respite services, as defined in section 245A.02, for persons
11.29 with disabilities, regardless of age, if the variance complies with sections 245A.03,
11.30 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended
11.31 by the county in which the licensed facility is located. Respite care may be provided under
11.32 the following conditions:

12.1 (1) staffing ratios cannot be reduced below the approved level for the individuals being
12.2 served in the home on a permanent basis;

12.3 (2) no more than two different individuals can be accepted for respite services in any
12.4 calendar month and the total respite days may not exceed 120 days per program in any
12.5 calendar year;

12.6 (3) the person receiving respite services must have his or her own bedroom, which could
12.7 be used for alternative purposes when not used as a respite bedroom, and cannot be the
12.8 room of another person who lives in the facility; and

12.9 (4) individuals living in the facility must be notified when the variance is approved. The
12.10 provider must give 60 days' notice in writing to the residents and their legal representatives

12.11 prior to accepting the first respite placement. Notice must be given to residents at least two
12.12 days prior to service initiation, or as soon as the license holder is able if they receive notice
12.13 of the need for respite less than two days prior to initiation, each time a respite client will
12.14 be served, unless the requirement for this notice is waived by the resident or legal guardian.

12.15 (f) The commissioner may issue an adult foster care or community residential setting
12.16 license with a capacity of five adults if the fifth bed does not increase the overall statewide
12.17 capacity of licensed adult foster care or community residential setting beds in homes that
12.18 are not the primary residence of the license holder, as identified in a plan submitted to the
12.19 commissioner by the county, when the capacity is recommended by the county licensing
12.20 agency of the county in which the facility is located and if the recommendation verifies
12.21 that:

12.22 (1) the facility meets the physical environment requirements in the adult foster care
12.23 licensing rule;

12.24 (2) the five-bed living arrangement is specified for each resident in the resident's:

12.25 (i) individualized plan of care;

12.26 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or

12.27 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,
12.28 subpart 19, if required;

12.29 (3) the license holder obtains written and signed informed consent from each resident
12.30 or resident's legal representative documenting the resident's informed choice to remain
12.31 living in the home and that the resident's refusal to consent would not have resulted in
12.32 service termination; and

13.1 (4) the facility was licensed for adult foster care before March 1, 2016.

13.2 (g) The commissioner shall not issue a new adult foster care license under paragraph (f)
13.3 after December 31, 2020. The commissioner shall allow a facility with an adult foster care
13.4 license issued under paragraph (f) before December 31, 2020, to continue with a capacity
13.5 of five adults if the license holder continues to comply with the requirements in paragraph
13.6 (f).

13.7 (h) The commissioner may issue an adult foster care or community residential setting
13.8 license with a capacity of five or six adults to facilities meeting the criteria in section
13.9 245A.03, subdivision 7, paragraph (a), clause (5), and grant variances to paragraph (b) to
13.10 allow the facility to admit an individual under the age of 55 if the variance complies with
13.11 section 245A.04, subdivision 9, and approval of the variance is recommended by the county
13.12 in which the licensed facility is located.

13.13 ~~(h)~~ (i) Notwithstanding Minnesota Rules, part 9520.0500, adult foster care and community
13.14 residential setting licenses with a capacity of up to six adults as allowed under this subdivision

13.15 are not required to be licensed as an adult mental health residential program according to
13.16 Minnesota Rules, parts 9520.0500 to 9520.0670.

13.17 **EFFECTIVE DATE.** This section is effective August 1, 2024.

13.18 Sec. 6. **[245D.13] OUT-OF-HOME RESPITE SERVICES FOR CHILDREN.**

13.19 Subdivision 1. **Licensed setting required.** A license holder with a home and
13.20 community-based services license providing out-of-home respite services for children must
13.21 do so only in a licensed setting, unless exempt under subdivision 2.

13.22 Subd. 2. **Exemption from licensed setting requirement.** (a) A license holder with a
13.23 home and community-based services license may provide out-of-home respite services for
13.24 children in an unlicensed residential setting if:

13.25 (1) the child has not been placed in foster care under Minnesota Rules, part 9560.0529;

13.26 (2) all background studies are completed according to the requirements in chapter 245C;

13.27 (3) a child's case manager conducts and documents an assessment of the residential
13.28 setting and its environment before services are provided and at least once each calendar
13.29 year thereafter if services continue to be provided at that residence. The assessment must
13.30 ensure that the setting is suitable for the child receiving respite services. The assessment
13.31 must be conducted and documented in the manner prescribed by the commissioner;

14.1 (4) the child's legal representative visits the residence and signs and dates a statement
14.2 authorizing services in the residence before services are provided and at least once each
14.3 calendar year thereafter if services continue to be provided at that residence;

14.4 (5) the services are provided in a residential setting that is not licensed to provide any
14.5 other licensed services;

14.6 (6) the services are provided to no more than four children at any one time. Each child
14.7 must have an individual bedroom, with the exception of two siblings who may share a
14.8 bedroom;

14.9 (7) services are not provided to children and adults over the age of 21 in the same
14.10 residence at the same time;

14.11 (8) services are not provided to a single family for more than 46 calendar days in a
14.12 calendar year and no more than ten consecutive days;

14.13 (9) the license holder's license was not made conditional, suspended, or revoked during
14.14 the previous 24 months; and

14.15 (10) each individual in the residence at the time services are provided, other than
14.16 individuals receiving services, is an employee, as defined under section 245C.02, of the
14.17 license holder and has had a background study completed under chapter 245C. No other

14.18 household members or other individuals may be present in the residence while services are
14.19 provided.

14.20 (b) A child may not receive out-of-home respite services in more than two unlicensed
14.21 residential settings in a calendar year.

14.22 (c) The license holder must ensure the requirements in this section are met.

14.23 Subd. 3. **Documentation requirements.** The license holder must maintain documentation
14.24 of the following:

14.25 (1) background studies completed under chapter 245C;

14.26 (2) service recipient records indicating the calendar dates and times when services were
14.27 provided;

14.28 (3) the case manager's initial residential setting assessment and each residential assessment
14.29 completed thereafter; and

14.30 (4) the legal representative's approval of the residential setting before services are
14.31 provided and each year thereafter.

15.1 Sec. 7. Minnesota Statutes 2022, section 246.511, as amended by Laws 2024, chapter 79,
15.2 article 2, section 39, is amended to read:

15.3 **246.511 RELATIVE RESPONSIBILITY.**

15.4 Except for substance use disorder services paid for with money provided under chapter
15.5 254B, the executive board must not require under section 246.51 a client's relatives to pay
15.6 more than the following: (1) for services provided in a community-based service, the
15.7 noncovered cost of care as determined under the ability to pay determination; and (2) for
15.8 services provided at a regional treatment center operated by state-operated services, 20
15.9 percent of the cost of care, unless the relatives reside outside the state. ~~The executive board~~
15.10 ~~must determine the responsibility of parents of children in state facilities to pay according~~
15.11 ~~to section 252.27, subdivision 2, or in rules adopted under chapter 254B if the cost of care~~
15.12 ~~is paid under chapter 254B.~~ The executive board may accept voluntary payments in excess
15.13 of 20 percent. The executive board may require full payment of the full per capita cost of
15.14 care in state facilities for clients whose parent, parents, spouse, guardian, or conservator do
15.15 not reside in Minnesota.

15.16 Sec. 8. Minnesota Statutes 2022, section 252.27, subdivision 2b, is amended to read:

15.17 Subd. 2b. ~~Child's responsibility~~ **Parental or guardian reimbursement to counties.** (a)
15.18 ~~Parental or guardian responsibility of for the child for the child's cost of care incurred by~~
15.19 ~~counties~~ shall be up to the maximum amount of the total income and resources attributed
15.20 to the child except for the clothing and personal needs allowance as provided in section
15.21 256B.35, subdivision 1. Reimbursement by the parents ~~and child~~ or guardians residing
15.22 ~~outside of Minnesota~~ shall be made to the county making any payments for services. The

8.11 Sec. 4. Minnesota Statutes 2022, section 246.511, as amended by Laws 2024, chapter 79,
8.12 article 2, section 39, is amended to read:

8.13 **246.511 RELATIVE RESPONSIBILITY.**

8.14 Except for substance use disorder services paid for with money provided under chapter
8.15 254B, the executive board must not require under section 246.51 a client's relatives to pay
8.16 more than the following: (1) for services provided in a community-based service, the
8.17 noncovered cost of care as determined under the ability to pay determination; and (2) for
8.18 services provided at a regional treatment center operated by state-operated services, 20
8.19 percent of the cost of care, unless the relatives reside outside the state. ~~The executive board~~
8.20 ~~must determine the responsibility of parents of children in state facilities to pay according~~
8.21 ~~to section 252.27, subdivision 2, or in rules adopted under chapter 254B if the cost of care~~
8.22 ~~is paid under chapter 254B.~~ The executive board may accept voluntary payments in excess
8.23 of 20 percent. The executive board may require full payment of the full per capita cost of
8.24 care in state facilities for clients whose parent, parents, spouse, guardian, or conservator do
8.25 not reside in Minnesota.

8.26 Sec. 5. Minnesota Statutes 2022, section 252.27, subdivision 2b, is amended to read:

8.27 Subd. 2b. ~~Child's responsibility~~ **Parental or guardian reimbursement to counties.** (a)
8.28 ~~Parental or guardian responsibility of for the child for the child's cost of care incurred by~~
8.29 ~~counties~~ shall be up to the maximum amount of the total income and resources attributed
8.30 to the child except for the clothing and personal needs allowance as provided in section
8.31 256B.35, subdivision 1. Reimbursement by the parents ~~and child~~ or guardians residing
8.32 ~~outside of Minnesota~~ shall be made to the county making any payments for services. The

15.23 county board may require payment of the full cost of caring for children whose parents or
15.24 guardians do not reside in this state.

15.25 (b) To the extent that a child described in subdivision 1 is eligible for benefits under
15.26 chapter 62A, 62C, 62D, 62E, or 64B, the county is not liable for the cost of services.

15.27 Sec. 9. Minnesota Statutes 2022, section 252.282, subdivision 1, is amended to read:

15.28 Subdivision 1. **Host county responsibility.** ~~(a) For purposes of this section, "local system~~
15.29 ~~needs planning" means the determination of need for ICF/DD services by program type,~~
15.30 ~~location, demographics, and size of licensed services for persons with developmental~~
15.31 ~~disabilities or related conditions.~~

16.1 ~~(b)~~ (a) This section does not apply to semi-independent living services and
16.2 residential-based habilitation services funded as home and community-based services.

16.3 ~~(b)~~ (b) In collaboration with the commissioner and ICF/DD providers, counties shall
16.4 complete a local system needs planning process for each ICF/DD facility. Counties shall
16.5 evaluate the preferences and needs of persons with developmental disabilities to determine
16.6 resource demands through a systematic assessment and planning process by May 15, 2000,
16.7 and by July 1 every two years thereafter beginning in 2001.

16.8 ~~(c)~~ (c) A local system needs planning process shall be undertaken more frequently when
16.9 the needs or preferences of consumers change significantly to require reformation of the
16.10 resources available to persons with developmental disabilities.

16.11 ~~(d)~~ (d) A local system needs plan shall be amended anytime recommendations for
16.12 modifications to existing ICF/DD services are made to the host county, including
16.13 recommendations for:

16.14 (1) closure;
16.15 (2) relocation of services;
16.16 (3) downsizing; or
16.17 (4) modification of existing services for which a change in the framework of service
16.18 delivery is advocated.

16.19 Sec. 10. Minnesota Statutes 2022, section 252.282, is amended by adding a subdivision
16.20 to read:

16.21 Subd. 1a. **Definitions.** (a) For purposes of this section, the terms in this subdivision have
16.22 the meanings given.

16.23 (b) "Local system needs planning" means the determination of need for ICF/DD services
16.24 by program type, location, demographics, and size of licensed services for persons with
16.25 developmental disabilities or related conditions.

9.1 county board may require payment of the full cost of caring for children whose parents or
9.2 guardians do not reside in this state.

9.3 (b) To the extent that a child described in subdivision 1 is eligible for benefits under
9.4 chapter 62A, 62C, 62D, 62E, or 64B, the county is not liable for the cost of services.

9.5 Sec. 6. Minnesota Statutes 2022, section 252.282, subdivision 1, is amended to read:

9.6 Subdivision 1. **Host county responsibility.** ~~(a) For purposes of this section, "local system~~
9.7 ~~needs planning" means the determination of need for ICF/DD services by program type,~~
9.8 ~~location, demographics, and size of licensed services for persons with developmental~~
9.9 ~~disabilities or related conditions.~~

9.10 ~~(b)~~ (a) This section does not apply to semi-independent living services and
9.11 residential-based habilitation services funded as home and community-based services.

