

1.1 Senator ..... moves to amend S.F. No. 4399 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 **"ARTICLE 1**

1.4 **DISABILITY SERVICES**

1.5 Section 1. Minnesota Statutes 2022, section 144G.45, subdivision 3, is amended to read:

1.6 Subd. 3. **Local laws apply.** Assisted living facilities shall comply with all applicable  
1.7 state and local governing laws, regulations, standards, ordinances, and codes for fire safety,  
1.8 building, and zoning requirements, except a facility with a licensed resident capacity of six  
1.9 or fewer is exempt from rental licensing regulations imposed by any town, municipality,  
1.10 or county.

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

1.12 Subd. 2. **Permitted single-family residential use.** (a) Residential programs with a  
1.13 licensed capacity of six or fewer persons shall be considered a permitted single-family  
1.14 residential use of property for the purposes of zoning and other land use regulations, except  
1.15 that a residential program whose primary purpose is to treat juveniles who have violated  
1.16 criminal statutes relating to sex offenses or have been adjudicated delinquent on the basis  
1.17 of conduct in violation of criminal statutes relating to sex offenses shall not be considered  
1.18 a permitted use. This exception shall not apply to residential programs licensed before July  
1.19 1, 1995. Programs otherwise allowed under this subdivision shall not be prohibited by  
1.20 operation of restrictive covenants or similar restrictions, regardless of when entered into,  
1.21 which cannot be met because of the nature of the licensed program, including provisions  
1.22 which require the home's occupants be related, and that the home must be occupied by the  
1.23 owner, or similar provisions.

1.24 ~~(b) Unless otherwise provided in any town, municipal, or county zoning regulation,~~  
1.25 ~~licensed residential services provided to more than four persons with developmental~~  
1.26 ~~disabilities in a supervised living facility, including intermediate care facilities for persons~~  
1.27 ~~with developmental disabilities, with a licensed capacity of seven to eight persons shall be~~  
1.28 ~~considered a permitted single-family residential use of property for the purposes of zoning~~  
1.29 ~~and other land use regulations. A town, municipal, or county zoning authority may require~~  
1.30 ~~a conditional use or special use permit to assure proper maintenance and operation of the~~  
1.31 ~~residential program. Conditions imposed on the residential program must not be more~~  
1.32 ~~restrictive than those imposed on other conditional uses or special uses of residential property~~

~~in the same zones, unless the additional conditions are necessary to protect the health and safety of the persons being served by the program. This paragraph expires July 1, 2023.~~

(b) A residential program as defined in section 245A.02, subdivision 14, paragraph (b), with a licensed capacity of six or fewer persons that is actively serving residents for which it is licensed is exempt from rental licensing regulations imposed by any town, municipality, or county.

Sec. 3. Minnesota Statutes 2022, section 245D.071, subdivision 3, is amended to read:

**Subd. 3. Assessment and initial service planning.** (a) Within 15 days of service initiation the license holder must complete a preliminary support plan addendum based on the support plan.

(b) Within the scope of services, the license holder must, at a minimum, complete assessments in the following areas before ~~the 45-day planning meeting~~ providing 45 days of service or within 60 calendar days of service initiation, whichever is shorter:

(1) the person's ability to self-manage health and medical needs to maintain or improve physical, mental, and emotional well-being, including, when applicable, allergies, seizures, choking, special dietary needs, chronic medical conditions, self-administration of medication or treatment orders, preventative screening, and medical and dental appointments;

(2) the person's ability to self-manage personal safety to avoid injury or accident in the service setting, including, when applicable, risk of falling, mobility, regulating water temperature, community survival skills, water safety skills, and sensory disabilities; and

(3) the person's ability to self-manage symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7), suspension or termination of services by the license holder, or other symptoms or behaviors that may jeopardize the health and welfare of the person or others.

Assessments must produce information about the person that describes the person's overall strengths, functional skills and abilities, and behaviors or symptoms. Assessments must be based on the person's status within the last 12 months at the time of service initiation.

Assessments based on older information must be documented and justified. Assessments must be conducted annually at a minimum or within 30 days of a written request from the person or the person's legal representative or case manager. The results must be reviewed by the support team or expanded support team as part of a service plan review.

(c) Before providing 45 days of service or within 60 calendar days of service initiation, whichever is shorter, the license holder must ~~meet~~ hold an initial planning meeting with the

person, the person's legal representative, the case manager, other members of the support team or expanded support team, and other people as identified by the person or the person's legal representative to determine the following based on information obtained from the assessments identified in paragraph (b), the person's identified needs in the support plan, and the requirements in subdivision 4 and section 245D.07, subdivision 1a:

(1) the scope of the services to be provided to support the person's daily needs and activities;

(2) the person's desired outcomes and the supports necessary to accomplish the person's desired outcomes;

(3) the person's preferences for how services and supports are provided, including how the provider will support the person to have control of the person's schedule;

(4) whether the current service setting is the most integrated setting available and appropriate for the person;

(5) opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences;

(6) opportunities for community access, participation, and inclusion in preferred community activities;

(7) opportunities to develop and strengthen personal relationships with other persons of the person's choice in the community;

(8) opportunities to seek competitive employment and work at competitively paying jobs in the community; and

(9) how services must be coordinated across other providers licensed under this chapter serving the person and members of the support team or expanded support team to ensure continuity of care and coordination of services for the person.

(d) A discussion of how technology might be used to meet the person's desired outcomes must be included in the ~~45-day~~ initial planning meeting. The support plan or support plan addendum must include a summary of this discussion. The summary must include a statement regarding any decision that is made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made. Nothing in this paragraph requires that the support plan include the use of technology for the provision of services.

Sec. 4. Minnesota Statutes 2022, section 245D.071, subdivision 4, is amended to read:

Subd. 4. **Service outcomes and supports.** (a) Within ten working days of the ~~45-day~~ initial planning meeting, the license holder must develop a service plan that documents the service outcomes and supports based on the assessments completed under subdivision 3 and the requirements in section 245D.07, subdivision 1a. The outcomes and supports must be included in the support plan addendum.

(b) The license holder must document the supports and methods to be implemented to support the person and accomplish outcomes related to acquiring, retaining, or improving skills and physical, mental, and emotional health and well-being. The documentation must include:

(1) the methods or actions that will be used to support the person and to accomplish the service outcomes, including information about:

(i) any changes or modifications to the physical and social environments necessary when the service supports are provided;

(ii) any equipment and materials required; and

(iii) techniques that are consistent with the person's communication mode and learning style;

(2) the measurable and observable criteria for identifying when the desired outcome has been achieved and how data will be collected;

(3) the projected starting date for implementing the supports and methods and the date by which progress towards accomplishing the outcomes will be reviewed and evaluated; and

(4) the names of the staff or position responsible for implementing the supports and methods.

(c) Within 20 working days of the ~~45-day~~ initial planning meeting, the license holder must submit to and obtain dated signatures from the person or the person's legal representative and case manager to document completion and approval of the assessment and support plan addendum. If, within ten working days of the submission of the assessment or support plan addendum, the person or the person's legal representative or case manager has not signed and returned to the license holder the assessment and support plan addendum or has not proposed written modifications to the license holder's submission, the submission is deemed approved and the assessment and support plan addendum become effective and remain in

5.1 effect until the legal representative or case manager submits a written request to revise the  
5.2 assessment or support plan addendum.

5.3 Sec. 5. Minnesota Statutes 2022, section 245D.081, subdivision 2, is amended to read:

5.4 Subd. 2. **Coordination and evaluation of individual service delivery.** (a) Delivery  
5.5 and evaluation of services provided by the license holder must be coordinated by a designated  
5.6 staff person. Except as provided in clause (3), the designated coordinator must provide  
5.7 supervision, support, and evaluation of activities that include:

5.8 (1) oversight of the license holder's responsibilities assigned in the person's support plan  
5.9 and the support plan addendum;

5.10 (2) taking the action necessary to facilitate the accomplishment of the outcomes according  
5.11 to the requirements in section 245D.07;

5.12 (3) instruction and assistance to direct support staff implementing the support plan and  
5.13 the service outcomes, including direct observation of service delivery sufficient to assess  
5.14 staff competency. The designated coordinator may delegate the direct observation and  
5.15 competency assessment of the service delivery activities of direct support staff to an  
5.16 individual whom the designated coordinator has previously deemed competent in those  
5.17 activities; and

5.18 (4) evaluation of the effectiveness of service delivery, methodologies, and progress on  
5.19 the person's outcomes based on the measurable and observable criteria for identifying when  
5.20 the desired outcome has been achieved according to the requirements in section 245D.07.

5.21 (b) The license holder must ensure that the designated coordinator is competent to  
5.22 perform the required duties identified in paragraph (a) through education, training, and work  
5.23 experience relevant to the primary disability of persons served by the license holder and  
5.24 the individual persons for whom the designated coordinator is responsible. The designated  
5.25 coordinator must have the skills and ability necessary to develop effective plans and to  
5.26 design and use data systems to measure effectiveness of services and supports. The license  
5.27 holder must verify and document competence according to the requirements in section  
5.28 245D.09, subdivision 3. The designated coordinator must minimally have:

5.29 (1) a baccalaureate degree ~~in a field related to human services~~, and one year of full-time  
5.30 work experience providing direct care services to persons with disabilities or persons age  
5.31 65 and older;

(2) an associate degree ~~in a field related to human services~~, and two years of full-time work experience providing direct care services to persons with disabilities or persons age 65 and older;

(3) a diploma ~~in a field related to human services~~ from an accredited postsecondary institution and three years of full-time work experience providing direct care services to persons with disabilities or persons age 65 and older; or

(4) a minimum of 50 hours of education and training related to human services and disabilities; and

(5) four years of ~~full-time work~~ experience providing direct care services to persons with disabilities or persons age 65 and older ~~under the supervision of a staff person who meets the qualifications identified in clauses (1) to (3).~~

Sec. 6. Minnesota Statutes 2022, section 245D.081, subdivision 3, is amended to read:

Subd. 3. **Program management and oversight.** (a) The license holder must designate a managerial staff person or persons to provide program management and oversight of the services provided by the license holder. The designated manager is responsible for the following:

(1) maintaining a current understanding of the licensing requirements sufficient to ensure compliance throughout the program as identified in section 245A.04, subdivision 1, paragraph (e), and when applicable, as identified in section 256B.04, subdivision 21, paragraph (g);

(2) ensuring the duties of the designated coordinator are fulfilled according to the requirements in subdivision 2;

(3) ensuring the program implements corrective action identified as necessary by the program following review of incident and emergency reports according to the requirements in section 245D.11, subdivision 2, clause (7). An internal review of incident reports of alleged or suspected maltreatment must be conducted according to the requirements in section 245A.65, subdivision 1, paragraph (b);

(4) evaluation of satisfaction of persons served by the program, the person's legal representative, if any, and the case manager, with the service delivery and progress toward accomplishing outcomes identified in sections 245D.07 and 245D.071, and ensuring and protecting each person's rights as identified in section 245D.04;

(5) ensuring staff competency requirements are met according to the requirements in section 245D.09, subdivision 3, and ensuring staff orientation and training is provided according to the requirements in section 245D.09, subdivisions 4, 4a, and 5;

(6) ensuring corrective action is taken when ordered by the commissioner and that the terms and conditions of the license and any variances are met; and

(7) evaluating the information identified in clauses (1) to (6) to develop, document, and implement ongoing program improvements.

(b) The designated manager must be competent to perform the duties as required and must minimally meet the education and training requirements identified in subdivision 2, paragraph (b), and have a minimum of three years of supervisory level experience in a program providing direct support services to persons with disabilities or persons age 65 and older.

Sec. 7. Minnesota Statutes 2022, section 245D.09, subdivision 3, is amended to read:

**Subd. 3. Staff qualifications.** (a) The license holder must ensure that staff providing direct support, or staff who have responsibilities related to supervising or managing the provision of direct support service, are competent as demonstrated through skills and knowledge training, experience, and education relevant to the primary disability of the person and to meet the person's needs and additional requirements as written in the support plan or support plan addendum, or when otherwise required by the case manager or the federal waiver plan. The license holder must verify and maintain evidence of staff competency, including documentation of:

(1) education and experience qualifications relevant to the job responsibilities assigned to the staff and to the primary disability of persons served by the program, including a valid degree and transcript, or a current license, registration, or certification, when a degree or licensure, registration, or certification is required by this chapter or in the support plan or support plan addendum;

(2) demonstrated competency in the orientation and training areas required under this chapter, and when applicable, completion of continuing education required to maintain professional licensure, registration, or certification requirements. Competency in these areas is determined by the license holder through knowledge testing or observed skill assessment conducted by the trainer or instructor or by an individual who has been previously deemed competent by the trainer or instructor in the area being assessed; and

(3) except for a license holder who is the sole direct support staff, periodic performance evaluations completed by the license holder of the direct support staff person's ability to perform the job functions based on direct observation.

(b) Staff under 18 years of age may not perform overnight duties ~~or administer medication.~~

Sec. 8. Minnesota Statutes 2022, section 245D.091, subdivision 3, is amended to read:

**Subd. 3. Positive support analyst qualifications.** (a) A positive support analyst providing positive support services as identified in section 245D.03, subdivision 1, paragraph (c), clause (1), item (i), must have competencies in one of the following areas as required under the brain injury, community access for disability inclusion, community alternative care, and developmental disabilities waiver plans or successor plans:

(1) have obtained a baccalaureate degree, master's degree, or PhD in either a social services discipline or nursing;

(2) meet the qualifications of a mental health practitioner as defined in section 245.462, subdivision 17; or

(3) be a board-certified behavior analyst or board-certified assistant behavior analyst by the Behavior Analyst Certification Board, Incorporated.

(b) In addition, a positive support analyst must:

~~(1) have four years of supervised experience conducting functional behavior assessments and designing, implementing, and evaluating effectiveness of positive practices behavior support strategies for people~~ working with individuals who exhibit challenging behaviors as well as co-occurring mental disorders and neurocognitive disorder;

(2) have received training prior to hire or within 90 calendar days of hire that includes:

(i) ten hours of instruction in functional assessment and functional analysis;

(ii) 20 hours of instruction in the understanding of the function of behavior;

(iii) ten hours of instruction on design of positive practices behavior support strategies;

(iv) 20 hours of instruction preparing written intervention strategies, designing data collection protocols, training other staff to implement positive practice strategies, summarizing and reporting program evaluation data, analyzing program evaluation data to identify design flaws in behavioral interventions or failures in implementation fidelity, and recommending enhancements based on evaluation data; and



(v) eight hours of instruction on principles of person-centered thinking;

(3) be determined by a positive support professional to have the training and prerequisite skills required to provide positive practice strategies as well as behavior reduction approved and permitted intervention to the person who receives positive support; and

(4) be under the direct supervision of a positive support professional.

(c) Meeting the qualifications for a positive support professional under subdivision 2 shall substitute for meeting the qualifications listed in paragraph (b).

**EFFECTIVE DATE.** This section is effective July 1, 2024, or upon federal approval, whichever occurs first. The commissioner of human services shall inform the revisor of statutes when federal approval is obtained.

Sec. 9. Minnesota Statutes 2022, section 245D.091, subdivision 4, is amended to read:

**Subd. 4. Positive support specialist qualifications.** (a) A positive support specialist providing positive support services as identified in section 245D.03, subdivision 1, paragraph (c), clause (1), item (i), must have competencies in one of the following areas as required under the brain injury, community access for disability inclusion, community alternative care, and developmental disabilities waiver plans or successor plans:

(1) have an associate's degree in either a social services discipline or nursing; or

(2) have two years of supervised experience working with individuals who exhibit challenging behaviors as well as co-occurring mental disorders or neurocognitive disorder.

(b) In addition, a behavior specialist must:

(1) have received training prior to hire or within 90 calendar days of hire that includes:

(i) a minimum of four hours of training in functional assessment;

(ii) 20 hours of instruction in the understanding of the function of behavior;

(iii) ten hours of instruction on design of positive practices behavioral support strategies; and

(iv) eight hours of instruction on principles of person-centered thinking;

(2) be determined by a positive support professional to have the training and prerequisite skills required to provide positive practices strategies as well as behavior reduction approved intervention to the person who receives positive support; and

(3) be under the direct supervision of a positive support professional.

(c) Meeting the qualifications for a positive support professional under subdivision 2 shall substitute for meeting the qualifications listed in paragraphs (a) and (b).

**EFFECTIVE DATE.** This section is effective July 1, 2024, or upon federal approval, whichever occurs first. The commissioner of human services shall inform the revisor of statutes when federal approval is obtained.

Sec. 10. Minnesota Statutes 2022, section 245D.10, subdivision 1, is amended to read:

Subdivision 1. **Policy and procedure requirements.** A license holder providing either basic or intensive supports and services must establish, enforce, and maintain policies and procedures as required in this chapter, chapter 245A, and other applicable state and federal laws and regulations governing the provision of home and community-based services licensed according to this chapter. A license holder must use forms provided by the commissioner to report service suspensions and service terminations under subdivisions 3 and 3a.

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

Sec. 11. Minnesota Statutes 2023 Supplement, section 256B.057, subdivision 9, is amended to read:

Subd. 9. **Employed persons with disabilities.** (a) Medical assistance may be paid for a person who is employed and who:

(1) but for excess earnings or assets meets the definition of disabled under the Supplemental Security Income program; and

(2) pays a premium and other obligations under paragraph (e).

(b) For purposes of eligibility, there is a \$65 earned income disregard. To be eligible for medical assistance under this subdivision, a person must have more than \$65 of earned income, be receiving an unemployment insurance benefit under chapter 268 that the person began receiving while eligible under this subdivision, or be receiving family and medical leave benefits under chapter 268B that the person began receiving while eligible under this subdivision. Earned income must have Medicare, Social Security, and applicable state and federal taxes withheld. The person must document earned income tax withholding. Any spousal income shall be disregarded for purposes of eligibility and premium determinations.

(c) After the month of enrollment, a person enrolled in medical assistance under this subdivision who would otherwise be ineligible and be disenrolled due to one of the following

11.1 circumstances may retain eligibility for up to four consecutive months after a month of job  
11.2 loss if the person:

11.3 (1) is temporarily unable to work and without receipt of earned income due to a medical  
11.4 condition, as verified by a physician, advanced practice registered nurse, or physician  
11.5 assistant; or

11.6 (2) loses employment for reasons not attributable to the enrollee, and is without receipt  
11.7 of earned income.

11.8 To receive a four-month extension of continued eligibility under this paragraph, enrollees  
11.9 must verify the medical condition or provide notification of job loss, continue to meet all  
11.10 other eligibility requirements, and continue to pay all calculated premium costs.

11.11 (d) All enrollees must pay a premium to be eligible for medical assistance under this  
11.12 subdivision, except as provided under clause (5).

11.13 (1) An enrollee must pay the greater of a \$35 premium or the premium calculated based  
11.14 on the person's gross earned and unearned income and the applicable family size using a  
11.15 sliding fee scale established by the commissioner, which begins at one percent of income  
11.16 at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income for  
11.17 those with incomes at or above 300 percent of the federal poverty guidelines.

11.18 (2) Annual adjustments in the premium schedule based upon changes in the federal  
11.19 poverty guidelines shall be effective for premiums due in July of each year.

11.20 (3) All enrollees who receive unearned income must pay one-half of one percent of  
11.21 unearned income in addition to the premium amount, except as provided under clause (5).

11.22 (4) Increases in benefits under title II of the Social Security Act shall not be counted as  
11.23 income for purposes of this subdivision until July 1 of each year.

11.24 (5) Effective July 1, 2009, American Indians are exempt from paying premiums as  
11.25 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public  
11.26 Law 111-5. For purposes of this clause, an American Indian is any person who meets the  
11.27 definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

11.28 (e) A person's eligibility and premium shall be determined by the local county agency.  
11.29 Premiums must be paid to the commissioner. All premiums are dedicated to the  
11.30 commissioner.

11.31 (f) Any required premium shall be determined at application and redetermined ~~at the~~  
11.32 ~~enrollee's six-month income review~~ or when a change in income or household size is reported.

12.1 Enrollees must report any change in income or household size within ~~ten~~ 30 days of when  
12.2 the change occurs. A decreased premium resulting from a reported change in income or  
12.3 household size shall be effective the first day of the next available billing month after the  
12.4 change is reported. Except for changes occurring from annual cost-of-living increases, a  
12.5 change resulting in an increased premium shall not affect the premium amount until the  
12.6 next ~~six-month~~ 12-month review.

12.7 (g) Premium payment is due upon notification from the commissioner of the premium  
12.8 amount required. Premiums may be paid in installments at the discretion of the commissioner.

