

1.1 Senator ..... moves to amend S.F. No. 4476 as follows:

1.2 Page 17, delete section 12 and insert:

1.3 "Sec. 12. Minnesota Statutes 2024, section 256B.04, is amended by adding a subdivision  
1.4 to read:

1.5 Subd. 29. **Certified assessor team.** The commissioner must employ certified assessors  
1.6 within the department to conduct assessments under section 256B.0911, on behalf of lead  
1.7 agencies under conditions and circumstances determined by the commissioner. Certified  
1.8 assessors employed by the commissioner may conduct assessments in addition to other  
1.9 duties as assigned, except the certified assessors employed by the commissioner must not  
1.10 perform any responsibilities of a lead agency described in section 256B.0911, other than  
1.11 assessments. Nothing in this subdivision creates an obligation for the commissioner to  
1.12 provide the department's certified assessors to conduct assessments on behalf of a lead  
1.13 agency.

1.14 Sec. 13. Minnesota Statutes 2024, section 256B.0659, subdivision 12, is amended to read:

1.15 Subd. 12. **Documentation of personal care assistance services provided.** (a) Personal  
1.16 care assistance services for a recipient must be documented daily by each personal care  
1.17 assistant, on a time sheet form approved by the commissioner. All documentation may be  
1.18 web-based, electronic, or paper documentation. The completed form must be submitted on  
1.19 a monthly basis to the provider and kept in the recipient's health record.

1.20 (b) The activity documentation must correspond to the personal care assistance care plan  
1.21 and be reviewed by the qualified professional.

1.22 (c) The personal care assistant time sheet must be on a form approved by the  
1.23 commissioner documenting time the personal care assistant provides services in the home.  
1.24 The following criteria must be included in the time sheet:

1.25 (1) full name of personal care assistant and individual provider number;

1.26 (2) provider name and telephone numbers;

1.27 (3) full name of recipient and either the recipient's medical assistance identification  
1.28 number or date of birth;

1.29 (4) consecutive dates, including month, day, and year, and arrival and departure times  
1.30 with a.m. or p.m. notations;

1.31 (5) signatures of recipient or the responsible party;

- 2.1 (6) personal signature of the personal care assistant;
- 2.2 (7) any shared ~~care~~ services provided, if applicable;
- 2.3 (8) a statement that it is a federal crime to provide false information on personal care
- 2.4 service billings for medical assistance payments;
- 2.5 (9) dates and location of recipient stays in a hospital, care facility, or incarceration; and
- 2.6 (10) any time spent traveling, as described in subdivision 1, paragraph (i), including
- 2.7 start and stop times with a.m. and p.m. designations, the origination site, and the destination
- 2.8 site.

2.9 Sec. 14. Minnesota Statutes 2024, section 256B.0659, subdivision 16, is amended to read:

2.10 Subd. 16. **Shared services.** (a) Medical assistance payments for ~~shared~~ personal care

2.11 assistance services that are shared services are limited according to this subdivision.

2.12 (b) ~~Shared service is~~ For the purposes of this section, "shared services" means the

2.13 provision of personal care assistance services by a personal care assistant to two or three

2.14 recipients; who are all eligible for medical assistance; and who each voluntarily enter into

2.15 an agreement to receive services at the same time and in the same setting.

2.16 (c) For the purposes of this subdivision, "setting" means:

2.17 (1) the home residence or family foster care home of one or more of the individual

2.18 recipients; or

2.19 (2) a child care program licensed under chapter 142B or operated by a local school

2.20 district or private school.

2.21 (d) ~~Shared personal care assistance~~ services follow the same criteria for covered services

2.22 as subdivision 2.

2.23 (e) Noncovered ~~shared personal care assistance~~ services include the following:

2.24 (1) services for more than three recipients by one personal care assistant at one time;

2.25 (2) staff requirements for child care programs under chapter 245C;

2.26 (3) caring for multiple recipients in more than one setting;

2.27 (4) additional units of personal care assistance based on the selection of the option; and

2.28 (5) use of more than one personal care assistance provider agency for the ~~shared care~~

2.29 services.