9.12 ~~(b)~~ (b) In collaboration with the commissioner and ICF/DD providers, counties shall
9.13 complete a local system needs planning process for each ICF/DD facility. Counties shall
9.14 evaluate the preferences and needs of persons with developmental disabilities to determine
9.15 resource demands through a systematic assessment and planning process by May 15, 2000,
9.16 and by July 1 every two years thereafter beginning in 2001.

9.17 ~~(c)~~ (c) A local system needs planning process shall be undertaken more frequently when
9.18 the needs or preferences of consumers change significantly to require reformation of the
9.19 resources available to persons with developmental disabilities.

9.20 ~~(d)~~ (d) A local system needs plan shall be amended anytime recommendations for
9.21 modifications to existing ICF/DD services are made to the host county, including
9.22 recommendations for:

9.23 (1) closure;
9.24 (2) relocation of services;
9.25 (3) downsizing; or
9.26 (4) modification of existing services for which a change in the framework of service
9.27 delivery is advocated.

9.28 Sec. 7. Minnesota Statutes 2022, section 252.282, is amended by adding a subdivision to
9.29 read:

9.30 Subd. 1a. **Definitions.** (a) For purposes of this section, the terms in this subdivision have
9.31 the meanings given.

10.1 (b) "Local system needs planning" means the determination of need for ICF/DD services
10.2 by program type, location, demographics, and size of licensed services for persons with
10.3 developmental disabilities or related conditions.

16.26 (c) "Related condition" has the meaning given in section 256B.02, subdivision 11.

16.27 Sec. 11. Minnesota Statutes 2022, section 256B.02, subdivision 11, is amended to read:

16.28 Subd. 11. **Related condition.** "Related condition" means ~~that condition defined in section~~

16.29 ~~252.27, subdivision 1a~~ a condition:

17.1 (1) that is found to be closely related to a developmental disability, including but not

17.2 limited to cerebral palsy, epilepsy, autism, fetal alcohol spectrum disorder, and Prader-Willi

17.3 syndrome; and

17.4 (2) that meets all of the following criteria:

17.5 (i) is severe and chronic;

17.6 (ii) results in impairment of general intellectual functioning or adaptive behavior similar

17.7 to that of persons with developmental disabilities;

17.8 (iii) requires treatment or services similar to those required for persons with

17.9 developmental disabilities;

17.10 (iv) is manifested before the person reaches 22 years of age;

17.11 (v) is likely to continue indefinitely;

17.12 (vi) results in substantial functional limitations in three or more of the following areas

17.13 of major life activity:

17.14 (A) self-care;

17.15 (B) understanding and use of language;

17.16 (C) learning;

17.17 (D) mobility;

17.18 (E) self-direction; or

17.19 (F) capacity for independent living; and

17.20 (vii) is not attributable to mental illness as defined in section 245.462, subdivision 20,

17.21 or an emotional disturbance as defined in section 245.4871, subdivision 15. For purposes

17.22 of this item, notwithstanding section 245.462, subdivision 20, or 245.4871, subdivision 15,

17.23 "mental illness" does not include autism or other pervasive developmental disorders.

17.24 Sec. 12. Minnesota Statutes 2023 Supplement, section 256B.073, subdivision 3, is amended

17.25 to read:

17.26 Subd. 3. **Requirements.** (a) In developing implementation requirements for electronic

17.27 visit verification, the commissioner shall ensure that the requirements:

17.28 (1) are minimally administratively and financially burdensome to a provider;

10.4 (c) "Related condition" has the meaning given in section 256B.02, subdivision 11.

10.5 Sec. 8. Minnesota Statutes 2022, section 256B.02, subdivision 11, is amended to read:

10.6 Subd. 11. **Related condition.** "Related condition" means ~~that condition defined in section~~

10.7 ~~252.27, subdivision 1a~~ a condition:

10.8 (1) that is found to be closely related to a developmental disability, including but not

10.9 limited to cerebral palsy, epilepsy, autism, fetal alcohol spectrum disorder, and Prader-Willi

10.10 syndrome; and

10.11 (2) that meets all of the following criteria:

10.12 (i) is severe and chronic;

10.13 (ii) results in impairment of general intellectual functioning or adaptive behavior similar

10.14 to that of persons with developmental disabilities;

10.15 (iii) requires treatment or services similar to those required for persons with

10.16 developmental disabilities;

10.17 (iv) is manifested before the person reaches 22 years of age;

10.18 (v) is likely to continue indefinitely;

10.19 (vi) results in substantial functional limitations in three or more of the following areas

10.20 of major life activity:

10.21 (A) self-care;

10.22 (B) understanding and use of language;

10.23 (C) learning;

10.24 (D) mobility;

10.25 (E) self-direction; or

10.26 (F) capacity for independent living; and

10.27 (vii) is not attributable to mental illness as defined in section 245.462, subdivision 20,

10.28 or an emotional disturbance as defined in section 245.4871, subdivision 15. For purposes

10.29 of this item, notwithstanding section 245.462, subdivision 20, or 245.4871, subdivision 15,

10.30 mental illness does not include autism or other pervasive developmental disorders.

17.29 (2) are minimally burdensome to the service recipient and the least disruptive to the
17.30 service recipient in receiving and maintaining allowed services;

18.1 (3) consider existing best practices and use of electronic visit verification;

18.2 (4) are conducted according to all state and federal laws;

18.3 (5) are effective methods for preventing fraud when balanced against the requirements
18.4 of clauses (1) and (2); and

18.5 (6) are consistent with the Department of Human Services' policies related to covered
18.6 services, flexibility of service use, and quality assurance.

18.7 (b) The commissioner shall make training available to providers on the electronic visit
18.8 verification system requirements.

18.9 (c) The commissioner shall establish baseline measurements related to preventing fraud
18.10 and establish measures to determine the effect of electronic visit verification requirements
18.11 on program integrity.

18.12 (d) The commissioner shall make a state-selected electronic visit verification system
18.13 available to providers of services.

18.14 (e) The commissioner shall make available and publish on the agency website the name
18.15 and contact information for the vendor of the state-selected electronic visit verification
18.16 system and the other vendors that offer alternative electronic visit verification systems. The
18.17 information provided must state that the state-selected electronic visit verification system
18.18 is offered at no cost to the provider of services and that the provider may choose an alternative
18.19 system that may be at a cost to the provider.

18.20 (f) The commissioner must make data access through direct electronic means available
18.21 to all vendors of electronic visit verification systems offered in the state. The commissioner
18.22 must make the data available to the same extent and on the same terms to all vendors,
18.23 regardless of whether the vendor is providing the state-selected electronic verification system
18.24 or providing an alternative system at a cost to the provider.

18.25 Sec. 13. Minnesota Statutes 2022, section 256B.073, subdivision 4, is amended to read:

18.26 Subd. 4. **Provider requirements.** (a) A provider of services may select any electronic
18.27 visit verification system that meets the requirements established by the commissioner.

18.28 (b) All electronic visit verification systems used by providers to comply with the
18.29 requirements established by the commissioner must provide data to the commissioner in a
18.30 format and at a frequency to be established by the commissioner.

18.31 (c) Providers must implement the electronic visit verification systems required under
18.32 this section by a date established by the commissioner to be set after the state-selected
19.1 electronic visit verification systems for personal care services and home health services are
19.2 in production. For purposes of this paragraph, "personal care services" and "home health

19.3 services" have the meanings given in United States Code, title 42, section 1396b(l)(5).
19.4 Reimbursement rates for providers must not be reduced as a result of federal action to reduce
19.5 the federal medical assistance percentage under the 21st Century Cures Act, Public Law
19.6 114-255.

19.7 (d) For services provided in the service provider's own home, a service provider may
19.8 electronically document the services on a weekly basis provided the documentation contains
19.9 the elements listed under subdivision 2, paragraph (b), clauses (1) to (6).

19.10 Sec. 14. Minnesota Statutes 2022, section 256B.0911, subdivision 12, is amended to read:

19.11 Subd. 12. **Exception to use of MnCHOICES assessment; contracted assessors.** ~~(a)~~
19.12 A lead agency that has not implemented MnCHOICES assessments and uses contracted
19.13 assessors as of January 1, 2022, is not subject to the requirements of subdivisions 11, clauses
19.14 (7) to (9); 13; 14, paragraphs (a) to (c); 16 to 21; 23; 24; and 29 to 31.

19.15 ~~(b) This subdivision expires upon statewide implementation of MnCHOICES assessments.~~
19.16 ~~The commissioner shall notify the revisor of statutes when statewide implementation has~~
19.17 ~~occurred.~~

19.18 Sec. 15. Minnesota Statutes 2023 Supplement, section 256B.0911, subdivision 13, is
19.19 amended to read:

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

19.23 (b) MnCHOICES certified assessors must:

19.24 (1) either have a bachelor's degree in social work, nursing with a public health nursing
19.25 certificate, or other closely related field or be a registered nurse with at least two years of
19.26 home and community-based experience; and

11.1 Sec. 9. Minnesota Statutes 2022, section 256B.076, is amended by adding a subdivision
11.2 to read:

11.3 Subd. 4. **Case management provided under contract.** If a county agency provides
11.4 case management under contracts with other individuals or agencies, the county agency
11.5 must initiate a competitive proposal process for the procurement of contracted case
11.6 management services at least every two years. The competitive proposal process must
11.7 include evaluation criteria to ensure that the county maintains a culturally specific program
11.8 for case management services, as defined in section 256B.076, subdivision 3, adequate to
11.9 meet the needs of the population of the county.

11.10 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to contracts
11.11 entered into or renewed on or after that date.

11.12 Sec. 10. Minnesota Statutes 2023 Supplement, section 256B.0911, subdivision 13, is
11.13 amended to read:

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

11.17 (b) MnCHOICES certified assessors must:

11.18 (1) either have a bachelor's degree in social work, nursing with a public health nursing
11.19 certificate, or other closely related field or be a registered nurse with at least two years of
11.20 home and community-based experience; and

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

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

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

20.2 EFFECTIVE DATE. This section is effective July 1, 2024.

20.3 Sec. 16. Minnesota Statutes 2022, section 256B.0911, subdivision 17, is amended to read:

20.4 Subd. 17. **MnCHOICES assessments.** (a) A person requesting long-term care
20.5 consultation services must be visited by a long-term care consultation team within 20
20.6 calendar working days after the date on which an assessment was requested or recommended.
20.7 Assessments must be conducted according to this subdivision and subdivisions 19 to 21,
20.8 23, 24, and 29 to 31.

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

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

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

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

20.19 Sec. 17. Minnesota Statutes 2022, section 256B.0911, subdivision 20, is amended to read:

20.20 Subd. 20. **MnCHOICES assessments; duration of validity.** (a) An assessment that is
20.21 completed as part of an eligibility determination for multiple programs for the alternative
20.22 care, elderly waiver, developmental disabilities, community access for disability inclusion,
20.23 community alternative care, and brain injury waiver programs under chapter 256S and
20.24 sections 256B.0913, 256B.092, and 256B.49 is valid to establish service eligibility for no
20.25 more than 60 calendar 365 days after the date of the assessment.

20.26 (b) The effective eligibility start date for programs in paragraph (a) can never be prior
20.27 to the date of assessment. ~~If an assessment was completed more than 60 days before the~~
20.28 ~~effective waiver or alternative care program eligibility start date, assessment and support~~
20.29 ~~plan information must be updated and documented in the department's Medicaid Management~~
20.30 ~~Information System (MMIS).~~ Notwithstanding retroactive medical assistance coverage of

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

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

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

11.27 EFFECTIVE DATE. This section is effective July 1, 2024.

11.28 Sec. 11. Minnesota Statutes 2022, section 256B.0911, subdivision 20, is amended to read:

11.29 Subd. 20. **MnCHOICES assessments; duration of validity.** (a) An assessment that is
11.30 completed as part of an eligibility determination for multiple programs for the alternative
11.31 care, elderly waiver, developmental disabilities, community access for disability inclusion,
12.1 community alternative care, and brain injury waiver programs under chapter 256S and
12.2 sections 256B.0913, 256B.092, and 256B.49 is valid to establish service eligibility for no
12.3 more than 60 calendar 365 days after the date of the assessment.