12.9 (h) Nonpayment of the premium shall result in denial or termination of medical assistance  
12.10 unless the person demonstrates good cause for nonpayment. "Good cause" means an excuse  
12.11 for the enrollee's failure to pay the required premium when due because the circumstances  
12.12 were beyond the enrollee's control or not reasonably foreseeable. The commissioner shall  
12.13 determine whether good cause exists based on the weight of the supporting evidence  
12.14 submitted by the enrollee to demonstrate good cause. Except when an installment agreement  
12.15 is accepted by the commissioner, all persons disenrolled for nonpayment of a premium must  
12.16 pay any past due premiums as well as current premiums due prior to being reenrolled.  
12.17 Nonpayment shall include payment with a returned, refused, or dishonored instrument. The  
12.18 commissioner may require a guaranteed form of payment as the only means to replace a  
12.19 returned, refused, or dishonored instrument.

12.20 (i) For enrollees whose income does not exceed 200 percent of the federal poverty  
12.21 guidelines and who are also enrolled in Medicare, the commissioner shall reimburse the  
12.22 enrollee for Medicare part B premiums under section 256B.0625, subdivision 15, paragraph  
12.23 (a).

12.24 (j) The commissioner is authorized to determine that a premium amount was calculated  
12.25 or billed in error, make corrections to financial records and billing systems, and refund  
12.26 premiums collected in error.

12.27 Sec. 12. Minnesota Statutes 2022, section 256B.0911, subdivision 24, is amended to read:

12.28 Subd. 24. **Remote reassessments.** (a) Assessments performed according to subdivisions  
12.29 17 to 20 and 23 must be in person unless the assessment is a reassessment meeting the  
12.30 requirements of this subdivision. Remote reassessments conducted by interactive video or  
12.31 telephone may substitute for in-person reassessments.

12.32 (b) For services provided by the developmental disabilities waiver under section  
12.33 256B.092, and the community access for disability inclusion, community alternative care,

13.1 and brain injury waiver programs under section 256B.49, remote reassessments may be  
13.2 substituted for two consecutive reassessments if followed by an in-person reassessment.

13.3 (c) For services provided by alternative care under section 256B.0913, essential  
13.4 community supports under section 256B.0922, and the elderly waiver under chapter 256S,  
13.5 remote reassessments may be substituted for one reassessment if followed by an in-person  
13.6 reassessment.

13.7 (d) For personal care assistance provided under section 256B.0659 and community first  
13.8 services and supports provided under section 256B.85, remote reassessments may be  
13.9 substituted for two consecutive reassessments if followed by an in-person reassessment.

13.10 ~~(d)~~ (e) A remote reassessment is permitted only if the lead agency provides informed  
13.11 choice and the person being reassessed or the person's legal representative provides informed  
13.12 consent for a remote assessment. Lead agencies must document that informed choice was  
13.13 offered.

13.14 ~~(e)~~ (f) The person being reassessed, or the person's legal representative, may refuse a  
13.15 remote reassessment at any time.

13.16 ~~(f)~~ (g) During a remote reassessment, if the certified assessor determines an in-person  
13.17 reassessment is necessary in order to complete the assessment, the lead agency shall schedule  
13.18 an in-person reassessment.

13.19 ~~(g)~~ (h) All other requirements of an in-person reassessment apply to a remote  
13.20 reassessment, including updates to a person's support plan.

13.21 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner  
13.22 of human services shall notify the revisor of statutes when federal approval is obtained.

13.23 Sec. 13. Minnesota Statutes 2022, section 256B.4905, subdivision 12, is amended to read:

13.24 Subd. 12. **Informed choice ~~in~~ and technology prioritization in implementation for**  
13.25 **disability waiver services.** The commissioner of human services shall ensure that:

13.26 (1) disability waivers under sections 256B.092 and 256B.49 support the presumption  
13.27 that all adults who have disabilities and children who have disabilities may use assistive  
13.28 technology, remote supports, or both to enhance the adult's or child's independence and  
13.29 quality of life; and

13.30 (2) each individual accessing waiver services is offered, after an informed  
13.31 decision-making process and during a person-centered planning process, the opportunity

14.1 to choose assistive technology, remote support, or both prior to the commissioner offering  
14.2 or reauthorizing services that utilize direct support staff to ensure equitable access.

14.3 Sec. 14. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 4, is  
14.4 amended to read:

14.5 Subd. 4. **Data collection for rate determination.** (a) Rates for applicable home and  
14.6 community-based waived services, including customized rates under subdivision 12, are  
14.7 set by the rates management system.

14.8 (b) Data and information in the rates management system must be used to calculate an  
14.9 individual's rate.

14.10 (c) Service providers, with information from the support plan and oversight by lead  
14.11 agencies, shall provide values and information needed to calculate an individual's rate in  
14.12 the rates management system. Lead agencies must use forms provided by the commissioner  
14.13 to collect this information. The determination of service levels must be part of a discussion  
14.14 with members of the support team as defined in section 245D.02, subdivision 34. This  
14.15 discussion must occur prior to the final establishment of each individual's rate. The values  
14.16 and information include:

14.17 (1) shared staffing hours;

14.18 (2) individual staffing hours;

14.19 (3) direct registered nurse hours;

14.20 (4) direct licensed practical nurse hours;

14.21 (5) staffing ratios;

14.22 (6) information to document variable levels of service qualification for variable levels  
14.23 of reimbursement in each framework;

14.24 (7) shared or individualized arrangements for unit-based services, including the staffing  
14.25 ratio;

14.26 (8) number of trips and miles for transportation services; and

14.27 (9) service hours provided through monitoring technology.

14.28 (d) Updates to individual data must include:

14.29 (1) data for each individual that is updated annually when renewing service plans; and

15.1 (2) requests by individuals or lead agencies to update a rate whenever there is a change  
15.2 in an individual's service needs, with accompanying documentation.

15.3 (e) Lead agencies shall review and approve all services reflecting each individual's needs,  
15.4 and the values to calculate the final payment rate for services with variables under  
15.5 subdivisions 6 to 9 for each individual. Lead agencies must notify the individual and the  
15.6 service provider of the final agreed-upon values and rate, and provide information that is  
15.7 identical to what was entered into the rates management system. If a value used was  
15.8 mistakenly or erroneously entered and used to calculate a rate, a provider may petition lead  
15.9 agencies to correct it. Lead agencies must respond to these requests. When responding to  
15.10 the request, the lead agency must consider:

15.11 (1) meeting the health and welfare needs of the individual or individuals receiving  
15.12 services by service site, identified in their support plan under section 245D.02, subdivision  
15.13 4b, and any addendum under section 245D.02, subdivision 4c;

15.14 (2) meeting the requirements for staffing under subdivision 2, paragraphs (h), (n), and  
15.15 (o); and meeting or exceeding the licensing standards for staffing required under section  
15.16 245D.09, subdivision 1; and

15.17 (3) meeting the staffing ratio requirements under subdivision 2, paragraph (o), and  
15.18 meeting or exceeding the licensing standards for staffing required under section 245D.31.

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

15.20 Sec. 15. Minnesota Statutes 2022, section 256B.85, subdivision 2, is amended to read:

15.21 Subd. 2. **Definitions.** (a) For the purposes of this section and section 256B.851, the terms  
15.22 defined in this subdivision have the meanings given.

15.23 (b) "Activities of daily living" or "ADLs" means:

15.24 (1) dressing, including assistance with choosing, applying, and changing clothing and  
15.25 applying special appliances, wraps, or clothing;

15.26 (2) grooming, including assistance with basic hair care, oral care, shaving, applying  
15.27 cosmetics and deodorant, and care of eyeglasses and hearing aids. Grooming includes nail  
15.28 care, except for recipients who are diabetic or have poor circulation;

15.29 (3) bathing, including assistance with basic personal hygiene and skin care;

15.30 (4) eating, including assistance with hand washing and applying orthotics required for  
15.31 eating, transfers, or feeding;

16.1 (5) transfers, including assistance with transferring the participant from one seating or  
16.2 reclining area to another;

16.3 (6) mobility, including assistance with ambulation and use of a wheelchair. Mobility  
16.4 does not include providing transportation for a participant;

16.5 (7) positioning, including assistance with positioning or turning a participant for necessary  
16.6 care and comfort; and

16.7 (8) toileting, including assistance with bowel or bladder elimination and care, transfers,  
16.8 mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing  
16.9 the perineal area, inspection of the skin, and adjusting clothing.

16.10 (c) "Agency-provider model" means a method of CFSS under which a qualified agency  
16.11 provides services and supports through the agency's own employees and policies. The agency  
16.12 must allow the participant to have a significant role in the selection and dismissal of support  
16.13 workers of their choice for the delivery of their specific services and supports.

16.14 (d) "Behavior" means a description of a need for services and supports used to determine  
16.15 the home care rating and additional service units. The presence of Level I behavior is used  
16.16 to determine the home care rating.

16.17 (e) "Budget model" means a service delivery method of CFSS that allows the use of a  
16.18 service budget and assistance from a financial management services (FMS) provider for a  
16.19 participant to directly employ support workers and purchase supports and goods.

16.20 (f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that  
16.21 has been ordered by a physician, advanced practice registered nurse, or physician's assistant  
16.22 and is specified in an assessment summary, including:

16.23 (1) tube feedings requiring:

16.24 (i) a gastrojejunostomy tube; or

16.25 (ii) continuous tube feeding lasting longer than 12 hours per day;

16.26 (2) wounds described as:

16.27 (i) stage III or stage IV;

16.28 (ii) multiple wounds;

16.29 (iii) requiring sterile or clean dressing changes or a wound vac; or

16.30 (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized  
16.31 care;



- 17.1 (3) parenteral therapy described as:
- 17.2 (i) IV therapy more than two times per week lasting longer than four hours for each
- 17.3 treatment; or
- 17.4 (ii) total parenteral nutrition (TPN) daily;
- 17.5 (4) respiratory interventions, including:
- 17.6 (i) oxygen required more than eight hours per day;
- 17.7 (ii) respiratory vest more than one time per day;
- 17.8 (iii) bronchial drainage treatments more than two times per day;
- 17.9 (iv) sterile or clean suctioning more than six times per day;
- 17.10 (v) dependence on another to apply respiratory ventilation augmentation devices such
- 17.11 as BiPAP and CPAP; and
- 17.12 (vi) ventilator dependence under section 256B.0651;
- 17.13 (5) insertion and maintenance of catheter, including:
- 17.14 (i) sterile catheter changes more than one time per month;
- 17.15 (ii) clean intermittent catheterization, and including self-catheterization more than six
- 17.16 times per day; or
- 17.17 (iii) bladder irrigations;
- 17.18 (6) bowel program more than two times per week requiring more than 30 minutes to
- 17.19 perform each time;
- 17.20 (7) neurological intervention, including:
- 17.21 (i) seizures more than two times per week and requiring significant physical assistance
- 17.22 to maintain safety; or
- 17.23 (ii) swallowing disorders diagnosed by a physician, advanced practice registered nurse,
- 17.24 or physician's assistant and requiring specialized assistance from another on a daily basis;
- 17.25 and
- 17.26 (8) other congenital or acquired diseases creating a need for significantly increased direct
- 17.27 hands-on assistance and interventions in six to eight activities of daily living.
- 17.28 (g) "Community first services and supports" or "CFSS" means the assistance and supports
- 17.29 program under this section needed for accomplishing activities of daily living, instrumental
- 17.30 activities of daily living, and health-related tasks through hands-on assistance to accomplish

18.1 the task or constant supervision and cueing to accomplish the task, or the purchase of goods  
18.2 as defined in subdivision 7, clause (3), that replace the need for human assistance.

18.3 (h) "Community first services and supports service delivery plan" or "CFSS service  
18.4 delivery plan" means a written document detailing the services and supports chosen by the  
18.5 participant to meet assessed needs that are within the approved CFSS service authorization,  
18.6 as determined in subdivision 8. Services and supports are based on the support plan identified  
18.7 in sections 256B.092, subdivision 1b, and 256S.10.

18.8 (i) "Consultation services" means a Minnesota health care program enrolled provider  
18.9 organization that provides assistance to the participant in making informed choices about  
18.10 CFSS services in general and self-directed tasks in particular, and in developing a  
18.11 person-centered CFSS service delivery plan to achieve quality service outcomes.

18.12 (j) "Critical activities of daily living" means transferring, mobility, eating, and toileting.

18.13 (k) "Dependency" in activities of daily living means a person requires hands-on assistance  
18.14 or constant supervision and cueing to accomplish one or more of the activities of daily living  
18.15 every day or on the days during the week that the activity is performed; however, a child  
18.16 must not be found to be dependent in an activity of daily living if, because of the child's  
18.17 age, an adult would either perform the activity for the child or assist the child with the  
18.18 activity and the assistance needed is the assistance appropriate for a typical child of the  
18.19 same age.

18.20 (l) "Extended CFSS" means CFSS services and supports provided under CFSS that are  
18.21 included in the CFSS service delivery plan through one of the home and community-based  
18.22 services waivers and as approved and authorized under chapter 256S and sections 256B.092,  
18.23 subdivision 5, and 256B.49, which exceed the amount, duration, and frequency of the state  
18.24 plan CFSS services for participants. Extended CFSS excludes the purchase of goods.

18.25 (m) "Financial management services provider" or "FMS provider" means a qualified  
18.26 organization required for participants using the budget model under subdivision 13 that is  
18.27 an enrolled provider with the department to provide vendor fiscal/employer agent financial  
18.28 management services (FMS).

18.29 (n) "Health-related procedures and tasks" means procedures and tasks related to the  
18.30 specific assessed health needs of a participant that can be taught or assigned by a  
18.31 state-licensed health care or mental health professional and performed by a support worker.

18.32 (o) "Instrumental activities of daily living" means activities related to living independently  
18.33 in the community, including but not limited to: meal planning, preparation, and cooking;

19.1 shopping for food, clothing, or other essential items; laundry; housecleaning; assistance  
19.2 with medications; managing finances; communicating needs and preferences during activities;  
19.3 arranging supports; and assistance with traveling around and participating in the community,  
19.4 including traveling to medical appointments. For purposes of this paragraph, traveling  
19.5 includes driving and accompanying the recipient in the recipient's chosen mode of  
19.6 transportation and according to the individual CFSS service delivery plan.

19.7 (p) "Lead agency" has the meaning given in section 256B.0911, subdivision 10.

19.8 (q) "Legal representative" means parent of a minor, a court-appointed guardian, or  
19.9 another representative with legal authority to make decisions about services and supports  
19.10 for the participant. Other representatives with legal authority to make decisions include but  
19.11 are not limited to a health care agent or an attorney-in-fact authorized through a health care  
19.12 directive or power of attorney.

19.13 (r) "Level I behavior" means physical aggression toward self or others or destruction of  
19.14 property that requires the immediate response of another person.

19.15 (s) "Medication assistance" means providing verbal or visual reminders to take regularly  
19.16 scheduled medication, and includes any of the following supports listed in clauses (1) to  
19.17 (3) and other types of assistance, except that a support worker must not determine medication  
19.18 dose or time for medication or inject medications into veins, muscles, or skin:

19.19 (1) under the direction of the participant or the participant's representative, bringing  
19.20 medications to the participant including medications given through a nebulizer, opening a  
19.21 container of previously set-up medications, emptying the container into the participant's  
19.22 hand, opening and giving the medication in the original container to the participant, or  
19.23 bringing to the participant liquids or food to accompany the medication;

19.24 (2) organizing medications as directed by the participant or the participant's representative;  
19.25 and

19.26 (3) providing verbal or visual reminders to perform regularly scheduled medications.

19.27 (t) "Participant" means a person who is eligible for CFSS.

19.28 (u) "Participant's representative" means a parent, family member, advocate, or other  
19.29 adult authorized by the participant or participant's legal representative, if any, to serve as a  
19.30 representative in connection with the provision of CFSS. If the participant is unable to assist  
19.31 in the selection of a participant's representative, the legal representative shall appoint one.

19.32 (v) "Person-centered planning process" means a process that is directed by the participant  
19.33 to plan for CFSS services and supports.

20.1 (w) "Service budget" means the authorized dollar amount used for the budget model or  
20.2 for the purchase of goods.

20.3 (x) "Shared services" means the provision of CFSS services by the same CFSS support  
20.4 worker to two or three participants who voluntarily enter into a written agreement to receive  
20.5 services at the same time, in the same setting, and through the same agency-provider or  
20.6 FMS provider.

20.7 (y) "Support worker" means a qualified and trained employee of the agency-provider  
20.8 as required by subdivision 11b or of the participant employer under the budget model as  
20.9 required by subdivision 14 who has direct contact with the participant and provides services  
20.10 as specified within the participant's CFSS service delivery plan.

20.11 (z) "Unit" means the increment of service based on hours or minutes identified in the  
20.12 service agreement.

20.13 (aa) "Vendor fiscal employer agent" means an agency that provides financial management  
20.14 services.

20.15 (bb) "Wages and benefits" means the hourly wages and salaries, the employer's share  
20.16 of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation,  
20.17 mileage reimbursement, health and dental insurance, life insurance, disability insurance,  
20.18 long-term care insurance, uniform allowance, contributions to employee retirement accounts,  
20.19 or other forms of employee compensation and benefits.

20.20 (cc) "Worker training and development" means services provided according to subdivision  
20.21 18a for developing workers' skills as required by the participant's individual CFSS service  
20.22 delivery plan that are arranged for or provided by the agency-provider or purchased by the  
20.23 participant employer. These services include training, education, direct observation and  
20.24 supervision, and evaluation and coaching of job skills and tasks, including supervision of  
20.25 health-related tasks or behavioral supports.

20.26 Sec. 16. Minnesota Statutes 2022, section 256B.85, subdivision 6, is amended to read:

20.27 Subd. 6. **Community first services and supports service delivery plan.** (a) The CFSS  
20.28 service delivery plan must be developed and evaluated through a person-centered planning  
20.29 process by the participant, or the participant's representative or legal representative who  
20.30 may be assisted by a consultation services provider. The CFSS service delivery plan must  
20.31 reflect the services and supports that are important to the participant and for the participant  
20.32 to meet the needs assessed by the certified assessor and identified in the support plan  
20.33 identified in sections 256B.092, subdivision 1b, and 256S.10. The CFSS service delivery

21.1 plan must be reviewed by the participant, the consultation services provider, and the  
21.2 agency-provider or FMS provider prior to starting services and at least annually upon  
21.3 reassessment, or when there is a significant change in the participant's condition, or a change  
21.4 in the need for services and supports.

21.5 (b) The commissioner shall establish the format and criteria for the CFSS service delivery  
21.6 plan.

21.7 (c) The CFSS service delivery plan must be person-centered and:

21.8 (1) specify the consultation services provider, agency-provider, or FMS provider selected  
21.9 by the participant;

21.10 (2) reflect the setting in which the participant resides that is chosen by the participant;

21.11 (3) reflect the participant's strengths and preferences;

21.12 (4) include the methods and supports used to address the needs as identified through an  
21.13 assessment of functional needs;

21.14 (5) include the participant's identified goals and desired outcomes;

21.15 (6) reflect the services and supports, paid and unpaid, that will assist the participant to  
21.16 achieve identified goals, including the costs of the services and supports, and the providers  
21.17 of those services and supports, including natural supports;

21.18 (7) identify the amount and frequency of face-to-face supports and amount and frequency  
21.19 of remote supports and technology that will be used;

21.20 (8) identify risk factors and measures in place to minimize them, including individualized  
21.21 backup plans;

21.22 (9) be understandable to the participant and the individuals providing support;

21.23 (10) identify the individual or entity responsible for monitoring the plan;

21.24 (11) be finalized and agreed to in writing by the participant and signed by individuals  
21.25 and providers responsible for its implementation;

21.26 (12) be distributed to the participant and other people involved in the plan;

21.27 (13) prevent the provision of unnecessary or inappropriate care;

21.28 (14) include a detailed budget for expenditures for budget model participants or  
21.29 participants under the agency-provider model if purchasing goods; and

(15) include a plan for worker training and development provided according to subdivision 18a detailing what service components will be used, when the service components will be used, how they will be provided, and how these service components relate to the participant's individual needs and CFSS support worker services.

(d) The CFSS service delivery plan must describe the units or dollar amount available to the participant. The total units of agency-provider services or the service budget amount for the budget model include both annual totals and a monthly average amount that cover the number of months of the service agreement. The amount used each month may vary, but additional funds must not be provided above the annual service authorization amount, determined according to subdivision 8, unless a change in condition is assessed and authorized by the certified assessor and documented in the support plan and CFSS service delivery plan.

(e) In assisting with the development or modification of the CFSS service delivery plan during the authorization time period, the consultation services provider shall:

(1) consult with the FMS provider on the spending budget when applicable; and

(2) consult with the participant or participant's representative, agency-provider, and case manager or care coordinator.

(f) The CFSS service delivery plan must be approved by the ~~consultation services provider~~ lead agency for participants without a case manager or care coordinator who is responsible for authorizing services. A case manager or care coordinator must approve the plan for a waiver or alternative care program participant.