12.4 (b) The effective eligibility start date for programs in paragraph (a) can never be prior
12.5 to the date of assessment. ~~If an assessment was completed more than 60 days before the~~
12.6 ~~effective waiver or alternative care program eligibility start date, assessment and support~~
12.7 ~~plan information must be updated and documented in the department's Medicaid Management~~
12.8 ~~Information System (MMIS).~~ Notwithstanding retroactive medical assistance coverage of

20.31 state plan services, the effective date of eligibility for programs included in paragraph (a)
20.32 cannot be prior to the completion date of the most recent updated assessment.

21.1 ~~(e) If an eligibility update is completed within 90 days of the previous assessment and~~
21.2 ~~documented in the department's Medicaid Management Information System (MMIS), the~~
21.3 ~~effective date of eligibility for programs included in paragraph (a) is the date of the previous~~
21.4 ~~in-person assessment when all other eligibility requirements are met.~~

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

12.9 state plan services, the effective date of eligibility for programs included in paragraph (a)
12.10 cannot be prior to the completion date of the most recent updated assessment.

12.11 ~~(e) If an eligibility update is completed within 90 days of the previous assessment and~~
12.12 ~~documented in the department's Medicaid Management Information System (MMIS), the~~
12.13 ~~effective date of eligibility for programs included in paragraph (a) is the date of the previous~~
12.14 ~~in-person assessment when all other eligibility requirements are met.~~

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

12.16 Sec. 12. Minnesota Statutes 2023 Supplement, section 256B.092, subdivision 1a, is
12.17 amended to read:

12.18 Subd. 1a. **Case management services.** (a) Each recipient of a home and community-based
12.19 waiver shall be provided case management services by qualified vendors as described in
12.20 the federally approved waiver application.

12.21 (b) Case management service activities provided to or arranged for a person include:

12.22 (1) development of the person-centered support plan under subdivision 1b;

12.23 (2) informing the individual or the individual's legal guardian or conservator, or parent
12.24 if the person is a minor, of service options, including all service options available under the
12.25 waiver plan;

12.26 (3) consulting with relevant medical experts or service providers;

12.27 (4) assisting the person in the identification of potential providers of chosen services,
12.28 including:

12.29 (i) providers of services provided in a non-disability-specific setting;

12.30 (ii) employment service providers;

12.31 (iii) providers of services provided in settings that are not controlled by a provider; and

13.1 (iv) providers of financial management services;

13.2 (5) assisting the person to access services and assisting in appeals under section 256.045;

13.3 (6) coordination of services, if coordination is not provided by another service provider;

13.4 (7) evaluation and monitoring of the services identified in the support plan, which must
13.5 incorporate at least one annual face-to-face visit by the case manager with each person; and

13.6 (8) reviewing support plans and providing the lead agency with recommendations for
13.7 service authorization based upon the individual's needs identified in the support plan.

13.8 (c) Case management service activities that are provided to the person with a
13.9 developmental disability shall be provided directly by county agencies or under contract.
13.10 If a county agency contracts for case management services, the county agency must provide

13.11 each recipient of home and community-based services who is receiving contracted case
13.12 management services with the contact information the recipient may use to file a grievance
13.13 with the county agency about the quality of the contracted services the recipient is receiving
13.14 from a county-contracted case manager. If a county agency provides case management
13.15 under contracts with other individuals or agencies, the county agency must initiate a
13.16 competitive proposal process for the procurement of contracted case management services
13.17 at least every two years. The competitive proposal process must include evaluation criteria
13.18 to ensure that the county maintains a culturally specific program for case management
13.19 services, as defined in section 256B.076, subdivision 3, adequate to meet the needs of the
13.20 population of the county.

13.21 (d) Case management services must be provided by a public or private agency that is
13.22 enrolled as a medical assistance provider determined by the commissioner to meet all of
13.23 the requirements in the approved federal waiver plans. Case management services must not
13.24 be provided to a recipient by a private agency that has a financial interest in the provision
13.25 of any other services included in the recipient's support plan. For purposes of this section,
13.26 "private agency" means any agency that is not identified as a lead agency under section
13.27 256B.0911, subdivision 10.

13.28 ~~(d)~~ (e) Case managers are responsible for service provisions listed in paragraphs (a) and
13.29 (b). Case managers shall collaborate with consumers, families, legal representatives, and
13.30 relevant medical experts and service providers in the development and annual review of the
13.31 person-centered support plan and habilitation plan.

13.32 ~~(e)~~ (f) For persons who need a positive support transition plan as required in chapter
13.33 245D, the case manager shall participate in the development and ongoing evaluation of the
14.1 plan with the expanded support team. At least quarterly, the case manager, in consultation
14.2 with the expanded support team, shall evaluate the effectiveness of the plan based on progress
14.3 evaluation data submitted by the licensed provider to the case manager. The evaluation must
14.4 identify whether the plan has been developed and implemented in a manner to achieve the
14.5 following within the required timelines:

14.6 (1) phasing out the use of prohibited procedures;

14.7 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's
14.8 timeline; and

14.9 (3) accomplishment of identified outcomes.

14.10 If adequate progress is not being made, the case manager shall consult with the person's
14.11 expanded support team to identify needed modifications and whether additional professional
14.12 support is required to provide consultation.

14.13 ~~(f)~~ (g) The Department of Human Services shall offer ongoing education in case
14.14 management to case managers. Case managers shall receive no less than 20 hours of case
14.15 management education and disability-related training each year. The education and training
14.16 must include person-centered planning, informed choice, cultural competency, employment

21.6 Sec. 18. Minnesota Statutes 2022, section 256B.0924, subdivision 3, is amended to read:

21.7 Subd. 3. **Eligibility.** Persons are eligible to receive targeted case management services
21.8 under this section if the requirements in paragraphs (a) and (b) are met.

21.9 (a) The person must be assessed and determined by the local county agency to:

21.10 (1) be age 18 or older;

21.11 (2) be receiving medical assistance;

21.12 (3) have significant functional limitations; and

21.13 (4) be in need of service coordination to attain or maintain living in an integrated
21.14 community setting.

21.15 (b) The person must be a vulnerable adult in need of adult protection as defined in section
21.16 626.5572, or is an adult with a developmental disability as defined in section 252A.02,
21.17 subdivision 2, or a related condition as defined in section ~~252.27, subdivision 1a~~ 256B.02,
21.18 subdivision 11, and is not receiving home and community-based waiver services, or is an
21.19 adult who lacks a permanent residence and who has been without a permanent residence
21.20 for at least one year or on at least four occasions in the last three years.

14.17 planning, community living planning, self-direction options, and use of technology supports.
14.18 By August 1, 2024, all case managers must complete an employment support training course
14.19 identified by the commissioner of human services. For case managers hired after August
14.20 1, 2024, this training must be completed within the first six months of providing case
14.21 management services. For the purposes of this section, "person-centered planning" or
14.22 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case
14.23 managers must document completion of training in a system identified by the commissioner.

14.24 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to contracts
14.25 entered into or renewed on or after that date.

14.26 Sec. 13. Minnesota Statutes 2022, section 256B.0924, subdivision 3, is amended to read:

14.27 Subd. 3. **Eligibility.** Persons are eligible to receive targeted case management services
14.28 under this section if the requirements in paragraphs (a) and (b) are met.

14.29 (a) The person must be assessed and determined by the local county agency to:

14.30 (1) be age 18 or older;

14.31 (2) be receiving medical assistance;

14.32 (3) have significant functional limitations; and

15.1 (4) be in need of service coordination to attain or maintain living in an integrated
15.2 community setting.

15.3 (b) The person must be a vulnerable adult in need of adult protection as defined in section
15.4 626.5572, or is an adult with a developmental disability as defined in section 252A.02,
15.5 subdivision 2, or a related condition as defined in section ~~252.27, subdivision 1a~~ 256B.02,
15.6 subdivision 11, and is not receiving home and community-based waiver services, or is an
15.7 adult who lacks a permanent residence and who has been without a permanent residence
15.8 for at least one year or on at least four occasions in the last three years.

15.9 Sec. 14. Minnesota Statutes 2023 Supplement, section 256B.0949, subdivision 15, is
15.10 amended to read:

15.11 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be employed by an agency
15.12 and be:

15.13 (1) a licensed mental health professional who has at least 2,000 hours of supervised
15.14 clinical experience or training in examining or treating people with ASD or a related condition
15.15 or equivalent documented coursework at the graduate level by an accredited university in
15.16 ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child
15.17 development; or

15.18 (2) a developmental or behavioral pediatrician who has at least 2,000 hours of supervised
15.19 clinical experience or training in examining or treating people with ASD or a related condition
15.20 or equivalent documented coursework at the graduate level by an accredited university in

- 15.21 the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and
15.22 typical child development.
- 15.23 (b) A level I treatment provider must be employed by an agency and:
- 15.24 (1) have at least 2,000 hours of supervised clinical experience or training in examining
15.25 or treating people with ASD or a related condition or equivalent documented coursework
15.26 at the graduate level by an accredited university in ASD diagnostics, ASD developmental
15.27 and behavioral treatment strategies, and typical child development or an equivalent
15.28 combination of documented coursework or hours of experience; and
- 15.29 (2) have or be at least one of the following:
- 15.30 (i) a master's degree in behavioral health or child development or related fields including,
15.31 but not limited to, mental health, special education, social work, psychology, speech
15.32 pathology, or occupational therapy from an accredited college or university;
- 16.1 (ii) a bachelor's degree in a behavioral health, child development, or related field
16.2 including, but not limited to, mental health, special education, social work, psychology,
16.3 speech pathology, or occupational therapy, from an accredited college or university, and
16.4 advanced certification in a treatment modality recognized by the department;
- 16.5 (iii) a board-certified behavior analyst as defined by the Behavior Analyst Certification
16.6 Board or a qualified behavior analyst as defined by the Qualified Applied Behavior Analysis
16.7 Credentialing Board; or
- 16.8 (iv) a board-certified assistant behavior analyst with 4,000 hours of supervised clinical
16.9 experience that meets all registration, supervision, and continuing education requirements
16.10 of the certification.
- 16.11 (c) A level II treatment provider must be employed by an agency and must be:
- 16.12 (1) a person who has a bachelor's degree from an accredited college or university in a
16.13 behavioral or child development science or related field including, but not limited to, mental
16.14 health, special education, social work, psychology, speech pathology, or occupational
16.15 therapy; and meets at least one of the following:
- 16.16 (i) has at least 1,000 hours of supervised clinical experience or training in examining or
16.17 treating people with ASD or a related condition or equivalent documented coursework at
16.18 the graduate level by an accredited university in ASD diagnostics, ASD developmental and
16.19 behavioral treatment strategies, and typical child development or a combination of
16.20 coursework or hours of experience;
- 16.21 (ii) has certification as a board-certified assistant behavior analyst from the Behavior
16.22 Analyst Certification Board or a qualified autism service practitioner from the Qualified
16.23 Applied Behavior Analysis Credentialing Board;

- 16.24 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification
16.25 Board or an applied behavior analysis technician as defined by the Qualified Applied
16.26 Behavior Analysis Credentialing Board; or
- 16.27 (iv) is certified in one of the other treatment modalities recognized by the department;
16.28 or
- 16.29 (2) a person who has:
- 16.30 (i) an associate's degree in a behavioral or child development science or related field
16.31 including, but not limited to, mental health, special education, social work, psychology,
16.32 speech pathology, or occupational therapy from an accredited college or university; and
- 17.1 (ii) at least 2,000 hours of supervised clinical experience in delivering treatment to people
17.2 with ASD or a related condition. Hours worked as a mental health behavioral aide or level
17.3 III treatment provider may be included in the required hours of experience; or
- 17.4 (3) a person who has at least 4,000 hours of supervised clinical experience in delivering
17.5 treatment to people with ASD or a related condition. Hours worked as a mental health
17.6 behavioral aide or level III treatment provider may be included in the required hours of
17.7 experience; or
- 17.8 (4) a person who is a graduate student in a behavioral science, child development science,
17.9 or related field and is receiving clinical supervision by a QSP affiliated with an agency to
17.10 meet the clinical training requirements for experience and training with people with ASD
17.11 or a related condition; or
- 17.12 (5) a person who is at least 18 years of age and who:
- 17.13 (i) is fluent in a non-English language or is an individual certified by a Tribal Nation;
17.14 (ii) completed the level III EIDBI training requirements; and
- 17.15 (iii) receives observation and direction from a QSP or level I treatment provider at least
17.16 once a week until the person meets 1,000 hours of supervised clinical experience.
- 17.17 (d) A level III treatment provider must be employed by an agency, have completed the
17.18 level III training requirement, be at least 18 years of age, and have at least one of the
17.19 following:
- 17.20 (1) a high school diploma or commissioner of education-selected high school equivalency
17.21 certification;
- 17.22 (2) fluency in a non-English language or Tribal Nation certification;
- 17.23 (3) one year of experience as a primary personal care assistant, community health worker,
17.24 waiver service provider, or special education assistant to a person with ASD or a related
17.25 condition within the previous five years; or
- 17.26 (4) completion of all required EIDBI training within six months of employment.

17.27 Sec. 15. Minnesota Statutes 2023 Supplement, section 256B.49, subdivision 13, is amended
17.28 to read:

17.29 Subd. 13. **Case management.** (a) Each recipient of a home and community-based waiver
17.30 shall be provided case management services by qualified vendors as described in the federally
17.31 approved waiver application. The case management service activities provided must include:

18.1 (1) finalizing the person-centered written support plan within the timelines established
18.2 by the commissioner and section 256B.0911, subdivision 29;

18.3 (2) informing the recipient or the recipient's legal guardian or conservator of service
18.4 options, including all service options available under the waiver plans;

18.5 (3) assisting the recipient in the identification of potential service providers of chosen
18.6 services, including:

18.7 (i) available options for case management service and providers;

18.8 (ii) providers of services provided in a non-disability-specific setting;

18.9 (iii) employment service providers;

18.10 (iv) providers of services provided in settings that are not community residential settings;
18.11 and

18.12 (v) providers of financial management services;

18.13 (4) assisting the recipient to access services and assisting with appeals under section
18.14 256.045; and

18.15 (5) coordinating, evaluating, and monitoring of the services identified in the service
18.16 plan.

18.17 (b) The case manager may delegate certain aspects of the case management service
18.18 activities to another individual provided there is oversight by the case manager. The case
18.19 manager may not delegate those aspects which require professional judgment including:

18.20 (1) finalizing the person-centered support plan;

18.21 (2) ongoing assessment and monitoring of the person's needs and adequacy of the
18.22 approved person-centered support plan; and

18.23 (3) adjustments to the person-centered support plan.

18.24 (c) Case management services must be provided by a public or private agency that is
18.25 enrolled as a medical assistance provider determined by the commissioner to meet all of
18.26 the requirements in the approved federal waiver plans. If a county agency provides case
18.27 management under contracts with other individuals or agencies, the county agency must
18.28 initiate a competitive proposal process for the procurement of contracted case management
18.29 services at least every two years. The competitive proposal process must include evaluation

21.21 Sec. 19. Minnesota Statutes 2022, section 256B.49, subdivision 16, is amended to read:
21.22 Subd. 16. **Services and supports.** (a) Services and supports included in the home and
21.23 community-based waivers for persons with disabilities must meet the requirements set out
21.24 in United States Code, title 42, section 1396n. The services and supports, which are offered

18.30 criteria to ensure that the county maintains a culturally specific program for case management
19.1 services, as defined in section 256B.076, subdivision 3, adequate to meet the needs of the
19.2 population of the county.
19.3 (d) Case management services must not be provided to a recipient by a private agency
19.4 that has any financial interest in the provision of any other services included in the recipient's
19.5 support plan. For purposes of this section, "private agency" means any agency that is not
19.6 identified as a lead agency under section 256B.0911, subdivision 10.
19.7 ~~(d)~~ (e) For persons who need a positive support transition plan as required in chapter
19.8 245D, the case manager shall participate in the development and ongoing evaluation of the
19.9 plan with the expanded support team. At least quarterly, the case manager, in consultation
19.10 with the expanded support team, shall evaluate the effectiveness of the plan based on progress
19.11 evaluation data submitted by the licensed provider to the case manager. The evaluation must
19.12 identify whether the plan has been developed and implemented in a manner to achieve the
19.13 following within the required timelines:
19.14 (1) phasing out the use of prohibited procedures;
19.15 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's
19.16 timeline; and
19.17 (3) accomplishment of identified outcomes.
19.18 If adequate progress is not being made, the case manager shall consult with the person's
19.19 expanded support team to identify needed modifications and whether additional professional
19.20 support is required to provide consultation.
19.21 ~~(e)~~ (f) The Department of Human Services shall offer ongoing education in case
19.22 management to case managers. Case managers shall receive no less than 20 hours of case
19.23 management education and disability-related training each year. The education and training
19.24 must include person-centered planning, informed choice, cultural competency, employment
19.25 planning, community living planning, self-direction options, and use of technology supports.
19.26 By August 1, 2024, all case managers must complete an employment support training course
19.27 identified by the commissioner of human services. For case managers hired after August
19.28 1, 2024, this training must be completed within the first six months of providing case
19.29 management services. For the purposes of this section, "person-centered planning" or
19.30 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case
19.31 managers shall document completion of training in a system identified by the commissioner.
19.32 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to contracts
19.33 entered into or renewed on or after that date.

21.25 as alternatives to institutional care, must promote consumer choice, community inclusion,
21.26 self-sufficiency, and self-determination.

21.27 (b) The commissioner must simplify and improve access to home and community-based
21.28 ~~waivered~~ waiver services, to the extent possible, through the establishment of a common
21.29 service menu that is available to eligible recipients regardless of age, disability type, or
21.30 waiver program.

22.1 (c) Consumer-directed community supports must be offered as an option to all persons
22.2 eligible for services under subdivision 11.

22.3 (d) Services and supports must be arranged and provided consistent with individualized
22.4 written plans of care for eligible waiver recipients.

22.5 (e) A transitional supports allowance must be available to all persons under a home and
22.6 community-based waiver who are moving from a licensed setting to a community setting.
22.7 "Transitional supports allowance" means a onetime payment of up to \$3,000, to cover the
22.8 costs, not covered by other sources, associated with moving from a licensed setting to a
22.9 community setting. Covered costs include:

22.10 (1) lease or rent deposits;

22.11 (2) security deposits;

22.12 (3) utilities setup costs, including telephone;

22.13 (4) essential furnishings and supplies; and

22.14 (5) personal supports and transports needed to locate and transition to community settings.

22.15 ~~(f)~~ (e) The state of Minnesota and county agencies that administer home and
22.16 community-based ~~waivered~~ waiver services for persons with disabilities must not be liable
22.17 for damages, injuries, or liabilities sustained through the purchase of supports by the
22.18 individual, the individual's family, legal representative, or the authorized representative
22.19 with funds received through consumer-directed community supports under this section.
22.20 Liabilities include but are not limited to workers' compensation liability, the Federal Insurance
22.21 Contributions Act (FICA), or the Federal Unemployment Tax Act (FUTA).

22.22 **EFFECTIVE DATE.** This section is effective January 1, 2025.

22.23 Sec. 20. Minnesota Statutes 2022, section 256B.4911, is amended by adding a subdivision
22.24 to read:

22.25 Subd. 7. **Budget procedures.** When a lead agency authorizes or reauthorizes
22.26 consumer-directed community supports services for a home and community-based services
22.27 waiver participant, the lead agency must provide to the waiver participant and the waiver
22.28 participant's legal representative the following information in an accessible format and in
22.29 a manner that meets the participant's needs:

- 22.30 (1) an explanation of how the participant's consumer-directed community supports
22.31 services budget was calculated, including a detailed explanation of the variables used in the
22.32 budget formula;
- 23.1 (2) a copy of the formula used to calculate the participant's consumer-directed community
23.2 supports services budget; and
- 23.3 (3) information about the participant's right to appeal the consumer-directed community
23.4 supports services budget in accordance with sections 256.045 and 256.0451.
- 23.5 Sec. 21. Minnesota Statutes 2022, section 256B.4911, is amended by adding a subdivision
23.6 to read:
- 23.7 Subd. 8. **Consumer-directed community supports policy.** Policies governing the
23.8 consumer-directed community supports program must be created solely by the commissioner.
23.9 Lead agencies must not create or implement any policies that are in addition to or inconsistent
23.10 with policies created by the commissioner or federal or state laws. Any handbooks,
23.11 procedures, or other guidance documents maintained by a lead agency do not have the force
23.12 or effect of law, and must not be given deference if introduced in a state fair hearing
23.13 conducted under sections 256.045 and 256.0451.
- 23.14 Sec. 22. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 10d, is
23.15 amended to read:
- 23.16 Subd. 10d. **Direct care staff; compensation.** (a) A provider paid with rates determined
23.17 under subdivision 6 must use a minimum of 66 percent of the revenue generated by rates
23.18 determined under that subdivision for direct care staff compensation and technology costs.
- 23.19 (b) A provider paid with rates determined under subdivision 7 must use a minimum of
23.20 45 percent of the revenue generated by rates determined under that subdivision for direct
23.21 care staff compensation and technology costs.
- 23.22 (c) A provider paid with rates determined under subdivision 8 or 9 must use a minimum
23.23 of 60 percent of the revenue generated by rates determined under those subdivisions for
23.24 direct care staff compensation and technology costs.
- 23.25 (d) Compensation under this subdivision includes:
- 23.26 (1) wages;
- 23.27 (2) taxes and workers' compensation;
- 23.28 (3) health insurance;
- 23.29 (4) dental insurance;
- 23.30 (5) vision insurance;
- 24.1 (6) life insurance;

24.2 (7) short-term disability insurance;

24.3 (8) long-term disability insurance;

24.4 (9) retirement spending;

24.5 (10) tuition reimbursement;

24.6 (11) wellness programs;

24.7 (12) paid vacation time;

24.8 (13) paid sick time; or

24.9 (14) other items of monetary value provided to direct care staff.

24.10 (e) Technology costs under this subdivision include:

24.11 (1) costs related to providing remote support, including payments made to third-party

24.12 vendors; or

24.13 (2) costs of technology to support individuals remotely.

24.14 Sec. 23. Minnesota Statutes 2022, section 256B.77, subdivision 7a, is amended to read:

24.15 Subd. 7a. **Eligible individuals.** (a) Persons are eligible for the demonstration project as

24.16 provided in this subdivision.

24.17 (b) "Eligible individuals" means those persons living in the demonstration site who are

24.18 eligible for medical assistance and are disabled based on a disability determination under

24.19 section 256B.055, subdivisions 7 and 12, or who are eligible for medical assistance and

24.20 have been diagnosed as having:

24.21 (1) serious and persistent mental illness as defined in section 245.462, subdivision 20;

24.22 (2) severe emotional disturbance as defined in section 245.4871, subdivision 6; or

24.23 (3) developmental disability, or being a person with a developmental disability as defined

24.24 in section 252A.02, or a related condition as defined in section ~~252.27, subdivision 1a,~~

24.25 256B.02, subdivision 11.

24.26 Other individuals may be included at the option of the county authority based on agreement

24.27 with the commissioner.

24.28 (c) Eligible individuals include individuals in excluded time status, as defined in chapter

24.29 256G. Enrollees in excluded time at the time of enrollment shall remain in excluded time

25.1 status as long as they live in the demonstration site and shall be eligible for 90 days after

25.2 placement outside the demonstration site if they move to excluded time status in a county

25.3 within Minnesota other than their county of financial responsibility.

20.1 Sec. 16. Minnesota Statutes 2022, section 256B.77, subdivision 7a, is amended to read:

20.2 Subd. 7a. **Eligible individuals.** (a) Persons are eligible for the demonstration project as

20.3 provided in this subdivision.

20.4 (b) "Eligible individuals" means those persons living in the demonstration site who are

20.5 eligible for medical assistance and are disabled based on a disability determination under

20.6 section 256B.055, subdivisions 7 and 12, or who are eligible for medical assistance and

20.7 have been diagnosed as having:

20.8 (1) serious and persistent mental illness as defined in section 245.462, subdivision 20;

20.9 (2) severe emotional disturbance as defined in section 245.4871, subdivision 6; or

20.10 (3) developmental disability, or being a person with a developmental disability as defined

20.11 in section 252A.02, or a related condition as defined in section ~~252.27, subdivision 1a,~~

20.12 256B.02, subdivision 11.

20.13 Other individuals may be included at the option of the county authority based on agreement

20.14 with the commissioner.

20.15 (c) Eligible individuals include individuals in excluded time status, as defined in chapter

20.16 256G. Enrollees in excluded time at the time of enrollment shall remain in excluded time

20.17 status as long as they live in the demonstration site and shall be eligible for 90 days after

20.18 placement outside the demonstration site if they move to excluded time status in a county

20.19 within Minnesota other than their county of financial responsibility.

25.4 (d) A person who is a sexual psychopathic personality as defined in section 253D.02,
25.5 subdivision 15, or a sexually dangerous person as defined in section 253D.02, subdivision
25.6 16, is excluded from enrollment in the demonstration project.