Sec. 17. Minnesota Statutes 2022, section 256B.85, subdivision 6a, is amended to read:

Subd. 6a. **Person-centered planning process.** The person-centered planning process must:

(1) include people chosen by the participant;

(2) provide necessary information and support to ensure that the participant directs the process to the maximum extent possible, and is enabled to make informed choices and decisions;

(3) be timely and occur at times and locations convenient to the participant;

(4) reflect cultural considerations of the participant;

(5) include within the process strategies for solving conflict or disagreement, including clear conflict-of-interest guidelines as identified in Code of Federal Regulations, title 42, section ~~441.500~~ 441.540, for all planning;

(6) provide the participant choices of the services and supports the participant receives and the staff providing those services and supports;

(7) include a method for the participant to request updates to the plan; and

(8) record the alternative home and community-based settings that were considered by the participant.

Sec. 18. Minnesota Statutes 2022, section 256B.85, subdivision 11, is amended to read:

**Subd. 11. Agency-provider model.** (a) The agency-provider model includes services provided by support workers and staff providing worker training and development services who are employed by an agency-provider that meets the criteria established by the commissioner, including required training.

(b) The agency-provider shall allow the participant to have a significant role in the selection and dismissal of the support workers for the delivery of the services and supports specified in the participant's CFSS service delivery plan. The agency must make a reasonable effort to fulfill the participant's request for the participant's preferred support worker.

(c) A participant may use authorized units of CFSS services as needed within a service agreement that is not greater than 12 months. Using authorized units in a flexible manner in either the agency-provider model or the budget model does not increase the total amount of services and supports authorized for a participant or included in the participant's CFSS service delivery plan.

(d) A participant may share CFSS services. Two or three CFSS participants may share services at the same time provided by the same support worker.

(e) The agency-provider must use a minimum of 72.5 percent of the revenue generated by the medical assistance payment for CFSS for support worker wages and benefits, except all of the revenue generated by a medical assistance rate increase due to a collective bargaining agreement under section 179A.54 must be used for support worker wages and benefits. The agency-provider must document how this requirement is being met. The revenue generated by the worker training and development services and the reasonable costs associated with the worker training and development services must not be used in making this calculation.

24.1 (f) The agency-provider model must be used by participants who are restricted by the  
24.2 Minnesota restricted recipient program under Minnesota Rules, parts 9505.2160 to  
24.3 9505.2245.

24.4 (g) Participants purchasing goods under this model, along with support worker services,  
24.5 must:

24.6 (1) specify the goods in the CFSS service delivery plan and detailed budget for  
24.7 expenditures that must be approved by the ~~consultation services provider~~ lead agency, case  
24.8 manager, or care coordinator; and

24.9 (2) use the FMS provider for the billing and payment of such goods.

24.10 (h) The agency provider is responsible for ensuring that any worker driving a participant  
24.11 under subdivision 2, paragraph (o), has a valid driver's license and the vehicle used is  
24.12 registered and insured according to Minnesota law.

24.13 Sec. 19. Minnesota Statutes 2023 Supplement, section 256B.85, subdivision 13a, is  
24.14 amended to read:

24.15 Subd. 13a. **Financial management services.** (a) Services provided by an FMS provider  
24.16 include but are not limited to: filing and payment of federal and state payroll taxes and  
24.17 premiums on behalf of the participant; initiating and complying with background study  
24.18 requirements under chapter 245C and maintaining documentation of background study  
24.19 requests and results; billing for approved CFSS services with authorized funds; monitoring  
24.20 expenditures; accounting for and disbursing CFSS funds; providing assistance in obtaining  
24.21 and filing for liability, workers' compensation, family and medical benefit insurance, and  
24.22 unemployment coverage; and providing participant instruction and technical assistance to  
24.23 the participant in fulfilling employer-related requirements in accordance with section 3504  
24.24 of the Internal Revenue Code and related regulations and interpretations, including Code  
24.25 of Federal Regulations, title 26, section 31.3504-1.

24.26 (b) Agency-provider services shall not be provided by the FMS provider.

24.27 (c) The FMS provider shall provide service functions as determined by the commissioner  
24.28 for budget model participants that include but are not limited to:

24.29 (1) assistance with the development of the detailed budget for expenditures portion of  
24.30 the CFSS service delivery plan as requested by the consultation services provider or  
24.31 participant;

24.32 (2) data recording and reporting of participant spending;



25.1 (3) other duties established by the department, including with respect to providing  
25.2 assistance to the participant, participant's representative, or legal representative in performing  
25.3 employer responsibilities regarding support workers. The support worker shall not be  
25.4 considered the employee of the FMS provider; and

25.5 (4) billing, payment, and accounting of approved expenditures for goods.

25.6 (d) The FMS provider shall obtain an assurance statement from the participant employer  
25.7 agreeing to follow state and federal regulations and CFSS policies regarding employment  
25.8 of support workers.

25.9 (e) The FMS provider shall:

25.10 (1) not limit or restrict the participant's choice of service or support providers or service  
25.11 delivery models consistent with any applicable state and federal requirements;

25.12 (2) provide the participant, consultation services provider, and case manager or care  
25.13 coordinator, if applicable, with a monthly written summary of the spending for services and  
25.14 supports that were billed against the spending budget;

25.15 (3) be knowledgeable of state and federal employment regulations, including those under  
25.16 the Fair Labor Standards Act of 1938, and comply with the requirements under chapter  
25.17 268B and section 3504 of the Internal Revenue Code and related regulations and  
25.18 interpretations, including Code of Federal Regulations, title 26, section 31.3504-1, regarding  
25.19 agency employer tax liability for vendor fiscal/employer agent, and any requirements  
25.20 necessary to process employer and employee deductions, provide appropriate and timely  
25.21 submission of employer tax liabilities, and maintain documentation to support medical  
25.22 assistance claims;

25.23 (4) have current and adequate liability insurance and bonding and sufficient cash flow  
25.24 as determined by the commissioner and have on staff or under contract a certified public  
25.25 accountant or an individual with a baccalaureate degree in accounting;

25.26 (5) assume fiscal accountability for state funds designated for the program and be held  
25.27 liable for any overpayments or violations of applicable statutes or rules, including but not  
25.28 limited to the Minnesota False Claims Act, chapter 15C;

25.29 (6) maintain documentation of receipts, invoices, and bills to track all services and  
25.30 supports expenditures for any goods purchased and maintain time records of support workers.  
25.31 The documentation and time records must be maintained for a minimum of five years from  
25.32 the claim date and be available for audit or review upon request by the commissioner. Claims  
25.33 submitted by the FMS provider to the commissioner for payment must correspond with

26.1 services, amounts, and time periods as authorized in the participant's service budget and  
26.2 service plan and must contain specific identifying information as determined by the  
26.3 commissioner; and

26.4 (7) provide written notice to the participant or the participant's representative at least 30  
26.5 calendar days before a proposed service termination becomes effective, except in cases  
26.6 where:

26.7 (1) the participant engages in conduct that significantly alters the terms of the CFSS  
26.8 service delivery plan with the FMS;

26.9 (2) the participant or other persons at the setting where services are being provided  
26.10 engage in conduct that creates an imminent risk of harm to the support worker or other staff;  
26.11 or

26.12 (3) an emergency or a significant change in the participant's condition occurs within a  
26.13 24-hour period that results in the participant's service needs exceeding the participant's  
26.14 identified needs in the current CFSS service delivery plan so that the plan cannot safely  
26.15 meet the participant's needs.

26.16 (f) The commissioner shall:

26.17 (1) establish rates and payment methodology for the FMS provider;

26.18 (2) identify a process to ensure quality and performance standards for the FMS provider  
26.19 and ensure statewide access to FMS providers; and

26.20 (3) establish a uniform protocol for delivering and administering CFSS services to be  
26.21 used by eligible FMS providers.

26.22 Sec. 20. Minnesota Statutes 2022, section 256B.85, subdivision 17, is amended to read:

26.23 Subd. 17. **Consultation services duties.** Consultation services is a required service that  
26.24 includes:

26.25 (1) entering into a written agreement with the participant, participant's representative,  
26.26 or legal representative that includes but is not limited to the details of services, service  
26.27 delivery methods, dates of services, and contact information;

26.28 (2) providing an initial and annual orientation to CFSS information and policies, including  
26.29 selecting a service model;

26.30 (3) assisting with accessing FMS providers or agency-providers;

- 27.1 (4) providing assistance with the development, implementation, management,  
27.2 documentation, and evaluation of the person-centered CFSS service delivery plan;
- 27.3 ~~(5) approving the CFSS service delivery plan for a participant without a case manager~~  
27.4 ~~or care coordinator who is responsible for authorizing services;~~
- 27.5 ~~(6)~~ (5) maintaining documentation of the approved CFSS service delivery plan;
- 27.6 ~~(7)~~ (6) distributing copies of the final CFSS service delivery plan to the participant and  
27.7 to the agency-provider or FMS provider, case manager or care coordinator, and other  
27.8 designated parties;
- 27.9 ~~(8)~~ (7) assisting to fulfill responsibilities and requirements of CFSS, including modifying  
27.10 CFSS service delivery plans and changing service models;
- 27.11 ~~(9)~~ (8) if requested, providing consultation on recruiting, selecting, training, managing,  
27.12 directing, supervising, and evaluating support workers;
- 27.13 ~~(10)~~ (9) evaluating services upon receiving information from an FMS provider indicating  
27.14 spending or participant employer concerns;
- 27.15 ~~(11)~~ (10) reviewing the use of and access to informal and community supports, goods,  
27.16 or resources;
- 27.17 ~~(12)~~ (11) a semiannual review of services if the participant does not have a case manager  
27.18 or care coordinator and when the support worker is a paid parent of a minor participant or  
27.19 the participant's spouse;
- 27.20 ~~(13)~~ (12) collecting and reporting of data as required by the department;
- 27.21 ~~(14)~~ (13) providing the participant with a copy of the participant protections under  
27.22 subdivision 20 at the start of consultation services;
- 27.23 ~~(15)~~ (14) providing assistance to resolve issues of noncompliance with the requirements  
27.24 of CFSS;
- 27.25 ~~(16)~~ (15) providing recommendations to the commissioner for changes to services when  
27.26 support to participants to resolve issues of noncompliance have been unsuccessful; and
- 27.27 ~~(17)~~ (16) other duties as assigned by the commissioner.

27.28 Sec. 21. Minnesota Statutes 2022, section 256B.85, is amended by adding a subdivision  
27.29 to read:

27.30 Subd. 18b. Worker training and development services; remote visits. (a) Except as  
27.31 provided in paragraph (b), the worker training and development services specified in

28.1 subdivision 18a, paragraph (c), clauses (3) and (4), may be provided to recipients with  
28.2 chronic health conditions or severely compromised immune systems via two-way interactive  
28.3 audio and visual telecommunications if, at the recipient's request, the recipient's primary  
28.4 health care provider:

28.5 (1) determines that remote worker training and development services are appropriate;  
28.6 and

28.7 (2) documents the determination under clause (1) in a statement of need or other document  
28.8 that is subsequently included in the recipient's CFSS service delivery plan.

28.9 (b) The worker training and development services specified in subdivision 18a, paragraph  
28.10 (c), clause (3), provided at the start of services or the start of employment of a new support  
28.11 worker must not be conducted via two-way interactive audio and visual telecommunications.

28.12 (c) A recipient may request to return to in-person worker training and development  
28.13 services at any time.

28.14 **EFFECTIVE DATE.** This section is effective July 1, 2024, or upon federal approval,  
28.15 whichever is later. The commissioner of human services shall notify the revisor of statutes  
28.16 when federal approval is obtained.

28.17 Sec. 22. Minnesota Statutes 2022, section 256B.85, subdivision 20, is amended to read:

28.18 Subd. 20. **Participant protections.** (a) All CFSS participants have the protections  
28.19 identified in this subdivision.

28.20 (b) Participants or participant's representatives must be provided with adequate  
28.21 information, counseling, training, and assistance, as needed, to ensure that the participant  
28.22 is able to choose and manage services, models, and budgets. This information must be  
28.23 provided by the consultation services provider at the time of the initial or annual orientation  
28.24 to CFSS, at the time of reassessment, or when requested by the participant or participant's  
28.25 representative. This information must explain:

28.26 (1) person-centered planning;

28.27 (2) the range and scope of participant choices, including the differences between the  
28.28 agency-provider model and the budget model, available CFSS providers, and other services  
28.29 available in the community to meet the participant's needs;

28.30 (3) the process for changing plans, services, and budgets;

28.31 (4) identifying and assessing appropriate services; and

29.1 (5) risks to and responsibilities of the participant under the budget model.

29.2 (c) The consultation services provider must ensure that the participant chooses freely  
29.3 between the agency-provider model and the budget model and among available  
29.4 agency-providers and that the participant may change agency-providers after services have  
29.5 begun.

29.6 (d) A participant who appeals a reduction in previously authorized CFSS services may  
29.7 continue previously authorized services pending an appeal in accordance with section  
29.8 256.045.

29.9 (e) If the units of service or budget allocation for CFSS are reduced, denied, or terminated,  
29.10 the commissioner must provide notice of the reasons for the reduction in the participant's  
29.11 notice of denial, termination, or reduction.

29.12 (f) If all or part of a CFSS service delivery plan is denied approval by the ~~consultation~~  
29.13 ~~services provider lead agency~~, the ~~consultation services provider lead agency~~ must provide  
29.14 a notice that describes the basis of the denial.

## 29.15 ARTICLE 2

### 29.16 DEAF, DEAFBLIND AND HARD-OF-HEARING SERVICES

29.17 Section 1. Minnesota Statutes 2022, section 256C.21, is amended to read:

29.18 **256C.21 DEAF, DEAFBLIND, AND HARD-OF-HEARING SERVICES ACT;**  
29.19 **CITATION.**

29.20 Sections 256C.21 to ~~256C.26~~ 256C.261 may be cited as the "Deaf, DeafBlind, and  
29.21 Hard-of-Hearing Services Act."

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

29.23 Sec. 2. Minnesota Statutes 2022, section 256C.23, subdivision 1a, is amended to read:

29.24 Subd. 1a. **Culturally affirmative.** "Culturally affirmative" describes services that are  
29.25 designed and delivered within the context of the culture, identity, language, communication,  
29.26 and life experiences of ~~a person~~ persons who ~~is~~ are deaf, ~~a person~~ persons who ~~is~~ are  
29.27 deafblind, and ~~a person~~ persons who ~~is~~ are hard-of-hearing.

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

30.1 Sec. 3. Minnesota Statutes 2022, section 256C.23, is amended by adding a subdivision to  
30.2 read:

30.3 Subd. 1b. **Linguistically affirmative.** "Linguistically affirmative" describes services  
30.4 that are designed and delivered within the context of the language and communication  
30.5 experiences of persons who are deaf, persons who are deafblind, and persons who are  
30.6 hard-of-hearing.

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

30.8 Sec. 4. Minnesota Statutes 2022, section 256C.23, subdivision 2, is amended to read:

30.9 Subd. 2. **Deaf.** "Deaf" means a hearing loss ~~of such severity that the individual must~~  
30.10 ~~depend~~ where the person communicates primarily on visual communication such as through  
30.11 American Sign Language or other another signed language, visual and manual means of  
30.12 ~~communication such as~~ signing systems in English ~~or~~, Cued Speech, reading and writing,  
30.13 speech reading, ~~and gestures~~ or other visual communication.

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

30.15 Sec. 5. Minnesota Statutes 2022, section 256C.23, subdivision 2a, is amended to read:

30.16 Subd. 2a. **Hard-of-hearing.** "Hard-of-hearing" means a hearing loss ~~resulting in a~~  
30.17 ~~functional loss of hearing, but not to the extent that the individual must depend~~ where the  
30.18 person does not communicate primarily upon through visual communication.

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

30.20 Sec. 6. Minnesota Statutes 2022, section 256C.23, subdivision 2b, is amended to read:

30.21 Subd. 2b. **Deafblind.** "Deafblind" means any combination of vision and hearing loss  
30.22 ~~which interferes with acquiring information from the environment to the extent that~~  
30.23 ~~compensatory~~ where the person uses visual, auditory, or tactile strategies and skills are  
30.24 ~~necessary~~ such as the use of a tactile form of a visual or spoken language to access that  
30.25 communication, information from the environment, or other information.

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

30.27 Sec. 7. Minnesota Statutes 2022, section 256C.23, subdivision 2c, is amended to read:

30.28 Subd. 2c. **Interpreting services.** "Interpreting services" means services that include:

31.1 (1) interpreting between a spoken language, such as English, and a visual language, such  
31.2 as American Sign Language or another signed language;

31.3 (2) interpreting between a spoken language and a visual representation of a spoken  
31.4 language, such as Cued Speech ~~and~~ or signing systems in English;

31.5 (3) interpreting within one language where the interpreter ~~uses natural gestures and~~  
31.6 silently repeats the spoken message, replacing some words or phrases to ~~give higher visibility~~  
31.7 ~~on the lips~~ make the message more readable;

31.8 (4) interpreting using low vision or tactile methods, signing systems, or signed languages  
31.9 for persons who ~~have a combined hearing and vision loss or~~ are deafblind; and

31.10 (5) interpreting from one communication mode or language into another communication  
31.11 mode or language that is linguistically and culturally appropriate for the participants in the  
31.12 communication exchange.

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

31.14 Sec. 8. Minnesota Statutes 2022, section 256C.23, subdivision 6, is amended to read:

31.15 Subd. 6. **Real-time captioning.** "Real-time captioning" means a method of captioning  
31.16 in which ~~a caption is~~ captions are simultaneously prepared and displayed or transmitted at  
31.17 the time of origination by specially trained real-time captioners.

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

31.19 Sec. 9. Minnesota Statutes 2022, section 256C.23, subdivision 7, is amended to read:

31.20 Subd. 7. **Family and community intervener.** "Family and community intervener"  
31.21 means a ~~paraprofessional,~~ person who is specifically trained in deafblindness, who and  
31.22 works one-on-one with a child who is deafblind to provide critical connections access to  
31.23 language, communication, people, and the environment.

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

31.25 Sec. 10. Minnesota Statutes 2022, section 256C.233, subdivision 1, is amended to read:

31.26 Subdivision 1. **Deaf, DeafBlind, and Hard-of-Hearing** Hard of Hearing State Services  
31.27 **Division.** The commissioners of commerce, education, employment and economic  
31.28 development, and health shall advise partner with the commissioner of human services on  
31.29 the interagency activities of the Deaf, DeafBlind, and Hard-of-Hearing Hard of Hearing  
31.30 State Services Division. This division ~~addresses the developmental and social-emotional~~

32.1 ~~needs of~~ provides services for persons who are deaf, persons who are deafblind, and persons  
32.2 who are hard-of-hearing through a statewide network of programs, services, and supports.  
32.3 This division also advocates on behalf of and provides information and training about how  
32.4 to best serve persons who are deaf, persons who are deafblind, and persons who are  
32.5 hard-of-hearing. The commissioner of human services shall coordinate the work of the  
32.6 interagency ~~advisers and~~ partners, receive legislative appropriations for the division, and  
32.7 provide grants through the division for programs, services, and supports for persons who  
32.8 are deaf, persons who are deafblind, and persons who are hard-of-hearing in identified areas  
32.9 of need such as deafblind services, family services, interpreting services, and mental health  
32.10 services.