25.7 Sec. 24. Minnesota Statutes 2023 Supplement, section 270B.14, subdivision 1, is amended
25.8 to read:

25.9 Subdivision 1. **Disclosure to commissioner of human services.** (a) On the request of
25.10 the commissioner of human services, the commissioner shall disclose return information
25.11 regarding taxes imposed by chapter 290, and claims for refunds under chapter 290A, to the
25.12 extent provided in paragraph (b) and for the purposes set forth in paragraph (c).

25.13 (b) Data that may be disclosed are limited to data relating to the identity, whereabouts,
25.14 employment, income, and property of a person owing or alleged to be owing an obligation
25.15 of child support.

25.16 (c) The commissioner of human services may request data only for the purposes of
25.17 carrying out the child support enforcement program and to assist in the location of parents
25.18 who have, or appear to have, deserted their children. Data received may be used only as set
25.19 forth in section 256.978.

25.20 (d) The commissioner shall provide the records and information necessary to administer
25.21 the supplemental housing allowance to the commissioner of human services.

25.22 (e) At the request of the commissioner of human services, the commissioner of revenue
25.23 shall electronically match the Social Security or individual taxpayer identification numbers
25.24 and names of participants in the telephone assistance plan operated under sections 237.69
25.25 to 237.71, with those of property tax refund filers under chapter 290A or renter's credit filers
25.26 under section 290.0693, and determine whether each participant's household income is
25.27 within the eligibility standards for the telephone assistance plan.

20.20 (d) A person who is a sexual psychopathic personality as defined in section 253D.02,
20.21 subdivision 15, or a sexually dangerous person as defined in section 253D.02, subdivision
20.22 16, is excluded from enrollment in the demonstration project.

20.23 Sec. 17. Minnesota Statutes 2022, section 256S.07, subdivision 1, is amended to read:

20.24 Subdivision 1. **Elderly waiver case management provided by counties and tribes.** (a)
20.25 For participants not enrolled in a managed care organization, the county of residence or
20.26 tribe must provide or arrange to provide elderly waiver case management activities under
20.27 section 256S.09, subdivisions 2 and 3.

20.28 (b) If a county agency provides case management under contracts with other individuals
20.29 or agencies, the county agency must initiate a competitive proposal process for the
20.30 procurement of contracted case management services at least every two years. The
20.31 competitive proposal process must include evaluation criteria to ensure that the county
21.1 maintains a culturally specific program for case management services, as defined in section
21.2 256B.076, subdivision 3, adequate to meet the needs of the population of the county.

21.3 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to contracts
21.4 entered into or renewed on or after that date.

21.5 Sec. 18. Minnesota Statutes 2023 Supplement, section 270B.14, subdivision 1, is amended
21.6 to read:

21.7 Subdivision 1. **Disclosure to commissioner of human services.** (a) On the request of
21.8 the commissioner of human services, the commissioner shall disclose return information
21.9 regarding taxes imposed by chapter 290, and claims for refunds under chapter 290A, to the
21.10 extent provided in paragraph (b) and for the purposes set forth in paragraph (c).

21.11 (b) Data that may be disclosed are limited to data relating to the identity, whereabouts,
21.12 employment, income, and property of a person owing or alleged to be owing an obligation
21.13 of child support.

21.14 (c) The commissioner of human services may request data only for the purposes of
21.15 carrying out the child support enforcement program and to assist in the location of parents
21.16 who have, or appear to have, deserted their children. Data received may be used only as set
21.17 forth in section 256.978.

21.18 (d) The commissioner shall provide the records and information necessary to administer
21.19 the supplemental housing allowance to the commissioner of human services.

21.20 (e) At the request of the commissioner of human services, the commissioner of revenue
21.21 shall electronically match the Social Security or individual taxpayer identification numbers
21.22 and names of participants in the telephone assistance plan operated under sections 237.69
21.23 to 237.71, with those of property tax refund filers under chapter 290A or renter's credit filers
21.24 under section 290.0693, and determine whether each participant's household income is
21.25 within the eligibility standards for the telephone assistance plan.

25.28 (f) The commissioner may provide records and information collected under sections
25.29 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid
25.30 Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law
25.31 102-234. Upon the written agreement by the United States Department of Health and Human
25.32 Services to maintain the confidentiality of the data, the commissioner may provide records
25.33 and information collected under sections 295.50 to 295.59 to the Centers for Medicare and
26.1 Medicaid Services section of the United States Department of Health and Human Services
26.2 for purposes of meeting federal reporting requirements.

26.3 (g) The commissioner may provide records and information to the commissioner of
26.4 human services as necessary to administer the early refund of refundable tax credits.

26.5 (h) The commissioner may disclose information to the commissioner of human services
26.6 as necessary for income verification for eligibility and premium payment under the
26.7 MinnesotaCare program, under section 256L.05, subdivision 2, as well as the medical
26.8 assistance program under chapter 256B.

26.9 (i) The commissioner may disclose information to the commissioner of human services
26.10 necessary to verify whether applicants or recipients for the Minnesota family investment
26.11 program, general assistance, the Supplemental Nutrition Assistance Program (SNAP),
26.12 Minnesota supplemental aid program, and child care assistance have claimed refundable
26.13 tax credits under chapter 290 and the property tax refund under chapter 290A, and the
26.14 amounts of the credits.

26.15 ~~(j) The commissioner may disclose information to the commissioner of human services~~
26.16 ~~necessary to verify income for purposes of calculating parental contribution amounts under~~
26.17 ~~section 252.27, subdivision 2a.~~

26.18 ~~(k)~~ (j) At the request of the commissioner of human services and when authorized in
26.19 writing by the taxpayer, the commissioner of revenue may match the business legal name
26.20 or individual legal name, and the Minnesota tax identification number, federal Employer
26.21 Identification Number, or Social Security number of the applicant under section 245A.04,
26.22 subdivision 1; 245I.20; or 245H.03; or license or certification holder. The commissioner of
26.23 revenue may share the matching with the commissioner of human services. The matching
26.24 may only be used by the commissioner of human services to determine eligibility for provider
26.25 grant programs and to facilitate the regulatory oversight of license and certification holders
26.26 as it relates to ownership and public funds program integrity. This paragraph applies only
26.27 if the commissioner of human services and the commissioner of revenue enter into an
26.28 interagency agreement for the purposes of this paragraph.

26.29 Sec. 25. Minnesota Statutes 2022, section 447.42, subdivision 1, is amended to read:

26.30 Subdivision 1. **Establishment.** Notwithstanding any provision of Minnesota Statutes
26.31 to the contrary, any city, county, town, or nonprofit corporation approved by the
26.32 commissioner of human services, or any combination of them may establish and operate a

21.26 (f) The commissioner may provide records and information collected under sections
21.27 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid
21.28 Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law
21.29 102-234. Upon the written agreement by the United States Department of Health and Human
21.30 Services to maintain the confidentiality of the data, the commissioner may provide records
21.31 and information collected under sections 295.50 to 295.59 to the Centers for Medicare and
21.32 Medicaid Services section of the United States Department of Health and Human Services
21.33 for purposes of meeting federal reporting requirements.

22.1 (g) The commissioner may provide records and information to the commissioner of
22.2 human services as necessary to administer the early refund of refundable tax credits.

22.3 (h) The commissioner may disclose information to the commissioner of human services
22.4 as necessary for income verification for eligibility and premium payment under the
22.5 MinnesotaCare program, under section 256L.05, subdivision 2, as well as the medical
22.6 assistance program under chapter 256B.

22.7 (i) The commissioner may disclose information to the commissioner of human services
22.8 necessary to verify whether applicants or recipients for the Minnesota family investment
22.9 program, general assistance, the Supplemental Nutrition Assistance Program (SNAP),
22.10 Minnesota supplemental aid program, and child care assistance have claimed refundable
22.11 tax credits under chapter 290 and the property tax refund under chapter 290A, and the
22.12 amounts of the credits.

22.13 ~~(j) The commissioner may disclose information to the commissioner of human services~~
22.14 ~~necessary to verify income for purposes of calculating parental contribution amounts under~~
22.15 ~~section 252.27, subdivision 2a.~~

22.16 ~~(k)~~ (j) At the request of the commissioner of human services and when authorized in
22.17 writing by the taxpayer, the commissioner of revenue may match the business legal name
22.18 or individual legal name, and the Minnesota tax identification number, federal Employer
22.19 Identification Number, or Social Security number of the applicant under section 245A.04,
22.20 subdivision 1; 245I.20; or 245H.03; or license or certification holder. The commissioner of
22.21 revenue may share the matching with the commissioner of human services. The matching
22.22 may only be used by the commissioner of human services to determine eligibility for provider
22.23 grant programs and to facilitate the regulatory oversight of license and certification holders
22.24 as it relates to ownership and public funds program integrity. This paragraph applies only
22.25 if the commissioner of human services and the commissioner of revenue enter into an
22.26 interagency agreement for the purposes of this paragraph.

22.27 Sec. 19. Minnesota Statutes 2022, section 447.42, subdivision 1, is amended to read:

22.28 Subdivision 1. **Establishment.** Notwithstanding any provision of Minnesota Statutes
22.29 to the contrary, any city, county, town, or nonprofit corporation approved by the
22.30 commissioner of human services, or any combination of them may establish and operate a

27.1 community residential facility for persons with developmental disabilities or related
27.2 conditions, as defined in section ~~252.27, subdivision 1a~~ 256B.02, subdivision 11.

27.3 Sec. 26. Laws 2021, First Special Session chapter 7, article 13, section 68, is amended to
27.4 read:
27.5 Sec. 68. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
27.6 **DIRECT CARE SERVICES DURING SHORT-TERM ACUTE HOSPITAL VISITS.**

27.7 The commissioner of human services, in consultation with stakeholders, shall develop
27.8 a new covered state plan service under Minnesota Statutes, chapter 256B, or develop
27.9 modifications to existing covered state plan services, that permits receipt of direct care
27.10 services in an acute care hospital in a manner consistent with the requirements of for people
27.11 eligible for home care services as identified in Minnesota Statutes, section 256B.0651, and
27.12 community first services and supports as identified in Minnesota Statutes, section 256B.85,
27.13 for the purposes of support during acute care hospital stays, as authorized under United
27.14 States Code, title 42, section 1396a(h). By August 31, 2022 January 1, 2025, the
27.15 commissioner must provide to the chairs and ranking minority members of the house of
27.16 representatives and senate committees and divisions with jurisdiction over direct care services
27.17 any draft legislation as may be necessary to implement the new or modified covered state
27.18 plan service.

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

27.20 Sec. 27. Laws 2023, chapter 61, article 1, section 59, subdivision 2, is amended to read:

27.21 Subd. 2. **Eligibility.** An eligible applicant for the capacity grants under subdivision 1 is
27.22 an organization or provider that serves, or will serve, rural or underserved communities
27.23 and:

27.24 (1) provides, or will provide, home and community-based services in the state; or

27.25 (2) serves, or will serve, as a connector for communities to available home and
27.26 community-based services; or

27.27 (3) conducts culturally specific outreach and education campaigns targeting existing
27.28 providers that might more appropriately serve their clients under a different home and
27.29 community-based services program or license.

28.1 Sec. 28. Laws 2023, chapter 61, article 1, section 59, subdivision 3, is amended to read:

28.2 Subd. 3. **Allowable grant activities.** Grants under this section must be used by recipients
28.3 for the following activities:

28.4 (1) expanding existing services;

28.5 (2) increasing access in rural or underserved areas;

22.31 community residential facility for persons with developmental disabilities or related
22.32 conditions, as defined in section ~~252.27, subdivision 1a~~ 256B.02, subdivision 11.

HOUSE ARTICLE 1, SECTIONS 20 AND 21, HAVE BEEN MOVED TO MATCH
SENATE ARTICLE 7, SECTION 2.

25.4 Sec. 22. **HOME CARE AND COMMUNITY FIRST SERVICES AND SUPPORTS**
25.5 **HOSPITAL TRANSITION MEDICAL ASSISTANCE BENEFIT.**

25.6 (a) The commissioner of human services must develop a Medicaid state plan service for
25.7 people eligible for home care services under Minnesota Statutes, section 256B.0651, and
25.8 community first services and supports under Minnesota Statutes, section 256B.85, for the
25.9 purpose of providing support during an acute care hospital stay, as authorized under United
25.10 States Code, title 42, section 1396a(h).

25.11 (b) By January 1, 2025, the commissioner must report to the chairs and ranking minority
25.12 members of the legislative committees with jurisdiction over health and human services
25.13 finance and policy with the recommended medical assistance service design and draft
25.14 legislation with statutory changes necessary to implement the service.

25.15 **EFFECTIVE DATE.** This section is effective July 1, 2024.