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

32.12 Sec. 11. Minnesota Statutes 2022, section 256C.233, subdivision 2, is amended to read:

32.13 Subd. 2. **Responsibilities.** The Deaf, DeafBlind, and ~~Hard-of-Hearing~~ Hard of Hearing  
32.14 State Services Division shall:

32.15 (1) establish and maintain a statewide network of regional culturally and linguistically  
32.16 affirmative services for Minnesotans who are deaf, Minnesotans who are deafblind, and  
32.17 Minnesotans who are hard-of-hearing;

32.18 (2) work across divisions within the Department of Human Services, as well as with  
32.19 other agencies and counties, to ensure that there is an understanding of:

32.20 (i) the communication access challenges faced by persons who are deaf, persons who  
32.21 are deafblind, and persons who are hard-of-hearing;

32.22 (ii) the best practices for accommodating and ~~mitigating~~ addressing communication  
32.23 access challenges; and

32.24 (iii) the legal requirements for providing access to and effective communication with  
32.25 persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing;

32.26 (3) assess the supply and demand statewide for ~~interpreter~~ interpreting services and  
32.27 real-time captioning services, implement strategies to provide greater access to these services  
32.28 in areas without sufficient supply, and ~~build the base of~~ partner with interpreting service  
32.29 providers and real-time captioning service providers across the state;

32.30 (4) maintain a statewide information resource that includes contact information and  
32.31 professional ~~certification credentials~~ certifications of interpreting service providers and  
32.32 real-time captioning service providers;



- 33.1 (5) provide culturally and linguistically affirmative mental health services to persons  
33.2 who are deaf, persons who are deafblind, and persons who are hard-of-hearing who:
- 33.3 (i) use a visual language such as American Sign Language, another sign language, or a  
33.4 tactile form of a visual language; or
- 33.5 (ii) otherwise need culturally and linguistically affirmative therapeutic mental health  
33.6 services;
- 33.7 (6) research and develop best practices and recommendations for emerging issues; and
- 33.8 (7) provide as much information as practicable on the division's stand-alone website in  
33.9 American Sign Language; and.
- 33.10 ~~(8) report to the chairs and ranking minority members of the legislative committees with~~  
33.11 ~~jurisdiction over human services biennially, beginning on January 1, 2019, on the following:~~
- 33.12 ~~(i) the number of regional service center staff, the location of the office of each staff~~  
33.13 ~~person, other service providers with which they are colocated, the number of people served~~  
33.14 ~~by each staff person and a breakdown of whether each person was served on-site or off-site,~~  
33.15 ~~and for those served off-site, a list of locations where services were delivered and the number~~  
33.16 ~~who were served in-person and the number who were served via technology;~~
- 33.17 ~~(ii) the amount and percentage of the division budget spent on reasonable~~  
33.18 ~~accommodations for staff;~~
- 33.19 ~~(iii) the number of people who use demonstration equipment and consumer evaluations~~  
33.20 ~~of the experience;~~
- 33.21 ~~(iv) the number of training sessions provided by division staff, the topics covered, the~~  
33.22 ~~number of participants, and consumer evaluations, including a breakdown by delivery~~  
33.23 ~~method such as in-person or via technology;~~
- 33.24 ~~(v) the number of training sessions hosted at a division location provided by another~~  
33.25 ~~service provider, the topics covered, the number of participants, and consumer evaluations,~~  
33.26 ~~including a breakdown by delivery method such as in-person or via technology;~~
- 33.27 ~~(vi) for each grant awarded, the amount awarded to the grantee and a summary of the~~  
33.28 ~~grantee's results, including consumer evaluations of the services or products provided;~~
- 33.29 ~~(vii) the number of people on waiting lists for any services provided by division staff~~  
33.30 ~~or for services or equipment funded through grants awarded by the division;~~
- 33.31 ~~(viii) the amount of time staff spent driving to appointments to deliver direct one-to-one~~  
33.32 ~~client services in locations outside of the regional service centers; and~~

34.1 ~~(ix) the regional needs and feedback on addressing service gaps identified by the advisory~~  
34.2 ~~committees.~~

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

34.4 Sec. 12. Minnesota Statutes 2022, section 256C.24, subdivision 1, is amended to read:

34.5 Subdivision 1. **Location.** The Deaf, DeafBlind, and ~~Hard-of-Hearing~~ Hard of Hearing  
34.6 State Services Division shall establish at least six regional service centers for persons who  
34.7 are deaf, persons who are deafblind, and persons who are hard-of-hearing. The centers shall  
34.8 be distributed regionally to provide access for persons who are deaf, persons who are  
34.9 deafblind, and persons who are hard-of-hearing in all parts of the state.

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

34.11 Sec. 13. Minnesota Statutes 2022, section 256C.24, subdivision 2, is amended to read:

34.12 Subd. 2. **Responsibilities.** Each regional service center shall:

34.13 (1) employ qualified staff to work with persons who are deaf, persons who are deafblind,  
34.14 and persons who are hard-of-hearing;

34.15 ~~(1)~~ (2) establish connections and collaborations ~~and explore co-locating~~ with other public  
34.16 and private entities providing services to persons who are deaf, persons who are deafblind,  
34.17 and persons who are hard-of-hearing in the region;

34.18 ~~(2)~~ (3) for those in need of services, assist in coordinating services between service  
34.19 providers and persons who are deaf, persons who are deafblind, and persons who are  
34.20 hard-of-hearing, and the persons' families, and make referrals to the services needed;

34.21 ~~(3) employ staff trained to work with persons who are deaf, persons who are deafblind,~~  
34.22 ~~and persons who are hard-of-hearing;~~

34.23 (4) if adequate or accessible services are not available from another public or private  
34.24 service provider in the region, provide individual culturally and linguistically affirmative  
34.25 assistance with service supports and solutions to persons who are deaf, persons who are  
34.26 deafblind, and persons who are hard-of-hearing, and the persons' families. ~~Individual~~  
34.27 ~~culturally affirmative assistance may be provided using technology only in areas of the state~~  
34.28 ~~where a person has access to sufficient quality telecommunications or broadband services~~  
34.29 ~~to allow effective communication. When a person who is deaf, a person who is deafblind,~~  
34.30 ~~or a person who is hard-of-hearing does not have access to sufficient telecommunications~~  
34.31 ~~or broadband service, individual assistance shall be available in person;~~

(5) identify regional training and resource needs, ~~work with deaf and hard-of-hearing services training staff, and collaborate with others to~~ and deliver training and resources for persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing, and the persons' families, and other service providers about subjects including the persons' rights under the law, American Sign Language, and the impact of hearing loss and options for accommodating it;

(6) have a mobile or permanent lab where persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing can try a selection of ~~modern~~ assistive technology, telecommunications equipment, and other technology and equipment to determine what would best meet the persons' needs;

(7) collaborate with ~~the Resource Center for the Deaf and Hard-of-Hearing Persons, other divisions of the Department of Education and local school districts to develop and deliver programs and services for~~ provide information and resources to families with children who are deaf, children who are deafblind, or children who are hard-of-hearing and to ~~support~~ school personnel serving these children;

(8) provide training, resources, and consultation to ~~the social service or income maintenance staff employed by counties or by organizations with whom counties contract for services to ensure that~~ human services providers about communication barriers which ~~prevent~~ access and other needs of persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing ~~from using services are removed~~;

~~(9) provide training to human service agencies in the region regarding program access for persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing;~~

~~(10)~~ (9) assess the ongoing need and supply of services for persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing in all parts of the state; annually consult with the division's advisory committees to identify regional needs and solicit feedback on addressing service gaps; and ~~cooperate~~ collaborate with public and private service providers ~~to develop these services~~ on service solutions;

~~(11)~~ (10) provide culturally and linguistically affirmative mental health services to persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing who:

(i) use a visual language such as American Sign Language, another sign language, or a tactile form of a visual language; or

(ii) otherwise need culturally and linguistically affirmative ~~therapeutic~~ mental health services; and

(12) (11) establish partnerships with state and regional entities statewide ~~that have the~~  
~~technological capacity~~ to provide Minnesotans with virtual access to the division's services  
and ~~division-sponsored~~ training ~~via~~ through technology.

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

Sec. 14. Minnesota Statutes 2022, section 256C.24, subdivision 3, is amended to read:

Subd. 3. **Advisory committee.** The director of the Deaf, DeafBlind, and ~~Hard-of-Hearing~~  
Hard of Hearing State Services Division shall appoint eight advisory committees of up to  
nine persons per advisory committee. Each committee shall represent a specific region of  
the state. The director shall determine the boundaries of each advisory committee region.  
The committees shall advise the director on the needs of persons who are deaf, persons who  
are deafblind, and persons who are hard-of-hearing and service gaps in the region of the  
state the committee represents. Members shall include persons who are deaf, persons who  
are deafblind, and persons who are hard-of-hearing, persons who have communication  
disabilities, parents of children who are deaf, parents of children who are deafblind, and  
parents of children who are hard-of-hearing, parents of children who have communication  
disabilities, and representatives of county and regional human services, including  
representatives of private service providers. At least 50 percent of the members must be  
deaf or deafblind or hard-of-hearing or have a communication disability. Committee members  
shall serve for a three-year term, ~~and may be appointed to.~~ Committee members shall serve  
no more than three consecutive terms and no more than nine years in total. Each advisory  
committee shall elect a chair. The director of the Deaf, DeafBlind, and ~~Hard-of-Hearing~~  
Hard of Hearing State Services Division ~~shall~~ may assign staff to serve as nonvoting members  
of the committee. Members shall not receive a per diem. Otherwise, the compensation,  
removal of members, and filling of vacancies on the committee shall be as provided in  
section 15.0575.

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

Sec. 15. Minnesota Statutes 2022, section 256C.26, is amended to read:

**256C.26 EMPLOYMENT SERVICES.**

The commissioner of employment and economic development shall work with the Deaf,  
DeafBlind, and ~~Hard-of-Hearing~~ Hard of Hearing State Services Division to develop and  
implement a plan to deal with the underemployment of persons who are deaf, persons who  
are deafblind, and persons who are hard-of-hearing ~~persons~~.

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

37.2 Sec. 16. Minnesota Statutes 2022, section 256C.261, is amended to read:

37.3 **256C.261 SERVICES FOR PERSONS WHO ARE DEAFBLIND.**

37.4 (a) The commissioner of human services shall use at least ~~35~~ 60 percent of the deafblind  
37.5 services biennial base level grant funding for programs, services, and other supports for a  
37.6 child adults who are deafblind and for children who is are deafblind and the child's family  
37.7 children's families. ~~The commissioner shall use at least 25 percent of the deafblind services~~  
37.8 ~~biennial base level grant funding for services and other supports for an adult who is deafblind.~~

37.9 The commissioner shall award grants for the purposes of:

37.10 ~~(1) providing programs, services, and supports to persons who are deafblind; and,~~

37.11 ~~(2) developing and providing training to counties and the network of senior citizen~~  
37.12 ~~service providers. The purpose of the training grants is to teach counties how to use existing~~  
37.13 ~~programs that capture federal financial participation to meet the needs of eligible persons~~  
37.14 ~~who are deafblind and to build capacity of senior service programs to meet the needs of~~  
37.15 ~~seniors with a dual sensory hearing and vision loss.~~

37.16 (b) The commissioner may make grants:

37.17 (1) for services and training provided by organizations to persons who are deafblind;

37.18 and

37.19 (2) to develop and administer consumer-directed services; for persons who are deafblind;

37.20 and

37.21 (3) to develop and provide training to counties and service providers on how to meet

37.22 the needs of persons who are deafblind.

37.23 (c) Consumer-directed services ~~shall~~ must be provided in whole by grant-funded  
37.24 providers. ~~The Deaf and Hard-of-Hearing Services Division's regional service centers shall~~  
37.25 ~~not provide any aspect of a grant-funded consumer-directed services program.~~

37.26 ~~(d) Any entity that is able to satisfy the grant criteria is eligible to receive a grant under~~  
37.27 ~~paragraph (a).~~

37.28 ~~(e)~~ (d) Deafblind service providers may, but are not required to, provide ~~intervenor~~  
37.29 intervener services as part of the service package provided with grant funds under this  
37.30 section. Intervener services include services provided by a family and community intervener  
37.31 as described in paragraph ~~(f)~~ (e).

~~(f)~~ (e) The family and community intervener, as defined in section 256C.23, subdivision 7, provides services to open channels of communication between the child and others; facilitates the development or use of receptive and expressive communication skills by the child; and develops and maintains a trusting, interactive relationship that promotes social and emotional well-being. The family and community intervener also provides access to information and the environment; and facilitates opportunities for learning and development. A family and community intervener must have specific training in deafblindness, building language and communication skills, and intervention strategies.

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

Sec. 17. Minnesota Statutes 2022, section 256C.28, subdivision 1, is amended to read:

Subdivision 1. **Membership.** (a) The Commission of the Deaf, DeafBlind and Hard of Hearing consists of ~~seven~~ ten members appointed at large and one member each from ~~each~~ up to five advisory ~~committee~~ committees established under section 256C.24, subdivision 3. At least 50 percent of the voting members must be deaf or deafblind or hard-of-hearing. Members shall include ~~persons who are deaf, deafblind, and hard-of-hearing, parents at~~ least one parent or guardian of children a person who are is deaf, deafblind, and or ~~hard-of-hearing, and representatives of county and regional human services, including~~ representatives of private service providers. The commissioners of education, health, human rights, and employment and economic development and the director of the Deaf and Hard-of-Hearing Services Division in the Department of Human Services, or their designees, shall serve as ex officio, nonvoting members of the commission. The commission may appoint additional ex officio members from other bureaus, divisions, or sections of state departments directly concerned with the provision of services to persons who are deaf, deafblind, or hard-of-hearing.

(b) ~~Commission~~ Voting members of the commission are appointed by the governor for a four-year term and until successors are appointed and qualify. ~~Commission~~ Voting members of the commission shall serve no more than three consecutive full terms, ~~and no more than~~ 12 years in total.

(c) Annually, by January 31, the commission shall select one member as chair and one member as vice-chair to serve until January 31 of the following year or until the commission selects a new chair or vice-chair, whichever occurs later.

**ARTICLE 3****AGING SERVICES**

Section 1. Minnesota Statutes 2022, section 144A.20, subdivision 4, is amended to read:

Subd. 4. **Assisted living director qualifications; ongoing training.** (a) The Board of Executives for Long Term Services and Supports may issue licenses to qualified persons as an assisted living director and shall approve training and examinations. No license shall be issued to a person as an assisted living director unless that person:

(1) is eligible for licensure;

(2) has applied for licensure under this subdivision within ~~six months~~ 30 days of hire; and

(3) has satisfactorily met standards set by the board ~~or is scheduled to complete the training in paragraph (b) within one year of hire.~~ The standards shall be designed to assure that assisted living directors are individuals who, by training or experience, are qualified to serve as assisted living directors.

(b) In order to be qualified to serve as an assisted living director, an individual must:

(1) have completed an approved training course and passed an examination approved by the board that is designed to test for competence and that includes assisted living facility laws in Minnesota; or

(2)(i) currently be licensed in the state of Minnesota as a nursing home administrator or have been validated as a qualified health services executive by the National Association of Long Term Care Administrator Boards; and

(ii) have core knowledge of assisted living facility laws; ~~or.~~

~~(3) apply for licensure by July 1, 2021, and satisfy one of the following:~~

~~(i) have a higher education degree in nursing, social services, or mental health, or another professional degree with training specific to management and regulatory compliance;~~

~~(ii) have at least three years of supervisory, management, or operational experience and higher education training applicable to an assisted living facility;~~

~~(iii) have completed at least 1,000 hours of an executive in training program provided by an assisted living director licensed under this subdivision; or~~

~~(iv) have managed a housing with services establishment operating under assisted living title protection for at least three years.~~

(c) An assisted living director must receive at least 30 hours of ~~training~~ continuing education every two years on topics relevant to the operation of an assisted living facility and the needs of its residents. An assisted living director must maintain records of the training required by this paragraph for at least the most recent three-year period and must provide these records to Department of Health surveyors upon request. Continuing education earned to maintain another professional license, such as a nursing home administrator license, nursing license, social worker license, mental health professional license, or real estate license, may be used to satisfy this requirement when the continuing education is relevant to the assisted living services offered and residents served at the assisted living facility.

Sec. 2. Minnesota Statutes 2022, section 144G.08, subdivision 7, is amended to read:

Subd. 7. **Assisted living facility.** (a) "Assisted living facility" means a facility that provides sleeping accommodations and assisted living services to one or more adults. Assisted living facility includes assisted living facility with dementia care, ~~and~~.

(b) Assisted living facility does not include:

(1) emergency shelter, transitional housing, or any other residential units serving exclusively or primarily homeless individuals, as defined under section 116L.361;

(2) a nursing home licensed under chapter 144A;

(3) a hospital, certified boarding care, or supervised living facility licensed under sections 144.50 to 144.56;

(4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts 9520.0500 to 9520.0670, or under chapter 245D, 245G, or 245I;

(5) services and residential settings licensed under chapter 245A, including adult foster care and services and settings governed under the standards in chapter 245D;

(6) a private home in which the residents are related by kinship, law, or affinity with the provider of services;

(7) a duly organized condominium, cooperative, and common interest community, or owners' association of the condominium, cooperative, and common interest community where at least 80 percent of the units that comprise the condominium, cooperative, or common interest community are occupied by individuals who are the owners, members, or shareholders of the units;

(8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593;



(9) a setting offering services conducted by and for the adherents of any recognized church or religious denomination for its members exclusively through spiritual means or by prayer for healing;

(10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with low-income housing tax credits pursuant to United States Code, title 26, section 42, and units financed by the Minnesota Housing Finance Agency that are intended to serve individuals with disabilities or individuals who are homeless, ~~except for those developments that market or hold themselves out as assisted living facilities and provide assisted living services;~~

(11) rental housing developed under United States Code, title 42, section 1437, or United States Code, title 12, section 1701q;

(12) rental housing designated for occupancy by only elderly or elderly and disabled residents under United States Code, title 42, section 1437e, or rental housing for qualifying families under Code of Federal Regulations, title 24, section 983.56;

(13) rental housing funded under United States Code, title 42, chapter 89, or United States Code, title 42, section 8011;

(14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or

(15) any establishment that exclusively or primarily serves as a shelter or temporary shelter for victims of domestic or any other form of violence.

(c) Notwithstanding paragraphs (a) and (b), assisted living facility includes a facility, setting, or development, however funded, that markets or holds itself out as assisted living, an assisted living facility, an assisted living facility with dementia care, memory care, or a memory care facility.

Sec. 3. Minnesota Statutes 2022, section 144G.30, subdivision 5, is amended to read:

**Subd. 5. Correction orders.** (a) A correction order may be issued whenever the commissioner finds upon survey or during a complaint investigation that a facility, a managerial official, an agent of the facility, or an employee of the facility is not in compliance with this chapter. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction.

(b) The commissioner shall mail or email copies of any correction order to the facility within 30 calendar days after the survey exit date. A copy of each correction order and copies of any documentation supplied to the commissioner shall be kept on file by the

42.1 facility and public documents shall be made available for viewing by any person upon  
42.2 request. Copies may be kept electronically.

42.3 (c) By the correction order date, the facility must:

42.4 (1) document in the facility's records any action taken to comply with the correction  
42.5 order. The commissioner may request a copy of this documentation and the facility's action  
42.6 to respond to the correction order in future surveys, upon a complaint investigation, and as  
42.7 otherwise needed; and

42.8 (2) post or otherwise make available, in a manner or location readily accessible to  
42.9 residents and others, the most recent plan of correction documenting the actions taken by  
42.10 the facility to comply with the correction order.

42.11 (d) After the plan of correction is posted or otherwise made available under paragraph  
42.12 (c), clause (2), the facility must provide a copy of the facility's most recent plan of correction  
42.13 to any individual who requests it. A copy of the most recent plan of correction must be  
42.14 provided within 30 days after the request and in a format determined by the facility, except  
42.15 the facility must make reasonable accommodations in providing the plan of correction in  
42.16 another format upon request.

42.17 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to correction  
42.18 orders issued on or after that date.

42.19 Sec. 4. Minnesota Statutes 2022, section 256.975, subdivision 7e, is amended to read:

42.20 Subd. 7e. **Long-term care options counseling for assisted living at critical care**  
42.21 **transitions.** (a) The purpose of long-term care options counseling ~~for assisted living~~ is to  
42.22 support persons with current or anticipated long-term care needs in making informed choices  
42.23 among options that include the most cost-effective and least restrictive settings. ~~Prospective~~  
42.24 ~~residents maintain the right to choose assisted living if that option is their preference.~~  
42.25 Reaching people before a crisis and during care transitions is important to ensure quality  
42.26 of care and life, prevent unnecessary hospitalizations and readmissions, reduce the burden  
42.27 on the health care system, reduce costs, and support personal preferences.

42.28 (b) ~~Licensed assisted living facilities shall inform each prospective resident or the~~  
42.29 ~~prospective resident's designated or legal representative of the availability of long-term care~~  
42.30 ~~options counseling for assisted living and the need to receive and verify the counseling prior~~  
42.31 ~~to signing a contract. Long-term care options counseling for assisted living is provided as~~  
42.32 ~~determined by the commissioner of human services. The service is delivered under a~~  
42.33 ~~partnership between lead agencies as defined in subdivision 10, paragraph (g), and the Area~~

43.1 ~~Agencies on Aging, and is a point of entry to a combination of telephone-based long-term~~  
43.2 ~~care options counseling provided by Senior LinkAge Line and in-person long-term care~~  
43.3 ~~consultation provided by lead agencies. The point of entry service must be provided within~~  
43.4 ~~five working days of the request of the prospective resident as follows~~ Counseling must be  
43.5 delivered by Senior LinkAge Line either by telephone or in-person. Counseling must:

43.6 ~~(1) the counseling shall be conducted with the prospective resident, or in the alternative,~~  
43.7 ~~the resident's designated or legal representative, if:~~

43.8 ~~(i) the resident verbally requests; or~~

43.9 ~~(ii) the assisted living facility has documentation of the designated or legal representative's~~  
43.10 ~~authority to enter into a lease or contract on behalf of the prospective resident and accepts~~  
43.11 ~~the documentation in good faith;~~

43.12 ~~(2) the counseling shall~~ (1) be performed in a manner that provides objective and complete  
43.13 information;

43.14 ~~(3) the counseling must~~ (2) include a review of the prospective resident's reasons for  
43.15 ~~considering assisted living services, the prospective resident's~~ person's personal goals, a  
43.16 discussion of the prospective resident's person's immediate and projected long-term care  
43.17 needs, and alternative community services or settings that may meet the prospective resident's  
43.18 person's needs; and

43.19 ~~(4) the prospective resident must be informed of the availability of an in-person visit~~  
43.20 ~~from a long-term care consultation team member at no charge to the prospective resident~~  
43.21 ~~to assist the prospective resident in assessment and planning to meet the prospective resident's~~  
43.22 ~~long-term care needs; and~~

43.23 ~~(5) verification of counseling shall be generated and provided to the prospective resident~~  
43.24 ~~by Senior LinkAge Line upon completion of the telephone-based counseling~~ (3) include  
43.25 the counseling and referral protocols in subdivision 7, paragraph (b), clauses (11) to (13).