- 28.6 (3) creating new home and community-based organizations;
- 28.7 (4) connecting underserved communities to benefits and available services; ~~or~~
- 28.8 (5) building new or expanded infrastructure to access medical assistance reimbursement;
- 28.9 ~~or~~
- 28.10 (6) conducting culturally specific outreach and education campaigns targeting existing
- 28.11 providers that might more appropriately serve their clients under a different home and
- 28.12 community-based services program or license.
- 28.13 Sec. 29. Laws 2023, chapter 61, article 1, section 60, subdivision 1, is amended to read:
- 28.14 Subdivision 1. **Definition.** "New American" means an individual born abroad and the
- 28.15 individual's children, ~~irrespective of immigration status.~~
- 28.16 Sec. 30. Laws 2023, chapter 61, article 1, section 60, subdivision 2, is amended to read:
- 28.17 Subd. 2. **Grant program established.** The commissioner of human services shall
- 28.18 establish a new American legal, social services, and long-term care workforce grant program
- 28.19 for organizations that serve and support new Americans:
- 28.20 (1) in seeking or maintaining legal or citizenship status ~~to legally obtain or retain~~ and
- 28.21 obtaining or retaining legal authorization for employment in the United States in any field
- 28.22 or industry; or
- 28.23 (2) to provide specialized services and supports to new Americans to enter the long-term
- 28.24 care workforce.
- 28.25 Sec. 31. **ADVISORY TASK FORCE ON FAMILY RESIDENTIAL SERVICES.**
- 28.26 Subdivision 1. **Establishment; purpose.** The Advisory Task Force on Family Residential
- 28.27 Services is established to evaluate pending family residential services rate modifications
- 28.28 and the impact any pending payment methodology would have on existing family residential
- 28.29 services and licensed adult family foster care providers.
- 29.1 Subd. 2. **Membership.** (a) The Advisory Task Force on Family Residential Services
- 29.2 must consist of the members appointed as follows:
- 29.3 (1) two licensed adult family foster care providers, appointed by the commissioner of
- 29.4 human services;
- 29.5 (2) two licensed adult family foster care providers, appointed by ARRM;
- 29.6 (3) one member representing the Department of Human Services who has experience
- 29.7 with adult family foster care providers and family residential services, appointed by the
- 29.8 commissioner of human services;

29.9 (4) one additional member representing the Department of Human Services who has
29.10 experience with disability waiver rate setting, appointed by the commissioner of human
29.11 services;

29.12 (5) one member representing lead agencies, appointed by the Association of Minnesota
29.13 Counties;

29.14 (6) one member representing ARRM, appointed by ARRM;

29.15 (7) one person receiving family residential services; and

29.16 (8) one person receiving life sharing services.

29.17 (b) Appointments must be made no later than September 1, 2024.

29.18 (c) Notwithstanding Minnesota Statutes, section 15.059, subdivision 6, member
29.19 compensation and reimbursement for expenses are governed by Minnesota Statutes, section
29.20 15.059, subdivision 3.

29.21 Subd. 3. **Meetings.** (a) The commissioner of human services must convene the first
29.22 meeting of the advisory task force no later than October 1, 2024.

29.23 (b) Advisory task force meetings are subject to the Minnesota Open Meeting Law under
29.24 Minnesota Statutes, chapter 13D.

29.25 (c) Advisory task force meetings must be conducted by telephone or interactive
29.26 technology according to Minnesota Statutes, section 13D.015.

29.27 Subd. 4. **Administrative support.** (a) The commissioner of human services must provide
29.28 administrative support and staff assistance for the advisory task force.

29.29 (b) The commissioner of human services must provide the advisory task force with data,
29.30 fiscal estimates, rate models, draft waiver amendments, implementation updates, estimated
30.1 impacts, and other information the advisory task force requires to fulfill its duties under
30.2 subdivisions 5 and 6.

30.3 Subd. 5. **Duties.** (a) Prior to issuing the report required under subdivision 6, paragraph
30.4 (a), the advisory task force must evaluate multiple family residential service rate models
30.5 and the impact the proposed rate models would have on family residential services and adult
30.6 family foster care providers. The evaluations must include:

30.7 (1) case studies demonstrating rate changes adult family foster care providers would
30.8 experience under each rate model;

30.9 (2) an estimate of the median rate change family residential services adult family foster
30.10 care providers will experience under each model;

30.11 (3) the number of adult family foster care providers operating in Minnesota; and

30.12 (4) the number of individuals receiving family residential services from licensed adult
30.13 family foster care providers.

30.14 (b) Prior to issuing the report required under subdivision 6, paragraph (b), the advisory
30.15 task force must monitor the development and implementation of the family residential
30.16 service rate methodology and the impact of the rate methodology on family residential
30.17 services and adult family foster care providers.

30.18 Subd. 6. **Reports.** (a) No later than March 15, 2025, the advisory task force must submit
30.19 to the chairs and ranking minority members of the legislative committees with jurisdiction
30.20 over licensed adult foster care providers and family residential services reimbursement rates
30.21 a written report that includes recommendations on:

30.22 (1) a payment rate methodology for family residential services;

30.23 (2) a payment rate methodology for life sharing services;

30.24 (3) any additional recommended changes to family residential services and life sharing
30.25 services;

30.26 (4) any legislative language required to implement the recommendations of the advisory
30.27 task force; and

30.28 (5) any legislative modifications to the duties or authorities of the advisory task force
30.29 required to adequately monitor the implementation of new rates for family residential
30.30 services and life sharing services.

30.31 (b) No later than June 30, 2027, the advisory task force must submit to the chairs and
30.32 ranking minority members of the legislative committees with jurisdiction over licensed
31.1 adult foster care providers and family residential services reimbursement rates a written
31.2 report that includes an assessment of the development and implementation of the family
31.3 residential service rate methodology and the impact of the rate methodology on family
31.4 residential services and adult family foster care providers.

31.5 Subd. 7. **Expiration.** The advisory task force expires June 30, 2027.

31.6 **EFFECTIVE DATE.** This section is effective July 1, 2024.

31.7 Sec. 32. **ASSISTIVE TECHNOLOGY LEAD AGENCY PARTNERSHIPS.**

31.8 (a) Lead agencies may establish partnerships with enrolled medical assistance providers
31.9 of home and community-based services under Minnesota Statutes, section 256B.0913,
31.10 256B.092, 256B.093, or 256B.49, or Minnesota Statutes, chapter 256S, to evaluate the
31.11 benefits of informed choice in accessing the following existing assistive technology home
31.12 and community-based waiver services:

31.13 (1) assistive technology;

26.25 Sec. 25. **ASSISTIVE TECHNOLOGY LEAD AGENCY PARTNERSHIPS.**

26.26 (a) Lead agencies may establish partnerships with enrolled medical assistance providers
26.27 of home and community-based services under Minnesota Statutes, section 256B.0913,
26.28 256B.092, 256B.093, or 256B.49, or chapter 256S, to evaluate the benefits of informed
26.29 choice in accessing the following existing assistive technology home and community-based
26.30 waiver services:

26.31 (1) assistive technology;

31.14 (2) specialized equipment and supplies;
31.15 (3) environmental accessibility adaptations; and
31.16 (4) 24-hour emergency assistance.
31.17 (b) Lead agencies may identify eligible individuals who desire to participate in the
31.18 partnership authorized by this section using existing home and community-based waiver
31.19 criteria under Minnesota Statutes, chapters 256B and 256S.
31.20 (c) Lead agencies must ensure individuals who choose to participate have informed
31.21 choice in accessing the services and must adhere to conflict-free case management
31.22 requirements.
31.23 (d) Lead agencies may identify efficiencies for service authorizations, provide
31.24 evidence-based cost data and quality analysis to the commissioner, and collect feedback on
31.25 the use of technology systems from home and community-based waiver services recipients,
31.26 family caregivers, and any other interested community partners.
31.27 **Sec. 33. DIRECTION TO COMMISSIONER; CONSUMER-DIRECTED**
31.28 **COMMUNITY SUPPORTS.**
31.29 By December 31, 2024, the commissioner of human services shall seek any necessary
31.30 changes to home and community-based services waiver plans regarding consumer-directed
31.31 community supports in order to:
32.1 (1) clarify that allowable goods and services for a consumer-directed community supports
32.2 participant do not need to be for the sole benefit of the participant, and that goods and
32.3 services may benefit others if there is also a direct benefit to the participant based on the
32.4 participant's assessed needs;
32.5 (2) clarify that goods or services that support the participant's assessed needs for
32.6 community integration and inclusion are allowable under the consumer-directed community
32.7 supports program;
32.8 (3) clarify that the rate authorized for services approved under the consumer-directed
32.9 community supports personal assistance category may exceed the reasonable range of similar
32.10 services in the participant's community if the participant has an assessed need for an enhanced
32.11 rate; and
32.12 (4) clarify that a participant's spouse or a parent of a minor participant, as defined in the
32.13 waiver plans, may be paid for consumer-directed community support services at a rate that
32.14 exceeds that which would otherwise be paid to a provider of a similar service or that exceeds
32.15 what is allowed by the commissioner for the payment of personal care assistance services
32.16 if the participant has an assessed need for an enhanced rate.

26.32 (2) specialized equipment and supplies;
27.1 (3) environmental accessibility adaptations; and
27.2 (4) 24-hour emergency assistance.
27.3 (b) Lead agencies may identify eligible individuals who desire to participate in the
27.4 partnership authorized by this section using existing home and community-based waiver
27.5 criteria under Minnesota Statutes, chapters 256B and 256S.
27.6 (c) Lead agencies must ensure individuals who choose to participate have informed
27.7 choice in accessing the services and must adhere to conflict-free case management
27.8 requirements.
27.9 (d) Lead agencies may identify efficiencies for service authorizations, provide
27.10 evidence-based cost data and quality analysis to the commissioner, and collect feedback on
27.11 the use of technology systems from home and community-based waiver services recipients,
27.12 family caregivers, and any other interested community partners.

32.17 Sec. 34. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
32.18 **REIMBURSEMENT FOR PERSONAL CARE ASSISTANTS AND**
32.19 **COMMUNITY-FIRST SERVICES AND SUPPORTS WORKERS.**

32.20 By January 1, 2025, the commissioner of human services shall provide draft legislation
32.21 to the chairs and ranking minority members of the legislative committees with jurisdiction
32.22 over human services finance proposing the statutory changes needed to permit reimbursement
32.23 of personal care assistants and support workers to provide:

32.24 (1) up to eight hours of overtime per week per worker beyond the current maximum
32.25 number of reimbursable hours per month;

32.26 (2) asleep overnight and awake overnight staffing in the same manner as direct support
32.27 professionals under the brain injury waiver, community alternative care waiver, community
32.28 access for disability inclusion waiver, and developmental disabilities waiver; and

32.29 (3) services in shifts of up to 80 consecutive hours when otherwise compliant with federal
32.30 and state labor laws.

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

33.1 Sec. 35. **DISABILITY HOME AND COMMUNITY-BASED SERVICES**
33.2 **REIMBURSEMENT IN ACUTE CARE HOSPITAL STAYS.**

33.3 (a) The commissioner of human services must seek approval to amend Minnesota's
33.4 federally approved disability waiver plans under Minnesota Statutes, sections 256B.092
33.5 and 256B.49, to reimburse for delivery of unit-based services under Minnesota Statutes,
33.6 section 256B.4914, in acute care hospital settings, as authorized under United States Code,
33.7 title 42, section 1396a(h).

33.8 (b) Reimbursed services must:

33.9 (1) be identified in an individual's person-centered support plan as required under
33.10 Minnesota Statutes, section 256B.0911;

33.11 (2) be provided to meet the needs of the person that are not met through the provision
33.12 of hospital services;

33.13 (3) not substitute services that the hospital is obligated to provide as required under state
33.14 and federal law; and

33.15 (4) be designed to ensure smooth transitions between acute care settings and home and
33.16 community-based settings and to preserve the person's functional abilities.

33.17 **EFFECTIVE DATE.** Paragraph (b) is effective January 1, 2025, or upon federal
33.18 approval, whichever is later. The commissioner of human services shall notify the revisor
33.19 of statutes when federal approval is obtained.

33.20 Sec. 36. **DISABILITY SERVICES CONTINUOUS IMPROVEMENT STUDY;**
33.21 **DIRECTION TO COMMISSIONER.**

33.22 (a) By August 1, 2024, the commissioner of human services shall issue a request for
33.23 proposals for the design, implementation, and administration of a continuous improvement
33.24 study of access to disability services.

33.25 (b) The continuous improvement study must assess access to the range of disability
33.26 services programs:

33.27 (1) in metropolitan, suburban, and rural counties; and

33.28 (2) by non-English-speaking communities and by various populations, including but not
33.29 limited to Black, Indigenous, and People of Color.

34.1 (c) To be eligible to respond to the request for proposals, an entity must demonstrate
34.2 that it has worked successfully with other organizations on continuous improvement studies
34.3 and journey mapping of processes from beginning to end.

34.4 (d) In developing the request for proposals, the commissioner shall consult with disability
34.5 services providers, county human services agencies, disability advocacy organizations, and
34.6 individuals with lived experience in accessing disability services.

34.7 (e) The commissioner shall report the results of the continuous improvement study and
34.8 any recommendations to improve access to disability services to the chairs and ranking
34.9 minority members of the legislative committees with jurisdiction over disability services
34.10 by December 15, 2026.

34.11 Sec. 37. **ELECTRONIC VISIT VERIFICATION IMPLEMENTATION GRANT.**

34.12 Subdivision 1. **Establishment.** The commissioner of human services must establish a
34.13 onetime grant program to assist home care service providers with a portion of the costs of
34.14 implementation of electronic visit verification.

34.15 Subd. 2. **Eligible grant recipients.** Eligible grant recipients must:

34.16 (1) be providers of home care services licensed under Minnesota Statutes, chapter 144A;

25.16 Sec. 23. **DISABILITY SERVICES PERSON-CENTERED ENGAGEMENT AND**
25.17 **NAVIGATION STUDY.**

25.18 (a) The commissioner of human services must issue a request for proposals for the design
25.19 and administration of a study of a person's experience in accessing and navigating medical
25.20 assistance state plan and home and community-based waiver services and state funded
25.21 disability services to improve people's experiences in accessing and navigating the system.

25.22 (b) The person-centered disability services engagement and navigation study must engage
25.23 with people and families who use services, lead agencies, and providers to assess:

25.24 (1) access to the full range of disability services programs in metropolitan, suburban,
25.25 and rural counties with a focus on non-English-speaking communities and by various
25.26 populations, including but not limited to Black people, Indigenous people, people of color,
25.27 communities with vision and hearing disabilities, and communities with physical,
25.28 neurocognitive, or intellectual developmental disabilities;

25.29 (2) how people and families experience and navigate the system, including their customer
25.30 service experiences and barriers to person-centered and culturally responsive navigation
25.31 support and resources; and

26.1 (3) opportunities to improve state, lead agency, and provider capacity to improve the
26.2 experiences of people accessing and navigating the system.

26.3 (c) To be eligible to respond to the request for proposals, an entity must demonstrate
26.4 that it has engaged successfully with people who use disability services and their families.

26.5 (d) The commissioner must report the results of the study and provide specific
26.6 recommendations and administrative strategy or policy modifications to improve system
26.7 accessibility, efficiency, and person-centered systemic design to the chairs and ranking
26.8 minority members of the legislative committees with jurisdiction over health and human
26.9 services finance and policy by January 15, 2026.

34.17 (2) have an average daily census of at least 30 individuals; and

34.18 (3) have an average daily census of medical assistance and MinnesotaCare enrollees of

34.19 20 percent or higher in the 12 months prior to application.

34.20 Subd. 3. **Allowable uses.** Allowable uses of grant money include:

34.21 (1) administrative implementation of an electronic visit verification system, including

34.22 but not limited to staff costs for loading patient information into the portal, programming,

34.23 and training staff;

34.24 (2) electronic visit verification operations and maintenance, including but not limited

34.25 to staff costs for addressing system flaws related to geographical location and clocking in

34.26 and out;

34.27 (3) purchase and monthly fees for an upgraded electronic visit verification system;

34.28 (4) purchase of or reimbursement for cell phones and electronic tablets to be used by

34.29 staff and the monthly fee for the phone service; and

34.30 (5) other activities approved by the commissioner.

35.1 Subd. 4. **Application for and distribution of grant money.** In order to receive a grant

35.2 under this section, providers must apply to the commissioner by November 1, 2024. Grants

35.3 must be distributed no later than February 1, 2025. Grant amounts awarded to each approved

35.4 applicant must be determined by the total number of approved grantees and each approved

35.5 applicant's medical assistance and MinnesotaCare average daily census.

35.6 Subd. 5. **Expiration.** This section expires June 30, 2026.

35.7 Sec. 38. **EMERGENCY RELIEF GRANTS FOR RURAL EARLY INTENSIVE**

35.8 **DEVELOPMENTAL AND BEHAVIORAL INTERVENTION PROVIDERS.**

35.9 Subdivision 1. **Establishment and purpose.** (a) The commissioner of human services

35.10 shall award grants to financially distressed organizations that provide early intensive

35.11 developmental and behavioral intervention services to rural communities. For the purposes

35.12 of this section, "rural communities" means communities outside the metropolitan counties

35.13 listed in Minnesota Statutes, section 473.121, subdivision 4, and outside the cities of Duluth,

35.14 Mankato, Moorhead, Rochester, and St. Cloud.

35.15 (b) The commissioner shall conduct community engagement, provide technical assistance,

35.16 and work with the commissioners of management and budget and administration to mitigate

35.17 barriers in accessing grant money.

35.18 (c) The commissioner shall limit expenditures under this section to the amount

35.19 appropriated for this purpose.

35.20 Subd. 2. **Eligibility.** (a) To be an eligible applicant for a grant under this section, a

35.21 provider of early intensive developmental and behavioral intervention services must submit

35.22 to the commissioner of human services a grant application in the form and according to the
35.23 timelines established by the commissioner.

35.24 (b) In a grant application, an applicant must demonstrate that:

35.25 (1) the total net income of the provider of early intensive developmental and behavioral
35.26 intervention services is not generating sufficient revenue to cover the provider's operating
35.27 expenses;

35.28 (2) the provider is at risk of closure or ceasing to provide early intensive developmental
35.29 and behavioral intervention services; and

35.30 (3) additional emergency operating revenue is necessary to preserve access to early
35.31 intensive developmental and behavioral intervention services within the rural community
35.32 the provider serves.

36.1 (c) In a grant application, the applicant must make a request based on the information
36.2 submitted under paragraph (b) for the minimal funding amount sufficient to preserve access
36.3 to early intensive developmental and behavioral intervention services within the rural
36.4 community the provider serves.

36.5 Subd. 3. **Approving grants.** The commissioner must evaluate all grant applications on
36.6 a competitive basis and award grants to successful applicants within available appropriations
36.7 for this purpose. The commissioner's decisions are final and not subject to appeal.

36.8 Sec. 39. **LEGISLATIVE TASK FORCE ON GUARDIANSHIP.**

36.9 Subdivision 1. **Membership.** (a) The Legislative Task Force on Guardianship consists
36.10 of the following members:

36.11 (1) one member of the house of representatives, appointed by the speaker of the house
36.12 of representatives;

36.13 (2) one member of the house of representatives, appointed by the minority leader of the
36.14 house of representatives;

36.15 (3) one member of the senate, appointed by the senate majority leader;

36.16 (4) one member of the senate, appointed by the senate minority leader;

36.17 (5) one judge who has experience working on guardianship cases, appointed by the chief
36.18 justice of the supreme court;

36.19 (6) two individuals presently or formerly under guardianship or emergency guardianship,
36.20 appointed by the Minnesota Council on Disability;

36.21 (7) one private, professional guardian, appointed by the Minnesota Council on Disability;

- 36.22 (8) one private, nonprofessional guardian, appointed by the Minnesota Council on
36.23 Disability;
- 36.24 (9) one representative of the Department of Human Services with knowledge of public
36.25 guardianship issues, appointed by the commissioner of human services;
- 36.26 (10) one member appointed by the Minnesota Council on Disability;
- 36.27 (11) two members of two different disability advocacy organizations, appointed by the
36.28 Minnesota Council on Disability;
- 36.29 (12) one member of a professional or advocacy group representing the interests of the
36.30 guardian who has experience working in the judicial system on guardianship cases, appointed
36.31 by the Minnesota Council on Disability;
- 37.1 (13) one member of a professional or advocacy group representing the interests of persons
37.2 subject to guardianship who has experience working in the judicial system on guardianship
37.3 cases, appointed by the Minnesota Council on Disability;
- 37.4 (14) two members of two different advocacy groups representing the interests of older
37.5 Minnesotans who are or may find themselves subject to guardianship, appointed by the
37.6 Minnesota Council on Disability;
- 37.7 (15) one employee acting as the Disability Systems Planner in the Center for Health
37.8 Equity at the Minnesota Department of Health, appointed by the commissioner of health;
- 37.9 (16) one member appointed by the Minnesota Indian Affairs Council;
- 37.10 (17) one member from the Commission of the Deaf, Deafblind, and Hard-of-Hearing,
37.11 appointed by the executive director of the commission;
- 37.12 (18) one member of the Council on Developmental Disabilities, appointed by the
37.13 executive director of the council;
- 37.14 (19) one employee from the Office of Ombudsman for Mental Health and Developmental
37.15 Disabilities, appointed by the ombudsman;
- 37.16 (20) one employee from the Office of Ombudsman for Long Term Care, appointed by
37.17 the ombudsman;
- 37.18 (21) one member appointed by the Minnesota Association of County Social Services
37.19 Administrators (MACSSA);
- 37.20 (22) one employee from the Olmstead Implementation Office, appointed by the director
37.21 of the office; and
- 37.22 (23) one member representing an organization dedicated to supported decision-making
37.23 alternatives to guardianship, appointed by the Minnesota Council on Disability.

37.24 (b) Appointees to the task force must be named by each appointing authority by June
37.25 30, 2025. Appointments made by an agency or commissioner may also be made by a
37.26 designee.

37.27 (c) The member from the Minnesota Council on Disability serves as chair of the task
37.28 force. The chair must designate a member to serve as secretary.

37.29 Subd. 2. **Meetings; administrative support.** The first meeting of the task force must
37.30 be convened by the chair no later than September 1, 2025, if an appropriation is made by
37.31 that date for the task force. The task force must meet at least quarterly. Meetings are subject
37.32 to Minnesota Statutes, chapter 13D. The task force may meet by telephone or interactive
38.1 technology consistent with Minnesota Statutes, section 13D.015. The Minnesota Council
38.2 on Disability shall provide meeting space and administrative and research support to the
38.3 task force.

38.4 Subd. 3. **Duties.** (a) The task force must make recommendations to address concerns
38.5 and gaps related to guardianships and less restrictive alternatives to guardianships in
38.6 Minnesota, including but not limited to:

38.7 (1) developing efforts to sustain and increase the number of qualified guardians;

38.8 (2) increasing compensation for in forma pauperis (IFP) guardians by studying current
38.9 funding streams to develop approaches to ensure that the funding streams are consistent
38.10 across the state and sufficient to serve the needs of persons subject to guardianship;

38.11 (3) securing ongoing funding for guardianships and less restrictive alternatives;

38.12 (4) establishing guardian certification or licensure;

38.13 (5) identifying standards of practice for guardians and options for providing education
38.14 to guardians on standards and less restrictive alternatives;

38.15 (6) securing ongoing funding for the guardian and conservator administrative complaint
38.16 process;

38.17 (7) identifying and understanding alternatives to guardianship whenever possible to meet
38.18 the needs of patients and the challenges of providers in the delivery of health care, behavioral
38.19 health care, and residential and home-based care services;

38.20 (8) expanding supported decision-making alternatives to guardianships and
38.21 conservatorships;

38.22 (9) reducing the removal of civil rights when appointing a guardian, including by ensuring
38.23 guardianship is only used as a last resort; and

38.24 (10) identifying ways to preserve and to maximize the civil rights of the person, including
38.25 due process considerations.

38.26 (b) The task force must seek input from the public, the judiciary, people subject to
38.27 guardianship, guardians, advocacy groups, and attorneys. The task force must hold hearings
38.28 to gather information to fulfill the purpose of the task force.

38.29 Subd. 4. **Compensation; expenses.** Members of the task force may receive compensation
38.30 and expense reimbursement as provided in Minnesota Statutes, section 15.059, subdivision
38.31 3.

39.1 Subd. 5. **Report; expiration.** The task force shall submit a report to the chairs and
39.2 ranking minority members of the legislative committees with jurisdiction over guardianship
39.3 issues no later than January 15, 2027. The report must describe any concerns about the
39.4 current guardianship system identified by the task force and recommend policy options to
39.5 address those concerns and to promote less restrictive alternatives to guardianship. The
39.6 report must include draft legislation to implement recommended policy.

39.7 Subd. 6. **Expiration.** The task force expires upon submission of its report, or January
39.8 16, 2027, whichever is earlier.