43.26 ~~(c) An assisted living facility licensed under chapter 144G shall:~~

43.27 ~~(1)~~ must inform each prospective resident or the prospective resident's designated or  
43.28 legal representative of the availability of and contact information for long-term care options  
43.29 counseling services under this subdivision; by providing Senior LinkAge Line information  
43.30 at the facility tour.

43.31 ~~(2) receive a copy of the verification of counseling prior to executing a contract with~~  
43.32 ~~the prospective resident; and~~

~~(3) retain a copy of the verification of counseling as part of the resident's file.~~

~~(d) Emergency admissions to licensed assisted living facilities prior to consultation under paragraph (b) are permitted according to policies established by the commissioner. Prior to discharge, hospitals must refer older adults who are at risk of nursing home placement to the Senior LinkAge Line for long-term care options counseling. Hospitals must make these referrals using referral protocols and processes developed under subdivision 7.~~

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

Sec. 5. Minnesota Statutes 2022, section 256R.08, subdivision 1, is amended to read:

Subdivision 1. **Reporting of financial statements.** (a) No later than February 1 of each year, a nursing facility must:

(1) provide the state agency with a copy of its ~~audited financial statements or its working~~ trial balance;

(2) provide the state agency with a copy of its audited financial statements for each year an audit is conducted;

~~(2)~~ (3) provide the state agency with a statement of ownership for the facility;

~~(3)~~ (4) provide the state agency with separate, audited financial statements ~~or~~ and working trial balances for every other facility owned in whole or in part by an individual or entity that has an ownership interest in the facility;

(5) provide the state agency with information regarding whether the licensee or a general partner, director, or officer of the licensee controls or has an ownership interest of five percent or more in a related organization that provides any services, facilities, or supplies to the nursing facility;

~~(4)~~ (6) upon request, provide the state agency with separate, audited financial statements ~~or~~ and working trial balances for every organization with which the facility conducts business and which is owned in whole or in part by an individual or entity which has an ownership interest in the facility;

~~(5)~~ (7) provide the state agency with copies of leases, purchase agreements, and other documents related to the lease or purchase of the nursing facility; and

~~(6)~~ (8) upon request, provide the state agency with copies of leases, purchase agreements, and other documents related to the acquisition of equipment, goods, and services which are claimed as allowable costs.

(b) If the licensee or the general partner, director, or officer of the licensee controls or has an interest as described in paragraph (a), clause (5), the licensee must disclose all services, facilities, or supplies provided to the nursing facility; the number of individuals who provide services, facilities, or supplies at the nursing facility; and any other information requested by the state agency.

~~(b)~~ (c) Audited financial statements submitted under ~~paragraph~~ paragraphs (a) and (b) must include a balance sheet, income statement, statement of the rate or rates charged to private paying residents, statement of retained earnings, statement of cash flows, notes to the financial statements, audited applicable supplemental information, and the public accountant's report. Public accountants must conduct audits in accordance with chapter 326A. The cost of an audit must not be an allowable cost unless the nursing facility submits its audited financial statements in the manner otherwise specified in this subdivision. A nursing facility must permit access by the state agency to the public accountant's audit work papers that support the audited financial statements submitted under ~~paragraph~~ paragraphs (a) and (b).

~~(e)~~ (d) Documents or information provided to the state agency pursuant to this subdivision must be public unless prohibited by the Health Insurance Portability and Accountability Act or any other federal or state regulation. Data, notes, and preliminary drafts of reports created, collected, and maintained by the audit offices of government entities, or persons performing audits for government entities, and relating to an audit or investigation are confidential data on individuals or protected nonpublic data until the final report has been published or the audit or investigation is no longer being pursued actively, except that the data must be disclosed as required to comply with section 6.67 or 609.456.

~~(d)~~ (e) If the requirements of paragraphs (a) ~~and~~, (b), and (c) are not met, the reimbursement rate may be reduced to 80 percent of the rate in effect on the first day of the fourth calendar month after the close of the reporting period and the reduction must continue until the requirements are met.

(f) Licensees must provide the information required in this section to the commissioner in a manner prescribed by the commissioner.

(g) For purposes of this section, "related organization" and "control" have the meaning given in section 256R.02, subdivision 43.

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

46.1 Sec. 6. Minnesota Statutes 2022, section 256R.08, is amended by adding a subdivision to  
46.2 read:

46.3 Subd. 5. **Notice of costs associated with leases, rent, and use of land or other real**  
46.4 **property by nursing homes.** (a) Nursing homes must annually report to the commissioner,  
46.5 in a manner determined by the commissioner, their cost associated with leases, rent, and  
46.6 use of land or other real property and any other related information requested by the state  
46.7 agency.

46.8 (b) A nursing facility that violates this subdivision is subject to the penalties and  
46.9 procedures under section 256R.04, subdivision 7.

46.10 Sec. 7. Minnesota Statutes 2022, section 325F.722, subdivision 1, is amended to read:

46.11 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have  
46.12 the meanings given.

46.13 (b) "Assisted living services" has the meaning given in section 144G.08, subdivision 9.

46.14 (c) "Exempt setting" means a setting that in which assisted living services are provided  
46.15 but which is exempted from assisted living facility licensure under section 144G.08,  
46.16 subdivision 7, paragraph (b), clauses (10) to (13).

46.17 ~~(e)~~ (d) "Resident" means a person residing in an exempt setting.

46.18 (e) "Subsidized assisted living contract" means a legal agreement between a resident  
46.19 and an exempt setting for housing and, if applicable, assisted living services.

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

46.21 Sec. 8. Minnesota Statutes 2022, section 325F.722, is amended by adding a subdivision  
46.22 to read:

46.23 Subd. 10. **Responsibility for housing and services.** An exempt setting must comply  
46.24 with section 144G.40, subdivision 1.

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

46.26 Sec. 9. Minnesota Statutes 2022, section 325F.722, is amended by adding a subdivision  
46.27 to read:

46.28 Subd. 11. **Facility restrictions.** An exempt setting must comply with section 144G.42,  
46.29 subdivision 3, except this subdivision does not apply to an exempt setting owned or operated  
46.30 by a county or other unit of government.

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

47.2 Sec. 10. Minnesota Statutes 2022, section 325F.722, is amended by adding a subdivision  
47.3 to read:

47.4 Subd. 12. **Handling residents' finances and property.** An exempt setting must comply  
47.5 with section 144G.42, subdivision 4.

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

47.7 Sec. 11. Minnesota Statutes 2022, section 325F.722, is amended by adding a subdivision  
47.8 to read:

47.9 Subd. 13. **Contract requirements.** An exempt setting may not offer or provide housing  
47.10 or assisted living services unless it has executed a written subsidized assisted living contract  
47.11 that complies with section 144G.50, except for:

47.12 (1) section 144G.50, subdivision 2, paragraph (b), clause (2);

47.13 (2) section 144G.50, subdivision 2, paragraph (c), clause (1); and

47.14 (3) section 144G.50, subdivision 4.

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

47.16 Sec. 12. Minnesota Statutes 2022, section 325F.722, is amended by adding a subdivision  
47.17 to read:

47.18 Subd. 14. **Contract terminations.** An exempt setting initiating a termination of a  
47.19 subsidized assisted living contract must comply with section 144G.52, and Minnesota Rules,  
47.20 part 4659.0120.

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

47.22 Sec. 13. Minnesota Statutes 2022, section 325F.722, is amended by adding a subdivision  
47.23 to read:

47.24 Subd. 15. **Nonrenewal of housing.** An exempt setting that declines to renew a resident's  
47.25 housing under a subsidized assisted living contract must comply with the provisions of  
47.26 section 144G.53, and Minnesota Rules, part 4659.0200.

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

48.1 Sec. 14. Minnesota Statutes 2022, section 325F.722, is amended by adding a subdivision  
48.2 to read:

48.3 Subd. 16. **Appeals of contract terminations.** A resident has the right to appeal a  
48.4 termination of a subsidized assisted living contract and the provisions of section 144G.54,  
48.5 and Minnesota Rules, part 4659.0210, subparts 1 to 3, apply to the appeal, except:

48.6 (1) the resident or an individual acting on the resident's behalf must submit the request  
48.7 for an appeal directly to the Office of Administrative Hearings; and

48.8 (2) the administrative law judge shall decide on the appeal and issue an order.

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

48.10 Sec. 15. Minnesota Statutes 2022, section 325F.722, is amended by adding a subdivision  
48.11 to read:

48.12 Subd. 17. **Coordinated moves.** An exempt setting that terminates a subsidized assisted  
48.13 living contract, reduces services to the extent that a resident needs to move or obtain a new  
48.14 service provider, or conducts a planned closure under subdivision 19, must comply with  
48.15 section 144G.55, subdivisions 1 to 3 and 5.

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

48.17 Sec. 16. Minnesota Statutes 2022, section 325F.722, is amended by adding a subdivision  
48.18 to read:

48.19 Subd. 18. **Transfer of resident within the facility.** If an exempt setting seeks to transfer  
48.20 a resident to a different location within the exempt setting, the exempt setting must comply  
48.21 with section 144G.56, subdivisions 2 to 7.

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

48.23 Sec. 17. Minnesota Statutes 2022, section 325F.722, is amended by adding a subdivision  
48.24 to read:

48.25 Subd. 19. **Planned closure.** In the event that an exempt setting elects to voluntarily close  
48.26 the setting, the exempt setting must comply with section 144G.57, subdivisions 1 to 5, and  
48.27 Minnesota Rules, part 4659.0130, subpart 1, items A and B, and subpart 2, items A to D,  
48.28 except:



49.1 (1) the exempt setting is not required to notify the commissioner of health of the planned  
49.2 closure, submit a proposed closure plan to the commissioner, or receive approval of a closure  
49.3 plan from the commissioner before closing; and

49.4 (2) the exempt setting must personally deliver or mail the notice required under section  
49.5 144G.57, subdivision 5.

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

49.7 Sec. 18. Minnesota Statutes 2022, section 325F.722, is amended by adding a subdivision  
49.8 to read:

49.9 Subd. 20. **Subsidized assisted living bill of rights.** Section 144G.91 applies to residents  
49.10 of exempt settings.

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

49.12 Sec. 19. Minnesota Statutes 2022, section 325F.722, is amended by adding a subdivision  
49.13 to read:

49.14 Subd. 21. **Retaliation prohibited.** An exempt setting must comply with section 144G.92.

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

49.16 Sec. 20. Minnesota Statutes 2022, section 325F.722, is amended by adding a subdivision  
49.17 to read:

49.18 Subd. 22. **Notice of legal and advocacy services.** An exempt setting must comply with  
49.19 section 144G.93.

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

49.21 Sec. 21. **REPEALER.**

49.22 Minnesota Statutes 2022, section 256.975, subdivisions 7f and 7g, are repealed.

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

49.24 Sec. 22. **REPEALER.**

49.25 Minnesota Statutes 2022, section 325F.722, subdivisions 2, 3, and 9, are repealed.

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

50.1 Sec. 23. **REPEALER.**

50.2 Minnesota Statutes 2022, section 256R.18, is repealed.

50.3 **ARTICLE 4**

50.4 **SUBSTANCE USE DISORDER SERVICES**

50.5 Section 1. Minnesota Statutes 2022, section 148F.025, subdivision 2, is amended to read:

50.6 Subd. 2. **Education requirements for licensure.** An applicant for licensure must submit  
50.7 evidence satisfactory to the board that the applicant has:

50.8 (1) received a bachelor's or master's degree from an accredited school or educational  
50.9 program; and

50.10 (2) received 18 semester credits or 270 clock hours of academic course work and 880  
50.11 clock hours of supervised alcohol and drug counseling practicum from an accredited school  
50.12 or education program. The course work and practicum do not have to be part of the bachelor's  
50.13 degree earned under clause (1). The academic course work must be in the following areas:

50.14 (i) an overview of the transdisciplinary foundations of alcohol and drug counseling,  
50.15 including theories of chemical dependency, the continuum of care, and the process of change;

50.16 (ii) pharmacology of substance abuse disorders and the dynamics of addiction, including  
50.17 substance use disorder treatment with medications for opioid use disorder;

50.18 (iii) professional and ethical responsibilities;

50.19 (iv) multicultural aspects of chemical dependency;

50.20 (v) co-occurring disorders; and

50.21 (vi) the core functions defined in section 148F.01, subdivision 10.

50.22 Sec. 2. Minnesota Statutes 2022, section 245F.02, subdivision 17, is amended to read:

50.23 Subd. 17. **Peer recovery support services.** "Peer recovery support services" means

50.24 ~~mentoring and education, advocacy, and nonclinical recovery support provided by a recovery~~  
50.25 ~~peer~~ services provided according to section 245F.08, subdivision 3.

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

51.1 Sec. 3. Minnesota Statutes 2022, section 245F.02, subdivision 21, is amended to read:

51.2 Subd. 21. **Recovery peer.** "Recovery peer" means a person who has progressed in the  
51.3 person's own recovery from substance use disorder and is willing to serve as a peer to assist  
51.4 others in their recovery and is qualified according to section 245F.15, subdivision 7.

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

51.6 Sec. 4. Minnesota Statutes 2022, section 245F.08, subdivision 3, is amended to read:

51.7 Subd. 3. **Peer recovery support services.** ~~(a) Peers in recovery serve as mentors or~~  
51.8 ~~recovery support partners for individuals in recovery, and may provide encouragement,~~  
51.9 ~~self-disclosure of recovery experiences, transportation to appointments, assistance with~~  
51.10 ~~finding resources that will help locate housing, job search resources, and assistance finding~~  
51.11 ~~and participating in support groups.~~

51.12 ~~(b) Peer recovery support services are provided by a recovery peer and must be supervised~~  
51.13 ~~by the responsible staff person.~~

51.14 Peer recovery support services must meet the requirements in section 245G.07,  
51.15 subdivision 2, clause (8), and must be provided by a person who is qualified according to  
51.16 the requirements in section 245F.15, subdivision 7.

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

51.18 Sec. 5. Minnesota Statutes 2022, section 245F.15, subdivision 7, is amended to read:

51.19 Subd. 7. **Recovery peer qualifications.** Recovery peers must:

51.20 ~~(1) be at least 21 years of age and have a high school diploma or its equivalent;~~

51.21 ~~(2) have a minimum of one year in recovery from substance use disorder;~~

51.22 ~~(3) have completed a curriculum designated by the commissioner that teaches specific~~  
51.23 ~~skills and training in the domains of ethics and boundaries, advocacy, mentoring and~~  
51.24 ~~education, and recovery and wellness support; and~~

51.25 ~~(4) receive supervision in areas specific to the domains of their role by qualified~~  
51.26 ~~supervisory staff.~~

51.27 (1) meet the qualifications in section 245I.04, subdivision 18; and

51.28 (2) provide services according to the scope of practice established in section 245I.04,  
51.29 subdivision 19, under the supervision of an alcohol and drug counselor.

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

52.1 Sec. 6. Minnesota Statutes 2022, section 245G.031, subdivision 2, is amended to read:

52.2 Subd. 2. **Qualifying accreditation; determination of same and similar standards.** (a)

52.3 The commissioner must accept a qualifying accreditation from an accrediting body listed  
52.4 in paragraph (c) after determining, in consultation with the accrediting body and license  
52.5 holders, which of the accrediting body's standards that are the same as or similar to the  
52.6 licensing requirements in this chapter. In determining whether standards of an accrediting  
52.7 body are the same as or similar to licensing requirements under this chapter, the commissioner  
52.8 shall give due consideration to the existence of a standard that aligns in whole or in part to  
52.9 a licensing standard.

52.10 (b) Upon request by a license holder, the commissioner may allow the accrediting body  
52.11 to monitor for compliance with licensing requirements under this chapter that are determined  
52.12 to be neither the same as nor similar to those of the accrediting body.

52.13 (c) For purposes of this section, "accrediting body" means ~~the joint commission~~ The  
52.14 Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, or the  
52.15 ASAM Level of Care Certification Program.

52.16 (d) Qualifying accreditation only applies to the license holder's licensed programs that  
52.17 are included in the accrediting body's survey during each survey period.

52.18 Sec. 7. Minnesota Statutes 2022, section 245G.04, is amended by adding a subdivision to  
52.19 read:

52.20 Subd. 3. **Opioid educational material.** (a) If a client is identified as having opioid use  
52.21 issues, the license holder must provide opioid educational material to the client on the day  
52.22 of service initiation. The license holder must use the opioid educational material approved  
52.23 by the commissioner that contains information on:

52.24 (1) risks for opioid use disorder and dependence;

52.25 (2) treatment options, including the use of a medication for opioid use disorder;

52.26 (3) the risk and recognition of opioid overdose; and

52.27 (4) the use, availability, and administration of an opiate antagonist to respond to opioid  
52.28 overdose.

52.29 (b) If the client is identified as having opioid use issues at a later date, the required  
52.30 educational material must be provided at that time.

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

53.1 Sec. 8. Minnesota Statutes 2023 Supplement, section 245G.05, subdivision 3, is amended  
53.2 to read:

53.3 Subd. 3. **Comprehensive assessment requirements.** (a) A comprehensive assessment  
53.4 must meet the requirements under section 245I.10, subdivision 6, paragraphs (b) and (c).  
53.5 It must also include:

53.6 (1) a diagnosis of a substance use disorder or a finding that the client does not meet the  
53.7 criteria for a substance use disorder;

53.8 (2) a determination of whether the individual screens positive for co-occurring mental  
53.9 health disorders using a screening tool approved by the commissioner pursuant to section  
53.10 245.4863;

53.11 (3) a risk rating and summary to support the risk ratings within each of the dimensions  
53.12 listed in section 254B.04, subdivision 4; and

53.13 (4) a recommendation for the ASAM level of care identified in section 254B.19,  
53.14 subdivision 1.

53.15 ~~(b) If the individual is assessed for opioid use disorder, the program must provide~~  
53.16 ~~educational material to the client within 24 hours of service initiation on:~~

53.17 ~~(1) risks for opioid use disorder and dependence;~~

53.18 ~~(2) treatment options, including the use of a medication for opioid use disorder;~~

53.19 ~~(3) the risk and recognition of opioid overdose; and~~

53.20 ~~(4) the use, availability, and administration of an opiate antagonist to respond to opioid~~  
53.21 ~~overdose.~~

53.22 ~~If the client is identified as having opioid use disorder at a later point, the required educational~~  
53.23 ~~material must be provided at that point. The license holder must use the educational materials~~  
53.24 ~~that are approved by the commissioner to comply with this requirement.~~

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

53.26 Sec. 9. Minnesota Statutes 2023 Supplement, section 245G.09, subdivision 3, is amended  
53.27 to read:

53.28 Subd. 3. **Contents.** Client records must contain the following:

53.29 (1) documentation that the client was given information on client rights and  
53.30 responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided  
53.31 an orientation to the program abuse prevention plan required under section 245A.65,

subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record must contain documentation that the client was provided educational information according to section ~~245G.05~~ 245G.04, subdivision 3, ~~paragraph (b)~~;

(2) an initial services plan completed according to section 245G.04;

(3) a comprehensive assessment completed according to section 245G.05;

(4) an individual abuse prevention plan according to sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable;

(5) an individual treatment plan according to section 245G.06, subdivisions 1 and 1a;

(6) documentation of treatment services, significant events, appointments, concerns, and treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, 3, and 3a; and

(7) a summary at the time of service termination according to section 245G.06, subdivision 4.

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

Sec. 10. Minnesota Statutes 2023 Supplement, section 245G.11, subdivision 10, is amended to read:

**Subd. 10. Student interns and former students.** (a) A qualified staff member must supervise and be responsible for a treatment service performed by a student intern and must review and sign each assessment, individual treatment plan, and treatment plan review prepared by a student intern.

(b) An alcohol and drug counselor must supervise and be responsible for a treatment service performed by a former student and must review and sign each assessment, individual treatment plan, and treatment plan review prepared by the former student.

(c) A student intern or former student must receive the orientation and training required in section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the treatment staff may be ~~students~~ student interns, or former students, ~~or licensing candidates~~ with time documented to be directly related to the provision of treatment services for which the staff are authorized.

Sec. 11. Minnesota Statutes 2023 Supplement, section 245G.22, subdivision 2, is amended to read:

**Subd. 2. Definitions.** (a) For purposes of this section, the terms defined in this subdivision have the meanings given them.