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

39.10 Sec. 40. **OWN HOME SERVICES PROVIDER CAPACITY-BUILDING GRANTS.**

39.11 Subdivision 1. **Establishment.** The commissioner of human services shall establish a
39.12 onetime grant program to incentivize providers to support individuals to move out of
39.13 congregate living settings and into an individual's own home as described in Minnesota
39.14 Statutes, section 256B.492, subdivision 3.

39.15 Subd. 2. **Eligible grant recipients.** Eligible grant recipients are providers of home and
39.16 community-based services under Minnesota Statutes, chapter 245D.

39.17 Subd. 3. **Grant application.** In order to receive a grant under this section, providers
39.18 must apply to the commissioner on the forms and according to the timelines established by
39.19 the commissioner.

39.20 Subd. 4. **Allowable uses of grant money.** Allowable uses of grant money include:

39.21 (1) enhancing resources and staffing to support people and families in understanding
39.22 housing options;

39.23 (2) housing expenses related to moving an individual into their own home that are not
39.24 covered by other housing services for which the individual is eligible;

39.25 (3) moving expenses that are not covered by other housing services for which the
39.26 individual is eligible;

39.27 (4) implementing and testing innovative approaches to better support people with
39.28 disabilities and their families in living in their own homes;

28.23 Sec. 28. **OWN HOME SERVICES PROVIDER CAPACITY-BUILDING GRANTS.**

28.24 Subdivision 1. **Establishment.** The commissioner of human services shall establish a
28.25 onetime grant program to incentivize providers to support individuals to move out of
28.26 congregate living settings and into an individual's own home as described in Minnesota
28.27 Statutes, section 256B.492, subdivision 3.

28.28 Subd. 2. **Eligible grant recipients.** Eligible grant recipients are providers of home and
28.29 community-based services under Minnesota Statutes, chapter 245D.

29.1 Subd. 3. **Grant application.** In order to receive a grant under this section, providers
29.2 must apply to the commissioner on the forms and according to the timelines established by
29.3 the commissioner.

29.4 Subd. 4. **Allowable uses of grant money.** Allowable uses of grant money include:

29.5 (1) enhancing resources and staffing to support people and families in understanding
29.6 housing options;

29.7 (2) housing expenses related to moving an individual into their own home, if the person
29.8 is not eligible for other available housing services;

29.9 (3) implementing and testing innovative approaches to better support people with
29.10 disabilities and their families in living in their own homes;

29.11 (4) financial incentives for providers that have successfully moved an individual out of
29.12 congregate living and into their own home;

39.29 (5) financial incentives for providers that have successfully moved an individual out of
39.30 congregate living and into their own home; and

39.31 (6) other activities approved by the commissioner.

40.1 Subd. 5. **Expiration.** This section expires June 30, 2026.

40.2 Sec. 41. **PEDIATRIC HOSPITAL-TO-HOME TRANSITION PILOT PROGRAM.**

40.3 (a) The commissioner of human services shall establish a single competitive grant to a
40.4 home care nursing provider to develop and implement, in coordination with the commissioner
40.5 of human services, Fairview Masonic Children's Hospital, Gillette Children's Specialty
40.6 Healthcare, and Children's Minnesota of St. Paul and Minneapolis, a pilot program to
40.7 expedite and facilitate pediatric hospital-to-home discharges for patients receiving services
40.8 in this state under medical assistance, including under the community alternative care waiver,
40.9 community access for disability inclusion waiver, and developmental disabilities waiver.

40.10 (b) Grant money awarded under this section must be used only to support the
40.11 administrative, training, and auxiliary services necessary to reduce: (1) delayed discharge
40.12 days due to unavailability of home care nursing staffing to accommodate complex pediatric
40.13 patients; (2) avoidable rehospitalization days for pediatric patients; (3) unnecessary
40.14 emergency department utilization by pediatric patients following discharge; (4) long-term
40.15 nursing needs for pediatric patients; and (5) the number of school days missed by pediatric
40.16 patients.

40.17 (c) Grant money must not be used to supplement payment rates for services covered
40.18 under Minnesota Statutes, chapter 256B.

40.19 (d) No later than December 15, 2026, the commissioner must prepare a report
40.20 summarizing the impact of the pilot program that includes but is not limited to: (1) the
40.21 number of delayed discharge days eliminated; (2) the number of rehospitalization days
40.22 eliminated; (3) the number of unnecessary emergency department admissions eliminated;
40.23 (4) the number of missed school days eliminated; and (5) an estimate of the return on
40.24 investment of the pilot program.

40.25 (e) The commissioner must submit the report under paragraph (d) to the chairs and
40.26 ranking minority members of the legislative committees with jurisdiction over health and
40.27 human services.

29.13 (5) moving expenses that are not covered by other available housing services; and

29.14 (6) other activities approved by the commissioner.

29.15 Subd. 5. **Expiration.** This section expires June 30, 2026.

27.25 Sec. 27. **DIRECTION TO COMMISSIONER; PEDIATRIC HOSPITAL-TO-HOME**
27.26 **TRANSITION PILOT PROGRAM.**

27.27 (a) The commissioner of human services must award a single competitive grant to a
27.28 home care nursing provider to develop and implement, in coordination with the commissioner
27.29 of health, Fairview Masonic Children's Hospital, Gillette Children's Specialty Healthcare,
27.30 and Children's Minnesota of St. Paul and Minneapolis, a pilot program to expedite and
27.31 facilitate pediatric hospital-to-home discharges for patients receiving services in this state
28.1 under medical assistance, including under the community alternative care waiver, community
28.2 access for disability inclusion waiver, and developmental disabilities waiver.

28.3 (b) Grant money awarded under this section must be used only to support the
28.4 administrative, training, and auxiliary services necessary to reduce:

28.5 (1) delayed discharge days due to unavailability of home care nursing staffing to
28.6 accommodate complex pediatric patients;

28.7 (2) avoidable rehospitalization days for pediatric patients;

28.8 (3) unnecessary emergency department utilization by pediatric patients following
28.9 discharge;

28.10 (4) long-term nursing needs for pediatric patients; and

28.11 (5) the number of school days missed by pediatric patients.

28.12 (c) Grant money must not be used to supplement payment rates for services covered
28.13 under Minnesota Statutes, chapter 256B.

28.14 (d) No later than December 15, 2026, the commissioner must prepare a report
28.15 summarizing the impact of the pilot program that includes but is not limited to: (1) the
28.16 number of delayed discharge days eliminated; (2) the number of rehospitalization days
28.17 eliminated; (3) the number of unnecessary emergency department admissions eliminated;
28.18 (4) the number of missed school days eliminated; and (5) an estimate of the return on
28.19 investment of the pilot program.

28.20 (e) The commissioner must submit the report under paragraph (d) to the chairs and
28.21 ranking minority members of the legislative committees with jurisdiction over health and
28.22 human services finance and policy.

40.28 Sec. 42. **PERSONAL CARE ASSISTANCE COMPENSATION FOR SERVICES**
40.29 **PROVIDED BY A PARENT OR SPOUSE.**

40.30 (a) Notwithstanding Minnesota Statutes, section 256B.0659, subdivision 3, paragraph
40.31 (a), clause (1); subdivision 11, paragraph (c); and subdivision 19, paragraph (b), clause (3),
40.32 beginning October 1, 2024, a parent, stepparent, or legal guardian of a minor who is a
41.1 personal care assistance recipient or the spouse of a personal care assistance recipient may
41.2 provide and be paid for providing personal care assistance services under medical assistance.
41.3 The commissioner shall seek federal approval for these payments. The commissioner shall
41.4 make payments for services rendered without federal financial participation until federal
41.5 approval is obtained, and if federal approval is denied, until this section expires.

41.6 (b) This section expires upon full implementation of community first services and
41.7 supports under Minnesota Statutes, section 256B.85. The commissioner of human services
41.8 shall notify the revisor of statutes when this section expires.

41.9 **EFFECTIVE DATE.** This section is effective for services rendered on or after October
41.10 1, 2024.

41.11 Sec. 43. **TRANSITIONAL SUPPORTS ALLOWANCE INCREASE.**

41.12 Upon federal approval, the commissioner of human services must increase to \$4,114
41.13 the transitional supports allowance under Minnesota's federally approved home and
41.14 community-based service waiver plans authorized under Minnesota Statutes, sections
41.15 256B.092 and 256B.49.

41.16 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
41.17 whichever is later. The commissioner of human services shall notify the revisor of statutes
41.18 when federal approval is obtained.

41.19 Sec. 44. **TRIBAL VULNERABLE ADULT AND DEVELOPMENTAL DISABILITY**
41.20 **TARGETED CASE MANAGEMENT MEDICAL ASSISTANCE BENEFIT.**

41.21 (a) The commissioner of human services must engage with Minnesota's
41.22 federally-recognized Tribal Nations and urban American Indian providers and leaders to
41.23 design and recommend a Tribal-specific vulnerable adult and developmental disability
41.24 medical assistance targeted case management benefit to meet community needs and reduce
41.25 disparities experienced by Tribal members and urban American Indian populations. The
41.26 commissioner must honor and uphold Tribal sovereignty as part of this engagement, ensuring
41.27 Tribal Nations are equitably and authentically included in planning and policy discussions.

41.28 (b) By January 1, 2025, the commissioner must report recommendations to the chairs
41.29 and ranking minority members of the legislative committees with jurisdiction over health
41.30 and human services finance and policy. Recommendations must include a description of
41.31 engagement with Tribal Nations, Tribal perspectives shared throughout the engagement
41.32 process, service design, and reimbursement methodology.

27.13 Sec. 26. **PERSONAL CARE ASSISTANCE COMPENSATION FOR SERVICES**
27.14 **PROVIDED BY A PARENT OR SPOUSE.**

27.15 (a) Notwithstanding Minnesota Statutes, section 256B.0659, subdivision 3, paragraph
27.16 (a), clause (1); subdivision 11, paragraph (c); and subdivision 19, paragraph (b), clause (3),
27.17 beginning October 1, 2024, a parent, stepparent, or legal guardian of a minor who is a
27.18 personal care assistance recipient or the spouse of a personal care assistance recipient may
27.19 provide and be paid for providing personal care assistance services under medical assistance.

27.20 (b) This section expires upon full implementation of community first services and
27.21 supports under Minnesota Statutes, section 256B.85. The commissioner of human services
27.22 shall notify the revisor of statutes when this section expires.

27.23 **EFFECTIVE DATE.** This section is effective for services rendered on or after October
27.24 1, 2024.

26.10 Sec. 24. **TRIBAL VULNERABLE ADULT AND DEVELOPMENTAL DISABILITY**
26.11 **TARGETED CASE MANAGEMENT MEDICAL ASSISTANCE BENEFIT.**

26.12 (a) The commissioner of human services must engage with Minnesota's
26.13 federally-recognized Tribal Nations and urban American Indian providers and leaders to
26.14 design and recommend a Tribal-specific vulnerable adult and developmental disability
26.15 medical assistance targeted case management benefit to meet community needs and reduce
26.16 disparities experienced by Tribal members and urban American Indian populations. The
26.17 commissioner must honor and uphold Tribal sovereignty as part of this engagement, ensuring
26.18 Tribal Nations are equitably and authentically included in planning and policy discussions.

26.19 (b) By January 1, 2025, the commissioner must report recommendations to the chairs
26.20 and ranking minority members of the legislative committees with jurisdiction over health
26.21 and human services finance and policy. Recommendations must include a description of
26.22 engagement with Tribal Nations, Tribal perspectives shared throughout the engagement
26.23 process, service design, and reimbursement methodology.

- 42.1 **EFFECTIVE DATE.** This section is effective July 1, 2024.
- 42.2 Sec. 45. **REPEALER.**
- 42.3 (a) Minnesota Statutes 2022, sections 252.021; and 252.27, subdivisions 1a, 2, 3, 4a, 5,
- 42.4 and 6, are repealed.
- 42.5 (b) Minnesota Statutes 2022, section 256B.0916, subdivision 10, is repealed.
- 42.6 (c) Minnesota Statutes 2023 Supplement, section 252.27, subdivision 2a, is repealed.
- 42.7 **EFFECTIVE DATE.** Paragraph (b) is effective January 1, 2025.

- 26.24 **EFFECTIVE DATE.** This section is effective July 1, 2024.
- 29.16 Sec. 29. **REPEALER.**
- 29.17 (a) Minnesota Statutes 2022, sections 252.021; and 252.27, subdivisions 1a, 2, 3, 4a, 5,
- 29.18 and 6, are repealed.
- 29.19 (b) Minnesota Statutes 2023 Supplement, section 252.27, subdivision 2a, is repealed.