(b) "Diversion" means the use of a medication for the treatment of opioid addiction being diverted from intended use of the medication.

(c) "Guest dose" means administration of a medication used for the treatment of opioid addiction to a person who is not a client of the program that is administering or dispensing the medication.

(d) "Medical director" means a practitioner licensed to practice medicine in the jurisdiction that the opioid treatment program is located who assumes responsibility for administering all medical services performed by the program, either by performing the services directly or by delegating specific responsibility to a practitioner of the opioid treatment program.

(e) "Medication used for the treatment of opioid use disorder" means a medication approved by the Food and Drug Administration for the treatment of opioid use disorder.

(f) "Minnesota health care programs" has the meaning given in section 256B.0636.

(g) "Opioid treatment program" has the meaning given in Code of Federal Regulations, title 42, section 8.12, and includes programs licensed under this chapter.

(h) "Practitioner" means a staff member holding a current, unrestricted license to practice medicine issued by the Board of Medical Practice or nursing issued by the Board of Nursing and is currently registered with the Drug Enforcement Administration to order or dispense controlled substances in Schedules II to V under the Controlled Substances Act, United States Code, title 21, part B, section 821. ~~Practitioner includes an advanced practice registered nurse and physician assistant if the staff member receives a variance by the state opioid treatment authority under section 254A.03 and the federal Substance Abuse and Mental Health Services Administration.~~

(i) "Unsupervised use" means the use of a medication for the treatment of opioid use disorder dispensed for use by a client outside of the program setting.

Sec. 12. Minnesota Statutes 2022, section 245G.22, subdivision 6, is amended to read:

Subd. 6. **Criteria for unsupervised use.** (a) To limit the potential for diversion of medication used for the treatment of opioid use disorder to the illicit market, medication dispensed to a client for unsupervised use shall be subject to the requirements of this subdivision. Any client in an opioid treatment program may receive ~~a single unsupervised use dose for a day that the clinic is closed for business, including Sundays and state and federal holidays~~ individualized unsupervised use doses as ordered for days that the clinic is closed for business, including one weekend day and state and federal holidays, no matter

the client's length of time in treatment, as allowed under Code of Federal Regulations, title 42, section 8.12(i)(1).

(b) For unsupervised use doses beyond those allowed in paragraph (a), a practitioner with authority to prescribe must review and document the criteria in ~~this paragraph and paragraph (c)~~ Code of Federal Regulations, title 42, section 8.12(i)(2), when determining whether dispensing medication for a client's unsupervised use is safe and when it is appropriate to implement, increase, or extend the amount of time between visits to the program. ~~The criteria are:~~

~~(1) absence of recent abuse of drugs including but not limited to opioids, non-narcotics, and alcohol;~~

~~(2) regularity of program attendance;~~

~~(3) absence of serious behavioral problems at the program;~~

~~(4) absence of known recent criminal activity such as drug dealing;~~

~~(5) stability of the client's home environment and social relationships;~~

~~(6) length of time in comprehensive maintenance treatment;~~

~~(7) reasonable assurance that unsupervised use medication will be safely stored within the client's home; and~~

~~(8) whether the rehabilitative benefit the client derived from decreasing the frequency of program attendance outweighs the potential risks of diversion or unsupervised use.~~

(c) The determination, including the basis of the determination must be documented in the client's medical record.

Sec. 13. Minnesota Statutes 2023 Supplement, section 245G.22, subdivision 17, is amended to read:

Subd. 17. **Policies and procedures.** (a) A license holder must develop and maintain the policies and procedures required in this subdivision.

(b) For a program that is not open every day of the year, the license holder must maintain a policy and procedure that covers requirements under section 245G.22, ~~subdivisions 6 and 7~~ subdivision 6. Unsupervised use of medication used for the treatment of opioid use disorder for days that the program is closed for business, including ~~but not limited to Sundays~~ one weekend day and state and federal holidays, must meet the requirements under section 245G.22, ~~subdivisions 6 and 7~~ subdivision 6.



(c) The license holder must maintain a policy and procedure that includes specific measures to reduce the possibility of diversion. The policy and procedure must:

(1) specifically identify and define the responsibilities of the medical and administrative staff for performing diversion control measures; and

(2) include a process for contacting no less than five percent of clients who have unsupervised use of medication, excluding clients approved solely under subdivision 6, paragraph (a), to require clients to physically return to the program each month. The system must require clients to return to the program within a stipulated time frame and turn in all unused medication containers related to opioid use disorder treatment. The license holder must document all related contacts on a central log and the outcome of the contact for each client in the client's record. The medical director must be informed of each outcome that results in a situation in which a possible diversion issue was identified.

(d) Medication used for the treatment of opioid use disorder must be ordered, administered, and dispensed according to applicable state and federal regulations and the standards set by applicable accreditation entities. If a medication order requires assessment by the person administering or dispensing the medication to determine the amount to be administered or dispensed, the assessment must be completed by an individual whose professional scope of practice permits an assessment. For the purposes of enforcement of this paragraph, the commissioner has the authority to monitor the person administering or dispensing the medication for compliance with state and federal regulations and the relevant standards of the license holder's accreditation agency and may issue licensing actions according to sections 245A.05, 245A.06, and 245A.07, based on the commissioner's determination of noncompliance.

~~(e) A counselor in an opioid treatment program must not supervise more than 50 clients.~~

~~(f) Notwithstanding paragraph (e), From July 1, 2023, to June 30, 2024, a counselor in an opioid treatment program may supervise up to 60 clients. The license holder may continue to serve a client who was receiving services at the program on June 30, 2024, at a counselor to client ratio of up to one to 60 and is not required to discharge any clients in order to return to the counselor to client ratio of one to 50. The license holder may not, however, serve a new client after June 30, 2024, unless the counselor who would supervise the new client is supervising fewer than 50 existing clients.~~

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

58.1 Sec. 14. Minnesota Statutes 2023 Supplement, section 254A.19, subdivision 3, is amended  
58.2 to read:

58.3 Subd. 3. **Comprehensive assessments.** (a) An eligible vendor under section 254B.05  
58.4 conducting a comprehensive assessment for an individual seeking treatment shall ~~approve~~  
58.5 recommend the nature, intensity level, and duration of treatment service if a need for services  
58.6 is indicated, but the individual assessed can access any enrolled provider that is licensed to  
58.7 provide the level of service authorized, including the provider or program that completed  
58.8 the assessment. If an individual is enrolled in a prepaid health plan, the individual must  
58.9 comply with any provider network requirements or limitations.

58.10 (b) When a comprehensive assessment is completed while the individual is in a substance  
58.11 use disorder treatment program, the comprehensive assessment must meet the requirements  
58.12 of section 245G.05.

58.13 (c) When a comprehensive assessment is completed for purposes of payment under  
58.14 section 254B.05, subdivision 1, paragraphs (b), (c), or (h), or if the assessment is completed  
58.15 prior to service initiation by a licensed substance use disorder treatment program licensed  
58.16 under chapter 245G or applicable Tribal license, the assessor must:

58.17 (1) include all components under section 245G.05, subdivision 3;

58.18 (2) provide the assessment within five days of request or refer the individual to other  
58.19 locations where they may access this service sooner;

58.20 (3) provide information on payment options for substance use disorder services when  
58.21 the individual is uninsured or underinsured;

58.22 (4) provide the individual with a notice of privacy practices;

58.23 (5) provide a copy of the completed comprehensive assessment, upon request;

58.24 (6) provide resources and contact information for the level of care being recommended;  
58.25 and

58.26 (7) provide an individual diagnosed with an opioid use disorder with educational material  
58.27 approved by the commissioner that contains information on:

58.28 (i) risks for opioid use disorder and opioid dependence;

58.29 (ii) treatment options, including the use of a medication for opioid use disorder;

58.30 (iii) the risk and recognition of opioid overdose; and

59.1 (iv) the use, availability, and administration of an opiate antagonist to respond to opioid  
59.2 overdose.

59.3 Sec. 15. Minnesota Statutes 2023 Supplement, section 254B.04, subdivision 6, is amended  
59.4 to read:

59.5 Subd. 6. **Local agency to determine client financial eligibility.** (a) The local agency  
59.6 shall determine a client's financial eligibility for the behavioral health fund according to  
59.7 section 254B.04, subdivision 1a, with the income calculated prospectively for one year from  
59.8 the date of ~~comprehensive assessment~~ request. The local agency shall pay for eligible clients  
59.9 according to chapter 256G. ~~The local agency shall enter the financial eligibility span within~~  
59.10 ~~ten calendar days of request.~~ Client eligibility must be determined using only forms prescribed  
59.11 by the ~~department~~ commissioner unless the local agency has a reasonable basis for believing  
59.12 that the information submitted on a form is false. To determine a client's eligibility, the local  
59.13 agency must determine the client's income, the size of the client's household, the availability  
59.14 of a third-party payment source, and a responsible relative's ability to pay for the client's  
59.15 substance use disorder treatment.

59.16 (b) A client who is a minor child must not be deemed to have income available to pay  
59.17 for substance use disorder treatment, unless the minor child is responsible for payment under  
59.18 section 144.347 for substance use disorder treatment services sought under section 144.343,  
59.19 subdivision 1.

59.20 (c) The local agency must determine the client's household size as follows:

59.21 (1) if the client is a minor child, the household size includes the following persons living  
59.22 in the same dwelling unit:

59.23 (i) the client;

59.24 (ii) the client's birth or adoptive parents; and

59.25 (iii) the client's siblings who are minors; and

59.26 (2) if the client is an adult, the household size includes the following persons living in  
59.27 the same dwelling unit:

59.28 (i) the client;

59.29 (ii) the client's spouse;

59.30 (iii) the client's minor children; and

59.31 (iv) the client's spouse's minor children.

60.1 For purposes of this paragraph, household size includes a person listed in clauses (1) and  
60.2 (2) who is in an out-of-home placement if a person listed in clause (1) or (2) is contributing  
60.3 to the cost of care of the person in out-of-home placement.

60.4 (d) The local agency must determine the client's current prepaid health plan enrollment,  
60.5 the availability of a third-party payment source, including the availability of total payment,  
60.6 partial payment, and amount of co-payment.

60.7 (e) The local agency must provide the required eligibility information to the department  
60.8 in the manner specified by the department.

60.9 (f) The local agency shall require the client and policyholder to conditionally assign to  
60.10 the department the client and policyholder's rights and the rights of minor children to benefits  
60.11 or services provided to the client if the department is required to collect from a third-party  
60.12 pay source.

60.13 (g) The local agency must redetermine a client's eligibility for the behavioral health fund  
60.14 every 12 months.

60.15 (h) A client, responsible relative, and policyholder must provide income or wage  
60.16 verification, household size verification, and must make an assignment of third-party payment  
60.17 rights under paragraph (f). If a client, responsible relative, or policyholder does not comply  
60.18 with the provisions of this subdivision, the client is ineligible for behavioral health fund  
60.19 payment for substance use disorder treatment, and the client and responsible relative must  
60.20 be obligated to pay for the full cost of substance use disorder treatment services provided  
60.21 to the client.

60.22 Sec. 16. Minnesota Statutes 2023 Supplement, section 254B.04, is amended by adding a  
60.23 subdivision to read:

60.24 Subd. 6a. **Span of eligibility.** The local agency must enter the financial eligibility span  
60.25 within five business days of a request. If the comprehensive assessment is completed within  
60.26 the timelines required under chapter 245G, then the span of eligibility must begin on the  
60.27 date services were initiated. If the comprehensive assessment is not completed within the  
60.28 timelines required under chapter 245G, then the span of eligibility must begin on the date  
60.29 the comprehensive assessment was completed.

61.1 Sec. 17. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 1, is amended  
61.2 to read:

61.3 Subdivision 1. **Licensure or certification required.** (a) Programs licensed by the  
61.4 commissioner are eligible vendors. Hospitals may apply for and receive licenses to be  
61.5 eligible vendors, notwithstanding the provisions of section 245A.03. American Indian  
61.6 programs that provide substance use disorder treatment, extended care, transitional residence,  
61.7 or outpatient treatment services, and are licensed by Tribal government are eligible vendors.

61.8 (b) A licensed professional in private practice as defined in section 245G.01, subdivision  
61.9 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible  
61.10 vendor of a comprehensive assessment and assessment summary provided according to  
61.11 section 245G.05, and treatment services provided according to sections 245G.06 and  
61.12 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses  
61.13 (1) to (6).

61.14 (c) A county is an eligible vendor for a comprehensive assessment and assessment  
61.15 summary when provided by an individual who meets the staffing credentials of section  
61.16 245G.11, subdivisions 1 and 5, and completed according to the requirements of section  
61.17 245G.05. A county is an eligible vendor of care coordination services when provided by an  
61.18 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and  
61.19 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),  
61.20 clause (5). A county is an eligible vendor of peer recovery services when the services are  
61.21 provided by an individual who meets the requirements of section 245G.11, subdivision 8.

61.22 (d) A recovery community organization that meets the requirements of clauses (1) to  
61.23 (10) and meets ~~membership~~ certification or accreditation requirements of the ~~Association~~  
61.24 ~~of Recovery Community Organizations~~, Alliance for Recovery Centered Organizations, the  
61.25 Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide  
61.26 recovery community organization identified by the commissioner is an eligible vendor of  
61.27 peer support services. Eligible vendors under this paragraph must:

61.28 (1) be nonprofit organizations;

61.29 (2) be led and governed by individuals in the recovery community, with more than 50  
61.30 percent of the board of directors or advisory board members self-identifying as people in  
61.31 personal recovery from substance use disorders;

61.32 (3) primarily focus on recovery from substance use disorders, with missions and visions  
61.33 that support this primary focus;

- 62.1 (4) be grassroots and reflective of and engaged with the community served;
- 62.2 (5) be accountable to the recovery community through processes that promote the  
62.3 involvement and engagement of, and consultation with, people in recovery and their families,  
62.4 friends, and recovery allies;
- 62.5 (6) provide nonclinical peer recovery support services, including but not limited to  
62.6 recovery support groups, recovery coaching, telephone recovery support, skill-building  
62.7 groups, and harm-reduction activities;
- 62.8 (7) allow for and support opportunities for all paths toward recovery and refrain from  
62.9 excluding anyone based on their chosen recovery path, which may include but is not limited  
62.10 to harm reduction paths, faith-based paths, and nonfaith-based paths;
- 62.11 (8) be purposeful in meeting the diverse needs of Black, Indigenous, and people of color  
62.12 communities, including board and staff development activities, organizational practices,  
62.13 service offerings, advocacy efforts, and culturally informed outreach and service plans;
- 62.14 (9) be stewards of recovery-friendly language that is supportive of and promotes recovery  
62.15 across diverse geographical and cultural contexts and reduces stigma; and
- 62.16 (10) maintain an employee and volunteer code of ethics and easily accessible grievance  
62.17 procedures posted in physical spaces, on websites, or on program policies or forms.
- 62.18 (e) Recovery community organizations approved by the commissioner before June 30,  
62.19 2023, shall retain their designation as recovery community organizations.
- 62.20 (f) A recovery community organization that is aggrieved by an accreditation or  
62.21 membership determination and believes it meets the requirements under paragraph (d) may  
62.22 appeal the determination under section 256.045, subdivision 3, paragraph (a), clause (15),  
62.23 for reconsideration as an eligible vendor.
- 62.24 (g) All recovery community organizations must be certified or accredited by an entity  
62.25 listed in paragraph (d) by January 1, 2025.
- 62.26 ~~(g)~~ (h) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to  
62.27 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or  
62.28 nonresidential substance use disorder treatment or withdrawal management program by the  
62.29 commissioner or by Tribal government or do not meet the requirements of subdivisions 1a  
62.30 and 1b are not eligible vendors.
- 62.31 ~~(h)~~ (i) Hospitals, federally qualified health centers, and rural health clinics are eligible  
62.32 vendors of a comprehensive assessment when the comprehensive assessment is completed

63.1 according to section 245G.05 and by an individual who meets the criteria of an alcohol and  
63.2 drug counselor according to section 245G.11, subdivision 5. The alcohol and drug counselor  
63.3 must be individually enrolled with the commissioner and reported on the claim as the  
63.4 individual who provided the service.

63.5 Sec. 18. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 5, is amended  
63.6 to read:

63.7 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance  
63.8 use disorder services and service enhancements funded under this chapter.

63.9 (b) Eligible substance use disorder treatment services include:

63.10 (1) those licensed, as applicable, according to chapter 245G or applicable Tribal license  
63.11 and provided according to the following ASAM levels of care:

63.12 (i) ASAM level 0.5 early intervention services provided according to section 254B.19,  
63.13 subdivision 1, clause (1);

63.14 (ii) ASAM level 1.0 outpatient services provided according to section 254B.19,  
63.15 subdivision 1, clause (2);

63.16 (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19,  
63.17 subdivision 1, clause (3);

63.18 (iv) ASAM level 2.5 partial hospitalization services provided according to section  
63.19 254B.19, subdivision 1, clause (4);

63.20 (v) ASAM level 3.1 clinically managed low-intensity residential services provided  
63.21 according to section 254B.19, subdivision 1, clause (5);

63.22 (vi) ASAM level 3.3 clinically managed population-specific high-intensity residential  
63.23 services provided according to section 254B.19, subdivision 1, clause (6); and

63.24 (vii) ASAM level 3.5 clinically managed high-intensity residential services provided  
63.25 according to section 254B.19, subdivision 1, clause (7);

63.26 (2) comprehensive assessments provided according to ~~sections 245.4863, paragraph (a),~~  
63.27 ~~and 245G.05~~ section 254A.19, subdivision 3;

63.28 (3) treatment coordination services provided according to section 245G.07, subdivision  
63.29 1, paragraph (a), clause (5);

63.30 (4) peer recovery support services provided according to section 245G.07, subdivision  
63.31 2, clause (8);

- 64.1 (5) withdrawal management services provided according to chapter 245F;
- 64.2 (6) hospital-based treatment services that are licensed according to sections 245G.01 to
- 64.3 245G.17 or applicable Tribal license and licensed as a hospital under sections 144.50 to
- 64.4 144.56;
- 64.5 (7) substance use disorder treatment services with medications for opioid use disorder
- 64.6 provided in an opioid treatment program licensed according to sections 245G.01 to 245G.17
- 64.7 and 245G.22, or under an applicable Tribal license;
- 64.8 ~~(7)~~ (8) adolescent treatment programs that are licensed as outpatient treatment programs
- 64.9 according to sections 245G.01 to 245G.18 or as residential treatment programs according
- 64.10 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
- 64.11 applicable Tribal license;
- 64.12 ~~(8)~~ (9) ASAM 3.5 clinically managed high-intensity residential services that are licensed
- 64.13 according to sections 245G.01 to 245G.17 and 245G.21 or applicable Tribal license, which
- 64.14 provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7),
- 64.15 and are provided by a state-operated vendor or to clients who have been civilly committed
- 64.16 to the commissioner, present the most complex and difficult care needs, and are a potential
- 64.17 threat to the community; and
- 64.18 ~~(9)~~ (10) room and board facilities that meet the requirements of subdivision 1a.
- 64.19 (c) The commissioner shall establish higher rates for programs that meet the requirements
- 64.20 of paragraph (b) and one of the following additional requirements:
- 64.21 (1) programs that serve parents with their children if the program:
- 64.22 (i) provides on-site child care during the hours of treatment activity that:
- 64.23 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
- 64.24 9503; or
- 64.25 (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or
- 64.26 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
- 64.27 licensed under chapter 245A as:
- 64.28 (A) a child care center under Minnesota Rules, chapter 9503; or
- 64.29 (B) a family child care home under Minnesota Rules, chapter 9502;
- 64.30 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
- 64.31 subdivision 4a;



(3) disability responsive programs as defined in section 254B.01, subdivision 4b;

(4) programs that offer medical services delivered by appropriately credentialed health care staff in an amount equal to two hours per client per week if the medical needs of the client and the nature and provision of any medical services provided are documented in the client file; or

(5) programs that offer services to individuals with co-occurring mental health and substance use disorder problems if:

(i) the program meets the co-occurring requirements in section 245G.20;

(ii) 25 percent of the counseling staff are licensed mental health professionals under section 245I.04, subdivision 2, or are students or licensing candidates under the supervision of a licensed alcohol and drug counselor supervisor and mental health professional under section 245I.04, subdivision 2, except that no more than 50 percent of the mental health staff may be students or licensing candidates with time documented to be directly related to provisions of co-occurring services;

(iii) clients scoring positive on a standardized mental health screen receive a mental health diagnostic assessment within ten days of admission;

(iv) the program has standards for multidisciplinary case review that include a monthly review for each client that, at a minimum, includes a licensed mental health professional and licensed alcohol and drug counselor, and their involvement in the review is documented;

(v) family education is offered that addresses mental health and substance use disorder and the interaction between the two; and

(vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder training annually.

(d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program that provides arrangements for off-site child care must maintain current documentation at the substance use disorder facility of the child care provider's current licensure to provide child care services.

(e) Adolescent residential programs that meet the requirements of Minnesota Rules, parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements in paragraph (c), clause (4), items (i) to (iv).

(f) Subject to federal approval, substance use disorder services that are otherwise covered as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,

subdivision 3b. The use of telehealth to deliver services must be medically appropriate to the condition and needs of the person being served. Reimbursement shall be at the same rates and under the same conditions that would otherwise apply to direct face-to-face services.

(g) For the purpose of reimbursement under this section, substance use disorder treatment services provided in a group setting without a group participant maximum or maximum client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one. At least one of the attending staff must meet the qualifications as established under this chapter for the type of treatment service provided. A recovery peer may not be included as part of the staff ratio.

(h) Payment for outpatient substance use disorder services that are licensed according to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless prior authorization of a greater number of hours is obtained from the commissioner.

(i) Payment for substance use disorder services under this section must start from the day of service initiation, when the comprehensive assessment is completed within the required timelines.

Sec. 19. Minnesota Statutes 2023 Supplement, section 254B.181, subdivision 1, is amended to read:

Subdivision 1. **Requirements.** All sober homes must comply with applicable state laws and regulations and local ordinances related to maximum occupancy, fire safety, and sanitation. In addition, all sober homes must:

(1) maintain a supply of an opiate antagonist in the home in a conspicuous location and post information on proper use;

(2) have written policies regarding access to all prescribed medications;

(3) have written policies regarding evictions;

(4) return all property and medications to a person discharged from the home and retain the items for a minimum of 60 days if the person did not collect them upon discharge. The owner must make an effort to contact persons listed as emergency contacts for the discharged person so that the items are returned;

(5) document the names and contact information for persons to contact in case of an emergency or upon discharge and notification of a family member, or other emergency contact designated by the resident under certain circumstances, including but not limited to death due to an overdose;

67.1 (6) maintain contact information for emergency resources in the community to address  
67.2 mental health and health emergencies;

67.3 (7) have policies on staff qualifications and prohibition against fraternization;

67.4 (8) ~~have a policy on whether the use of medications for opioid use disorder is permissible~~  
67.5 permit residents to use, as directed by a licensed prescriber, legally prescribed and dispensed  
67.6 or administered pharmacotherapies approved by the United States Food and Drug  
67.7 Administration for the treatment of opioid use disorder and other medications approved by  
67.8 the United States Food and Drug Administration to treat co-occurring substance use disorders  
67.9 and mental health conditions;

67.10 (9) have a fee schedule and refund policy;

67.11 (10) have rules for residents;

67.12 (11) have policies that promote resident participation in treatment, self-help groups, or  
67.13 other recovery supports;

67.14 (12) have policies requiring abstinence from alcohol and illicit drugs; and

67.15 (13) distribute the sober home bill of rights.

67.16 Sec. 20. Minnesota Statutes 2023 Supplement, section 254B.19, subdivision 1, is amended  
67.17 to read:

67.18 Subdivision 1. **Level of care requirements.** For each client assigned an ASAM level  
67.19 of care, eligible vendors must implement the standards set by the ASAM for the respective  
67.20 level of care. Additionally, vendors must meet the following requirements:

67.21 (1) For ASAM level 0.5 early intervention targeting individuals who are at risk of  
67.22 developing a substance-related problem but may not have a diagnosed substance use disorder,  
67.23 early intervention services may include individual or group counseling, treatment  
67.24 coordination, peer recovery support, screening brief intervention, and referral to treatment  
67.25 provided according to section 254A.03, subdivision 3, paragraph (c).

67.26 (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per  
67.27 week of skilled treatment services and adolescents must receive up to five hours per week.  
67.28 Services must be licensed according to section 245G.20 and meet requirements under section  
67.29 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly  
67.30 skilled treatment service hours allowable per week.

67.31 (3) For ASAM level 2.1 intensive outpatient clients, adults must receive nine to 19 hours  
67.32 per week of skilled treatment services and adolescents must receive six or more hours per

week. Vendors must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Peer recovery services and treatment coordination may be provided beyond the hourly skilled treatment service hours allowable per week. If clinically indicated on the client's treatment plan, this service may be provided in conjunction with room and board according to section 254B.05, subdivision 1a.

(4) For ASAM level 2.5 partial hospitalization clients, adults must receive 20 hours or more of skilled treatment services. Services must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Level 2.5 is for clients who need daily monitoring in a structured setting, as directed by the individual treatment plan and in accordance with the limitations in section 254B.05, subdivision 5, paragraph (h). If clinically indicated on the client's treatment plan, this service may be provided in conjunction with room and board according to section 254B.05, subdivision 1a.

(5) For ASAM level 3.1 clinically managed low-intensity residential clients, programs must provide ~~at least 5~~ between nine and 19 hours of skilled treatment services per week according to each client's specific treatment schedule, as directed by the individual treatment plan. Programs must be licensed according to section 245G.20 and must meet requirements under section 256B.0759.

(6) For ASAM level 3.3 clinically managed population-specific high-intensity residential clients, programs must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must be enrolled as a disability responsive program as described in section 254B.01, subdivision 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive impairment so significant, and the resulting level of impairment so great, that outpatient or other levels of residential care would not be feasible or effective. Programs must provide; ~~at a minimum, daily skilled treatment services seven days a~~ 20 or more hours of skilled treatment services per week according to each client's specific treatment schedule, as directed by the individual treatment plan.

(7) For ASAM level 3.5 clinically managed high-intensity residential clients, services must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Programs must have 24-hour staffing coverage and provide; ~~at a minimum, daily skilled treatment services seven days a~~ 20 or more hours of skilled treatment services per week according to each client's specific treatment schedule, as directed by the individual treatment plan.

(8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal management must be provided according to chapter 245F.

(9) For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal management must be provided according to chapter 245F.

**EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner of human services shall notify the revisor of statutes when federal approval has been obtained.

Sec. 21. Minnesota Statutes 2023 Supplement, section 256B.0759, subdivision 2, is amended to read:

**Subd. 2. Provider participation.** (a) Programs licensed by the Department of Human Services as nonresidential substance use disorder treatment programs that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2025. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625.

(b) Programs licensed by the Department of Human Services as residential treatment programs according to section 245G.21 that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625.

(c) Programs licensed by the Department of Human Services as residential treatment programs according to section 245G.21 that receive payment under this chapter ~~and~~<sub>2</sub> are licensed as a hospital under sections 144.50 to 144.581 ~~must~~<sub>1</sub>, and provide only ASAM 3.7 medically monitored inpatient level of care are not required to enroll as demonstration project providers ~~and meet the requirements of subdivision 3 by January 1, 2025.~~ Programs meeting these criteria must submit evidence of providing the required level of care to the commissioner to be exempt from enrolling in the demonstration.

(d) Programs licensed by the Department of Human Services as withdrawal management programs according to chapter 245F that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625.

(e) Out-of-state residential substance use disorder treatment programs that receive payment under this chapter must enroll as demonstration project providers and meet the

requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625.

(f) Tribally licensed programs may elect to participate in the demonstration project and meet the requirements of subdivision 3. The Department of Human Services must consult with Tribal Nations to discuss participation in the substance use disorder demonstration project.

(g) The commissioner shall allow providers enrolled in the demonstration project before July 1, 2021, to receive applicable rate enhancements authorized under subdivision 4 for all services provided on or after the date of enrollment, except that the commissioner shall allow a provider to receive applicable rate enhancements authorized under subdivision 4 for services provided on or after July 22, 2020, to fee-for-service enrollees, and on or after January 1, 2021, to managed care enrollees, if the provider meets all of the following requirements:

(1) the provider attests that during the time period for which the provider is seeking the rate enhancement, the provider took meaningful steps in their plan approved by the commissioner to meet the demonstration project requirements in subdivision 3; and

(2) the provider submits attestation and evidence, including all information requested by the commissioner, of meeting the requirements of subdivision 3 to the commissioner in a format required by the commissioner.

(h) The commissioner may recoup any rate enhancements paid under paragraph (g) to a provider that does not meet the requirements of subdivision 3 by July 1, 2021.

Sec. 22. Minnesota Statutes 2022, section 256B.0759, subdivision 4, is amended to read:

Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must be increased for services provided to medical assistance enrollees. To receive a rate increase, participating providers must meet demonstration project requirements and provide evidence of formal referral arrangements with providers delivering step-up or step-down levels of care. Providers that have enrolled in the demonstration project but have not met the provider standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under this subdivision until the date that the provider meets the provider standards in subdivision 3. Services provided from July 1, 2022, to the date that the provider meets the provider standards under subdivision 3 shall be reimbursed at rates according to section 254B.05, subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment

71.1 when the provider is taking meaningful steps to meet demonstration project requirements  
71.2 that are not otherwise required by law, and the provider provides documentation to the  
71.3 commissioner, upon request, of the steps being taken.

71.4 (b) The commissioner may temporarily suspend payments to the provider according to  
71.5 section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements  
71.6 in paragraph (a). Payments withheld from the provider must be made once the commissioner  
71.7 determines that the requirements in paragraph (a) are met.

71.8 ~~(e) For substance use disorder services under section 254B.05, subdivision 5, paragraph~~  
71.9 ~~(b), clause (8), provided on or after July 1, 2020, payment rates must be increased by 25~~  
71.10 ~~percent over the rates in effect on December 31, 2019.~~

71.11 ~~(d)~~ (c) For outpatient individual and group substance use disorder services under section  
71.12 254B.05, subdivision 5, paragraph (b), clauses clause (1), (6), and (7), and adolescent  
71.13 treatment programs that are licensed as outpatient treatment programs according to sections  
71.14 245G.01 to 245G.18, provided on or after January 1, 2021, payment rates must be increased  
71.15 by 20 percent over the rates in effect on December 31, 2020.

71.16 ~~(e)~~ (d) Effective January 1, 2021, and contingent on annual federal approval, managed  
71.17 care plans and county-based purchasing plans must reimburse providers of the substance  
71.18 use disorder services meeting the criteria described in paragraph (a) who are employed by  
71.19 or under contract with the plan an amount that is at least equal to the fee-for-service base  
71.20 rate payment for the substance use disorder services described in paragraphs (c) and (d).  
71.21 The commissioner must monitor the effect of this requirement on the rate of access to  
71.22 substance use disorder services and residential substance use disorder rates. Capitation rates  
71.23 paid to managed care organizations and county-based purchasing plans must reflect the  
71.24 impact of this requirement. This paragraph expires if federal approval is not received at any  
71.25 time as required under this paragraph.

71.26 ~~(f)~~ (e) Effective July 1, 2021, contracts between managed care plans and county-based  
71.27 purchasing plans and providers to whom paragraph (e) applies must allow recovery of  
71.28 payments from those providers if, for any contract year, federal approval for the provisions  
71.29 of paragraph (e) is not received, and capitation rates are adjusted as a result. Payment  
71.30 recoveries must not exceed the amount equal to any decrease in rates that results from this  
71.31 provision.

71.32 (f) For substance use disorder services with medications for opioid use disorder under  
71.33 section 254B.05, subdivision 5, clause (7), provided on or after January 1, 2021, payment  
71.34 rates must be increased by 20 percent over the rates in effect on December 31, 2020. Upon

72.1 implementation of new rates according to section 254B.121, the 20 percent increase will  
72.2 no longer apply.

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

72.4 Sec. 23. **REPEALER.**

72.5 Minnesota Statutes 2022, section 245G.22, subdivisions 4 and 7, are repealed.

72.6 **ARTICLE 5**

72.7 **DIRECT CARE AND TREATMENT**

72.8 Section 1. Minnesota Statutes 2022, section 246.71, subdivision 3, is amended to read:

72.9 Subd. 3. **Patient.** "Patient" means any person who is receiving treatment from or  
72.10 committed to a ~~secure~~ state-operated treatment ~~facility~~ program, including the Minnesota  
72.11 Sex Offender Program.

72.12 Sec. 2. Minnesota Statutes 2022, section 246.71, subdivision 4, is amended to read:

72.13 Subd. 4. ~~Employee of a secure treatment facility~~ state-operated treatment program  
72.14 **or employee.** "Employee of a ~~secure treatment facility~~ state-operated treatment program"  
72.15 or "employee" means an employee of the Minnesota Security Hospital or a ~~secure treatment~~  
72.16 ~~facility operated by the Minnesota Sex Offender Program~~ any state-operated treatment  
72.17 program.

72.18 Sec. 3. Minnesota Statutes 2022, section 246.71, subdivision 5, is amended to read:

72.19 Subd. 5. ~~Secure treatment facility~~ State-operated treatment program. "Secure  
72.20 ~~treatment facility~~ State-operated treatment program" means the Minnesota Security Hospital  
72.21 ~~and the Minnesota Sex Offender Program facility in Moose Lake and any portion of the~~  
72.22 ~~Minnesota Sex Offender Program operated by the Minnesota Sex Offender Program at the~~  
72.23 ~~Minnesota Security Hospital~~ any state-operated treatment program under the jurisdiction  
72.24 of the executive board, including the Minnesota Sex Offender Program, community  
72.25 behavioral health hospitals, crisis centers, residential facilities, outpatient services, and other  
72.26 community-based services under the executive board's control.



73.1 Sec. 4. Minnesota Statutes 2022, section 246.711, is amended to read:

73.2 **246.711 CONDITIONS FOR APPLICABILITY OF PROCEDURES.**

73.3 Subdivision 1. **Request for procedures.** An employee of a ~~secure treatment facility~~  
73.4 state-operated treatment program may request that the procedures of sections 246.71 to  
73.5 246.722 be followed when the employee may have experienced a significant exposure to a  
73.6 patient.

73.7 Subd. 2. **Conditions.** The ~~secure treatment facility~~ state-operated treatment program  
73.8 shall follow the procedures in sections 246.71 to 246.722 when all of the following conditions  
73.9 are met:

73.10 (1) a licensed physician, advanced practice registered nurse, or physician assistant  
73.11 determines that a significant exposure has occurred following the protocol under section  
73.12 246.721;

73.13 (2) the licensed physician, advanced practice registered nurse, or physician assistant for  
73.14 the employee needs the patient's blood-borne pathogens test results to begin, continue,  
73.15 modify, or discontinue treatment in accordance with the most current guidelines of the  
73.16 United States Public Health Service, because of possible exposure to a blood-borne pathogen;  
73.17 and

73.18 (3) the employee consents to providing a blood sample for testing for a blood-borne  
73.19 pathogen.

73.20 Sec. 5. Minnesota Statutes 2022, section 246.712, subdivision 1, is amended to read:

73.21 Subdivision 1. **Information to patient.** (a) Before seeking any consent required by the  
73.22 procedures under sections 246.71 to 246.722, a ~~secure treatment facility~~ state-operated  
73.23 treatment program shall inform the patient that the patient's blood-borne pathogen test  
73.24 results, without the patient's name or other uniquely identifying information, shall be reported  
73.25 to the employee if requested and that test results collected under sections 246.71 to 246.722  
73.26 are for medical purposes as set forth in section 246.718 and may not be used as evidence  
73.27 in any criminal proceedings or civil proceedings, except for procedures under sections  
73.28 144.4171 to 144.4186.

73.29 (b) The ~~secure treatment facility~~ state-operated treatment program shall inform the patient  
73.30 of the insurance protections in section 72A.20, subdivision 29.

(c) The ~~secure treatment facility~~ state-operated treatment program shall inform the patient that the patient may refuse to provide a blood sample and that the patient's refusal may result in a request for a court order to require the patient to provide a blood sample.

(d) The ~~secure treatment facility~~ state-operated treatment program shall inform the patient that the ~~secure treatment facility~~ state-operated treatment program will advise the employee of a ~~secure treatment facility~~ state-operated treatment program of the confidentiality requirements and penalties before the employee's health care provider discloses any test results.

Sec. 6. Minnesota Statutes 2022, section 246.712, subdivision 2, is amended to read:

Subd. 2. **Information to ~~secure treatment facility~~ state-operated treatment program employee.** (a) Before disclosing any information about the patient, the ~~secure treatment facility~~ state-operated treatment program shall inform the employee of a ~~secure treatment facility~~ state-operated treatment program of the confidentiality requirements of section 246.719 and that the person may be subject to penalties for unauthorized release of test results about the patient under section 246.72.

(b) The ~~secure treatment facility~~ state-operated treatment program shall inform the employee of the insurance protections in section 72A.20, subdivision 29.

Sec. 7. Minnesota Statutes 2022, section 246.713, is amended to read:

**246.713 DISCLOSURE OF POSITIVE BLOOD-BORNE PATHOGEN TEST RESULTS.**

If the conditions of sections 246.711 and 246.712 are met, the ~~secure treatment facility~~ state-operated treatment program shall ask the patient if the patient has ever had a positive test for a blood-borne pathogen. The ~~secure treatment facility~~ state-operated treatment program must attempt to get existing test results under this section before taking any steps to obtain a blood sample or to test for blood-borne pathogens. The ~~secure treatment facility~~ state-operated treatment program shall disclose the patient's blood-borne pathogen test results to the employee without the patient's name or other uniquely identifying information.

Sec. 8. Minnesota Statutes 2022, section 246.714, is amended to read:

**246.714 CONSENT PROCEDURES GENERALLY.**

(a) For purposes of sections 246.71 to 246.722, whenever the ~~secure treatment facility~~ state-operated treatment program is required to seek consent, the ~~secure treatment facility~~ state-operated treatment program

75.1 state-operated treatment program shall obtain consent from a patient or a patient's  
75.2 representative consistent with other law applicable to consent.

75.3 (b) Consent is not required if the ~~secure treatment facility~~ state-operated treatment  
75.4 program has made reasonable efforts to obtain the representative's consent and consent  
75.5 cannot be obtained within 24 hours of a significant exposure.

75.6 (c) If testing of available blood occurs without consent because the patient is unconscious  
75.7 or unable to provide consent, and a representative cannot be located, the ~~secure treatment~~  
75.8 ~~facility~~ state-operated treatment program shall provide the information required in section  
75.9 246.712 to the patient or representative whenever it is possible to do so.

75.10 (d) If a patient dies before an opportunity to consent to blood collection or testing under  
75.11 sections 246.71 to 246.722, the ~~secure treatment facility~~ state-operated treatment program  
75.12 does not need consent of the patient's representative for purposes of sections 246.71 to  
75.13 246.722.

75.14 Sec. 9. Minnesota Statutes 2022, section 246.715, subdivision 1, is amended to read:

75.15 Subdivision 1. **Procedures with consent.** If a sample of the patient's blood is available,  
75.16 the ~~secure treatment facility~~ state-operated treatment program shall ensure that blood is  
75.17 tested for blood-borne pathogens with the consent of the patient, provided the conditions  
75.18 in sections 246.711 and 246.712 are met.

75.19 Sec. 10. Minnesota Statutes 2022, section 246.715, subdivision 2, is amended to read:

75.20 Subd. 2. **Procedures without consent.** If the patient has provided a blood sample, but  
75.21 does not consent to blood-borne pathogens testing, the ~~secure treatment facility~~ state-operated  
75.22 treatment program shall ensure that the blood is tested for blood-borne pathogens if the  
75.23 employee requests the test, provided all of the following criteria are met:

75.24 (1) the employee and ~~secure treatment facility~~ state-operated treatment program have  
75.25 documented exposure to blood or body fluids during performance of the employee's work  
75.26 duties;

75.27 (2) a licensed physician, advanced practice registered nurse, or physician assistant has  
75.28 determined that a significant exposure has occurred under section 246.711 and has  
75.29 documented that blood-borne pathogen test results are needed for beginning, modifying,  
75.30 continuing, or discontinuing medical treatment for the employee as recommended by the  
75.31 most current guidelines of the United States Public Health Service;

76.1 (3) the employee provides a blood sample for testing for blood-borne pathogens as soon  
76.2 as feasible;

76.3 (4) the ~~secure treatment facility~~ state-operated treatment program asks the patient to  
76.4 consent to a test for blood-borne pathogens and the patient does not consent;

76.5 (5) the ~~secure treatment facility~~ state-operated treatment program has provided the patient  
76.6 and the employee with all of the information required by section 246.712; and

76.7 (6) the ~~secure treatment facility~~ state-operated treatment program has informed the  
76.8 employee of the confidentiality requirements of section 246.719 and the penalties for  
76.9 unauthorized release of patient information under section 246.72.

76.10 Sec. 11. Minnesota Statutes 2022, section 246.715, subdivision 3, is amended to read:

76.11 Subd. 3. **Follow-up.** The ~~secure treatment facility~~ state-operated treatment program shall  
76.12 inform the patient whose blood was tested of the results. The ~~secure treatment facility~~  
76.13 state-operated treatment program shall inform the employee's health care provider of the  
76.14 patient's test results without the patient's name or other uniquely identifying information.

76.15 Sec. 12. Minnesota Statutes 2022, section 246.716, subdivision 1, is amended to read:

76.16 Subdivision 1. **Procedures with consent.** (a) If a blood sample is not otherwise available,  
76.17 the ~~secure treatment facility~~ state-operated treatment program shall obtain consent from the  
76.18 patient before collecting a blood sample for testing for blood-borne pathogens. The consent  
76.19 process shall include informing the patient that the patient may refuse to provide a blood  
76.20 sample and that the patient's refusal may result in a request for a court order under subdivision  
76.21 2 to require the patient to provide a blood sample.

76.22 (b) If the patient consents to provide a blood sample, the ~~secure treatment facility~~  
76.23 state-operated treatment program shall collect a blood sample and ensure that the sample  
76.24 is tested for blood-borne pathogens.

76.25 (c) The ~~secure treatment facility~~ state-operated treatment program shall inform the  
76.26 employee's health care provider about the patient's test results without the patient's name  
76.27 or other uniquely identifying information. The ~~secure treatment facility~~ state-operated  
76.28 treatment program shall inform the patient of the test results.

76.29 (d) If the patient refuses to provide a blood sample for testing, the ~~secure treatment~~  
76.30 facility state-operated treatment program shall inform the employee of the patient's refusal.

77.1 Sec. 13. Minnesota Statutes 2022, section 246.716, subdivision 2, is amended to read:

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

77.10 (1) the ~~secure treatment facility~~ state-operated treatment program followed the procedures  
77.11 in sections 246.71 to 246.722 and attempted to obtain blood-borne pathogen test results  
77.12 according to those sections;

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

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

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

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

77.25 (1) there is probable cause to believe the employee of a ~~secure treatment facility~~  
77.26 state-operated treatment program has experienced a significant exposure to the patient;

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

77.30 (3) a licensed physician, advanced practice registered nurse, or physician assistant for  
77.31 the employee of a ~~secure treatment facility~~ state-operated treatment program needs the test  
77.32 results for beginning, continuing, modifying, or discontinuing medical treatment for the  
77.33 employee; and

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

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

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

Sec. 14. Minnesota Statutes 2022, section 246.717, is amended to read:

**246.717 NO DISCRIMINATION.**

A ~~secure treatment facility~~ state-operated treatment program shall not withhold care or treatment on the requirement that the patient consent to blood-borne pathogen testing under sections 246.71 to 246.722.

Sec. 15. Minnesota Statutes 2022, section 246.72, is amended to read:

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

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

Sec. 16. Minnesota Statutes 2022, section 246.721, is amended to read:

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

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

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

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

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

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

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

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

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

Sec. 17. Minnesota Statutes 2022, section 246.722, is amended to read:

**246.722 IMMUNITY.**

A ~~secure treatment facility~~ state-operated treatment program, licensed physician, advanced practice registered nurse, physician assistant, and designated health care personnel are immune from liability in any civil, administrative, or criminal action relating to the disclosure of test results of a patient to an employee of a ~~secure treatment facility~~ state-operated treatment program and the testing of a blood sample from the patient for blood-borne pathogens if a good faith effort has been made to comply with sections 246.71 to 246.722.

Sec. 18. Laws 2023, chapter 61, article 8, section 13, subdivision 2, is amended to read:

Subd. 2. **Membership.** (a) The task force shall consist of the following members, appointed as follows:

- 80.1 (1) a member appointed by the governor;
- 80.2 (2) the commissioner of human services, or a designee;
- 80.3 (3) a member representing Department of Human Services direct care and treatment
- 80.4 services who has experience with civil commitments, appointed by the commissioner of
- 80.5 human services;
- 80.6 (4) the ombudsman for mental health and developmental disabilities;
- 80.7 (5) a hospital representative, appointed by the Minnesota Hospital Association;
- 80.8 (6) a county representative, appointed by the Association of Minnesota Counties;
- 80.9 (7) a county social services representative, appointed by the Minnesota Association of
- 80.10 County Social Service Administrators;
- 80.11 (8) a member appointed by the ~~Minnesota Civil Commitment Defense Panel~~ Hennepin
- 80.12 County Commitment Defense Project;
- 80.13 (9) a county attorney, appointed by the Minnesota County Attorneys Association;
- 80.14 (10) a county sheriff, appointed by the Minnesota Sheriffs' Association;
- 80.15 (11) a member appointed by the Minnesota Psychiatric Society;
- 80.16 (12) a member appointed by the Minnesota Association of Community Mental Health
- 80.17 Programs;
- 80.18 (13) a member appointed by the National Alliance on Mental Illness Minnesota;
- 80.19 (14) the Minnesota Attorney General;
- 80.20 (15) three individuals from organizations representing racial and ethnic groups that are
- 80.21 overrepresented in the criminal justice system, appointed by the commissioner of corrections;
- 80.22 and
- 80.23 (16) one member of the public with lived experience directly related to the task force's
- 80.24 purposes, appointed by the governor.
- 80.25 (b) Appointments must be made no later than July 15, 2023.
- 80.26 (c) Member compensation and reimbursement for expenses are governed by Minnesota
- 80.27 Statutes, section 15.059, subdivision 3.
- 80.28 (d) A member of the legislature may not serve as a member of the task force.



**ARTICLE 6****MISCELLANEOUS**

Section 1. Minnesota Statutes 2022, section 254A.03, subdivision 1, is amended to read:

Subdivision 1. **Alcohol and Other Drug Abuse Section.** There is hereby created an Alcohol and Other Drug Abuse Section in the Department of Human Services. This section shall be headed by a director. The commissioner may place the director's position in the unclassified service if the position meets the criteria established in section 43A.08, subdivision 1a. The section shall:

(1) conduct and foster basic research relating to the cause, prevention and methods of diagnosis, treatment and recovery of persons with substance misuse and substance use disorder;

(2) coordinate and review all activities and programs of all the various state departments as they relate to problems associated with substance misuse and substance use disorder;

(3) develop, demonstrate, and disseminate new methods and techniques for prevention, early intervention, treatment and recovery support for substance misuse and substance use disorder;

(4) gather facts and information about substance misuse and substance use disorder, and about the efficiency and effectiveness of prevention, treatment, and recovery support services from all comprehensive programs, including programs approved or licensed by the commissioner of human services or the commissioner of health or accredited by the Joint Commission on Accreditation of Hospitals. The state authority is authorized to require information from comprehensive programs which is reasonable and necessary to fulfill these duties. When required information has been previously furnished to a state or local governmental agency, the state authority shall collect the information from the governmental agency. The state authority shall disseminate facts and summary information about problems associated with substance misuse and substance use disorder to public and private agencies, local governments, local and regional planning agencies, and the courts for guidance to and assistance in prevention, treatment and recovery support;

(5) inform and educate the general public on substance misuse and substance use disorder;

(6) serve as the state authority concerning substance misuse and substance use disorder by monitoring the conduct of diagnosis and referral services, research and comprehensive programs. The state authority shall submit a biennial report to the governor and the legislature containing a description of public services delivery and recommendations concerning

82.1 increase of coordination and quality of services, and decrease of service duplication and  
82.2 cost;

82.3 (7) establish a state plan which shall set forth goals and priorities for a comprehensive  
82.4 continuum of care for substance misuse and substance use disorder for Minnesota. All state  
82.5 agencies operating substance misuse or substance use disorder programs or administering  
82.6 state or federal funds for such programs shall annually set their program goals and priorities  
82.7 in accordance with the state plan. Each state agency shall annually submit its plans and  
82.8 budgets to the state authority for review. The state authority shall certify whether proposed  
82.9 services comply with the comprehensive state plan and advise each state agency of review  
82.10 findings;

82.11 (8) make contracts with and grants to public and private agencies and organizations,  
82.12 both profit and nonprofit, and individuals, using federal funds, and state funds as authorized  
82.13 to pay for costs of state administration, including evaluation, statewide programs and services,  
82.14 research and demonstration projects, and American Indian programs;

82.15 (9) receive and administer money available for substance misuse and substance use  
82.16 disorder programs under the alcohol, drug abuse, and mental health services block grant,  
82.17 United States Code, title 42, sections 300X to 300X-9;

82.18 (10) solicit and accept any gift of money or property for purposes of Laws 1973, chapter  
82.19 572, and any grant of money, services, or property from the federal government, the state,  
82.20 any political subdivision thereof, or any private source;

82.21 (11) with respect to substance misuse and substance use disorder programs serving the  
82.22 American Indian community, establish guidelines for the employment of personnel with  
82.23 considerable practical experience in substance misuse and substance use disorder, and  
82.24 understanding of social and cultural problems related to substance misuse and substance  
82.25 use disorder, in the American Indian community.

82.26 Sec. 2. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 10, is  
82.27 amended to read:

82.28 Subd. 10. **Evaluation of information and data.** (a) The commissioner shall, within  
82.29 available resources, conduct research and gather data and information from existing state  
82.30 systems or other outside sources on the following items:

82.31 (1) differences in the underlying cost to provide services and care across the state;

83.1 (2) mileage, vehicle type, lift requirements, incidents of individual and shared rides, and  
83.2 units of transportation for all day services, which must be collected from providers using  
83.3 the rate management worksheet and entered into the rates management system; and

83.4 (3) the distinct underlying costs for services provided by a license holder under sections  
83.5 245D.05, 245D.06, 245D.07, 245D.071, 245D.081, and 245D.09, and for services provided  
83.6 by a license holder certified under section 245D.33.

83.7 (b) The commissioner, in consultation with stakeholders, shall review and evaluate the  
83.8 following values already in subdivisions 6 to 9, or issues that impact all services, including,  
83.9 but not limited to:

83.10 (1) values for transportation rates;

83.11 (2) values for services where monitoring technology replaces staff time;

83.12 (3) values for indirect services;

83.13 (4) values for nursing;

83.14 (5) values for the facility use rate in day services, and the weightings used in the day  
83.15 service ratios and adjustments to those weightings;

83.16 (6) values for workers' compensation as part of employee-related expenses;

83.17 (7) values for unemployment insurance as part of employee-related expenses;

83.18 (8) direct care workforce labor market measures;

83.19 (9) any changes in state or federal law with a direct impact on the underlying cost of  
83.20 providing home and community-based services;

83.21 (10) outcome measures, determined by the commissioner, for home and community-based  
83.22 services rates determined under this section; and

83.23 (11) different competitive workforce factors by service, as determined under subdivision  
83.24 10b.

83.25 ~~(e) The commissioner shall report to the chairs and the ranking minority members of~~  
83.26 ~~the legislative committees and divisions with jurisdiction over health and human services~~  
83.27 ~~policy and finance with the information and data gathered under paragraphs (a) and (b) on~~  
83.28 ~~January 15, 2021, with a full report, and a full report once every four years thereafter.~~

83.29 ~~(d)~~ (c) Beginning July 1, 2022, the commissioner shall renew analysis and implement  
83.30 changes to the regional adjustment factors once every six years. Prior to implementation,

84.1 the commissioner shall consult with stakeholders on the methodology to calculate the  
84.2 adjustment.

84.3 Sec. 3. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 10a, is  
84.4 amended to read:

84.5 Subd. 10a. **Reporting and analysis of cost data.** (a) The commissioner must ensure  
84.6 that wage values and component values in subdivisions 5 to 9 reflect the cost to provide the  
84.7 service. As determined by the commissioner, in consultation with stakeholders identified  
84.8 in subdivision 17, a provider enrolled to provide services with rates determined under this  
84.9 section must submit requested cost data to the commissioner to support research on the cost  
84.10 of providing services that have rates determined by the disability waiver rates system.  
84.11 Requested cost data may include, but is not limited to:

84.12 (1) worker wage costs;

84.13 (2) benefits paid;

84.14 (3) supervisor wage costs;

84.15 (4) executive wage costs;

84.16 (5) vacation, sick, and training time paid;

84.17 (6) taxes, workers' compensation, and unemployment insurance costs paid;

84.18 (7) administrative costs paid;

84.19 (8) program costs paid;

84.20 (9) transportation costs paid;

84.21 (10) vacancy rates; and

84.22 (11) other data relating to costs required to provide services requested by the  
84.23 commissioner.

84.24 (b) At least once in any five-year period, a provider must submit cost data for a fiscal  
84.25 year that ended not more than 18 months prior to the submission date. The commissioner  
84.26 shall provide each provider a 90-day notice prior to its submission due date. If a provider  
84.27 fails to submit required reporting data, the commissioner shall provide notice to providers  
84.28 that have not provided required data 30 days after the required submission date, and a second  
84.29 notice for providers who have not provided required data 60 days after the required  
84.30 submission date. The commissioner shall temporarily suspend payments to the provider if

85.1 cost data is not received 90 days after the required submission date. Withheld payments  
85.2 shall be made once data is received by the commissioner.

85.3 (c) The commissioner shall conduct a random validation of data submitted under  
85.4 paragraph (a) to ensure data accuracy. The commissioner shall analyze cost documentation  
85.5 in paragraph (a) and provide recommendations for adjustments to cost components.

85.6 (d) The commissioner shall analyze cost data submitted under paragraph (a) ~~and, in~~  
85.7 ~~consultation with stakeholders identified in subdivision 17, may submit recommendations~~  
85.8 ~~on component values and inflationary factor adjustments to the chairs and ranking minority~~  
85.9 ~~members of the legislative committees with jurisdiction over human services once every~~  
85.10 ~~four years beginning January 1, 2021. The commissioner shall make recommendations in~~  
85.11 ~~conjunction with reports submitted to the legislature according to subdivision 10, paragraph~~  
85.12 ~~(e).~~ The commissioner shall release cost data in an aggregate form. Cost data from individual  
85.13 providers must not be released except as provided for in current law.

85.14 (e) The commissioner shall use data collected in paragraph (a) to determine the  
85.15 compliance with requirements identified under subdivision 10d. The commissioner shall  
85.16 identify providers who have not met the thresholds identified under subdivision 10d on the  
85.17 Department of Human Services website for the year for which the providers reported their  
85.18 costs.

85.19 Sec. 4. Minnesota Statutes 2022, section 256B.69, subdivision 5k, is amended to read:

85.20 Subd. 5k. **Actuarial soundness.** ~~(a)~~ Rates paid to managed care plans and county-based  
85.21 purchasing plans shall satisfy requirements for actuarial soundness. In order to comply with  
85.22 this subdivision, the rates must:

85.23 (1) be neither inadequate nor excessive;

85.24 (2) satisfy federal requirements;

85.25 (3) in the case of contracts with incentive arrangements, not exceed 105 percent of the  
85.26 approved capitation payments attributable to the enrollees or services covered by the incentive  
85.27 arrangement;

85.28 (4) be developed in accordance with generally accepted actuarial principles and practices;

85.29 (5) be appropriate for the populations to be covered and the services to be furnished  
85.30 under the contract; and

(6) be certified as meeting the requirements of federal regulations by actuaries who meet the qualification standards established by the American Academy of Actuaries and follow the practice standards established by the Actuarial Standards Board.

~~(b) Each year within 30 days of the establishment of plan rates the commissioner shall report to the chairs and ranking minority members of the senate Health and Human Services Budget Division and the house of representatives Health Care and Human Services Finance Division to certify how each of these conditions have been met by the new payment rates.~~

Sec. 5. Minnesota Statutes 2022, section 256C.233, subdivision 2, is amended to read:

Subd. 2. **Responsibilities.** The Deaf and Hard-of-Hearing Services Division shall:

(1) establish and maintain a statewide network of regional culturally affirmative services for Minnesotans who are deaf, Minnesotans who are deafblind, and Minnesotans who are hard-of-hearing;

(2) work across divisions within the Department of Human Services, as well as with other agencies and counties, to ensure that there is an understanding of:

(i) the communication challenges faced by persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing;

(ii) the best practices for accommodating and mitigating communication challenges; and

(iii) the legal requirements for providing access to and effective communication with persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing;

(3) assess the supply and demand statewide for interpreter services and real-time captioning services, implement strategies to provide greater access to these services in areas without sufficient supply, and build the base of service providers across the state;

(4) maintain a statewide information resource that includes contact information and professional certification credentials of interpreting service providers and real-time captioning service providers;

(5) provide culturally affirmative mental health services to persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing who:

(i) use a visual language such as American Sign Language or a tactile form of a language; or

(ii) otherwise need culturally affirmative therapeutic services;

- 87.1 (6) research and develop best practices and recommendations for emerging issues; and
- 87.2 (7) provide as much information as practicable on the division's stand-alone website in
- 87.3 American Sign Language; and.
- 87.4 ~~(8) report to the chairs and ranking minority members of the legislative committees with~~
- 87.5 ~~jurisdiction over human services biennially, beginning on January 1, 2019, on the following:~~
- 87.6 ~~(i) the number of regional service center staff, the location of the office of each staff~~
- 87.7 ~~person, other service providers with which they are colocated, the number of people served~~
- 87.8 ~~by each staff person and a breakdown of whether each person was served on-site or off-site,~~
- 87.9 ~~and for those served off-site, a list of locations where services were delivered and the number~~
- 87.10 ~~who were served in-person and the number who were served via technology;~~
- 87.11 ~~(ii) the amount and percentage of the division budget spent on reasonable~~
- 87.12 ~~accommodations for staff;~~
- 87.13 ~~(iii) the number of people who use demonstration equipment and consumer evaluations~~
- 87.14 ~~of the experience;~~
- 87.15 ~~(iv) the number of training sessions provided by division staff, the topics covered, the~~
- 87.16 ~~number of participants, and consumer evaluations, including a breakdown by delivery~~
- 87.17 ~~method such as in-person or via technology;~~
- 87.18 ~~(v) the number of training sessions hosted at a division location provided by another~~
- 87.19 ~~service provider, the topics covered, the number of participants, and consumer evaluations,~~
- 87.20 ~~including a breakdown by delivery method such as in-person or via technology;~~
- 87.21 ~~(vi) for each grant awarded, the amount awarded to the grantee and a summary of the~~
- 87.22 ~~grantee's results, including consumer evaluations of the services or products provided;~~
- 87.23 ~~(vii) the number of people on waiting lists for any services provided by division staff~~
- 87.24 ~~or for services or equipment funded through grants awarded by the division;~~
- 87.25 ~~(viii) the amount of time staff spent driving to appointments to deliver direct one-to-one~~
- 87.26 ~~client services in locations outside of the regional service centers; and~~
- 87.27 ~~(ix) the regional needs and feedback on addressing service gaps identified by the advisory~~
- 87.28 ~~committees.~~

87.29 Sec. 6. Minnesota Statutes 2022, section 402A.16, subdivision 2, is amended to read:

87.30 Subd. 2. **Duties.** The Human Services Performance Council shall:

- 88.1 (1) hold meetings at least quarterly that are in compliance with Minnesota's Open Meeting  
88.2 Law under chapter 13D;
- 88.3 (2) annually review the annual performance data submitted by counties or service delivery  
88.4 authorities;
- 88.5 (3) review and advise the commissioner on department procedures related to the  
88.6 implementation of the performance management system and system process requirements  
88.7 and on barriers to process improvement in human services delivery;
- 88.8 (4) advise the commissioner on the training and technical assistance needs of county or  
88.9 service delivery authority and department personnel;
- 88.10 (5) review instances in which a county or service delivery authority has not made adequate  
88.11 progress on a performance improvement plan and make recommendations to the  
88.12 commissioner under section 402A.18;
- 88.13 (6) consider appeals from counties or service delivery authorities that are in the remedies  
88.14 process and make recommendations to the commissioner on resolving the issue;
- 88.15 (7) convene working groups to update and develop outcomes, measures, and performance  
88.16 thresholds for the performance management system and, on an annual basis, present these  
88.17 recommendations to the commissioner, including recommendations on when a particular  
88.18 essential human services program has a balanced set of program measures in place;
- 88.19 (8) make recommendations on human services administrative rules or statutes that could  
88.20 be repealed in order to improve service delivery; and
- 88.21 (9) provide information to stakeholders on the council's role and regularly collect  
88.22 stakeholder input on performance management system performance; and.
- 88.23 ~~(10) submit an annual report to the legislature and the commissioner, which includes a~~  
88.24 ~~comprehensive report on the performance of individual counties or service delivery~~  
88.25 ~~authorities as it relates to system measures; a list of counties or service delivery authorities~~  
88.26 ~~that have been required to create performance improvement plans and the areas identified~~  
88.27 ~~for improvement as part of the remedies process; a summary of performance improvement~~  
88.28 ~~training and technical assistance activities offered to the county personnel by the department;~~  
88.29 ~~recommendations on administrative rules or state statutes that could be repealed in order to~~  
88.30 ~~improve service delivery; recommendations for system improvements, including updates~~  
88.31 ~~to system outcomes, measures, and thresholds; and a response from the commissioner.~~



- 89.1      **Sec. 7. REPEALER.**
- 89.2          Minnesota Statutes 2022, sections 245G.011, subdivision 5; 252.34; 256.01, subdivisions
- 89.3      39 and 41; 256B.79, subdivision 6; and 256K.45, subdivision 2, are repealed."