3.1 (f) The option of shared ~~personal care assistance~~ services is elected by the recipient or  
3.2 the responsible party with the assistance of the assessor. The option must be determined  
3.3 appropriate based on the ages of the recipients, compatibility, and coordination of their  
3.4 assessed care needs. The recipient or the responsible party, in conjunction with the qualified  
3.5 professional, shall arrange the setting and grouping of shared services based on the individual  
3.6 needs and preferences of the recipients. The personal care assistance provider agency shall  
3.7 offer the recipient or the responsible party the option of shared services or one-on-one  
3.8 personal care assistance services or a combination of both. The recipient or the responsible  
3.9 party may withdraw from participating in a shared services arrangement at any time.

3.10 (g) Authorization for the shared service option must be determined by the commissioner  
3.11 based on the criteria that the shared service is appropriate to meet all of the recipients' needs  
3.12 and ~~their~~ the recipients' health and safety is maintained. The authorization of shared services  
3.13 is part of the overall authorization of personal care assistance services. Nothing in this  
3.14 subdivision must be construed to reduce the total number of hours authorized for an individual  
3.15 recipient.

3.16 (h) A personal care assistant providing shared ~~personal care assistance~~ services must:

3.17 (1) receive training specific for each recipient served; and

3.18 (2) follow all required documentation requirements for time and services provided.

3.19 (i) A qualified professional shall:

3.20 (1) evaluate the ability of the personal care assistant to provide services ~~for all of~~ to all  
3.21 the recipients in a shared setting;

3.22 (2) visit the shared setting as shared services are being provided at least once every six  
3.23 months or whenever needed for response to a recipient's request for increased supervision  
3.24 of the personal care assistance staff;

3.25 (3) provide ongoing monitoring and evaluation of the effectiveness and appropriateness  
3.26 of the shared services;

3.27 (4) develop a contingency plan with each of the recipients ~~which~~ that accounts for absence  
3.28 of the recipient in a shared services setting due to illness or other circumstances;

3.29 (5) obtain permission from each of the recipients who are sharing a personal care assistant  
3.30 for number of shared hours for services provided inside and outside the home residence;  
3.31 and

4.1 (6) document the training completed by the personal care assistants specific to the shared  
4.2 setting and recipients sharing services.

4.3 Sec. 15. Minnesota Statutes 2024, section 256B.0659, subdivision 17, is amended to read:

4.4 Subd. 17. **Shared services; rates.** (a) For the purposes of this subdivision, "additional  
4.5 revenue for shared services" means the difference between the rate paid to a personal care  
4.6 assistance provider agency for serving a single recipient and the sum of the rates paid to a  
4.7 personal care assistance provider agency for shared services provided to more than one  
4.8 recipient.

4.9 (b) For the purposes of this subdivision, "wages and wage-related costs" means increased  
4.10 wages and any corresponding increase in the employer's share of FICA taxes, Medicare  
4.11 taxes, state and federal unemployment taxes, workers' compensation premiums, and  
4.12 contributions to employee retirement accounts if the contribution is a function of wages.

4.13 (c) The commissioner shall provide a rate system for shared ~~personal care assistance~~  
4.14 services. For two ~~persons~~ recipients sharing services, the rate paid to a personal care  
4.15 assistance provider agency for the shared services must not exceed one and one-half times  
4.16 the rate paid for serving a single ~~individual~~, and recipient. For three ~~persons~~ recipients  
4.17 sharing services, the rate paid to a personal care assistance provider agency for the shared  
4.18 services must not exceed twice the rate paid for serving a single ~~individual~~ recipient. These  
4.19 rates apply only when all ~~of the~~ criteria for ~~the shared care~~ ~~personal care assistance service~~  
4.20 have been services are met.

4.21 (d) Of the additional revenue for shared services provided to two recipients, the personal  
4.22 care assistance provider agency must use 95 percent for the purposes specified in paragraph  
4.23 (e). Of the additional revenue for shared services provided to three recipients, the personal  
4.24 care assistance provider agency must use 95 percent for the purposes specified in paragraph  
4.25 (e).

4.26 (e) A personal care assistance provider agency must use the percentages of additional  
4.27 revenue for shared services specified in paragraph (d) for the wages and wage-related costs  
4.28 of the personal care assistant providing the shared services. The personal care assistance  
4.29 provider agency must not use additional revenue for shared services to pay for mileage  
4.30 reimbursements, uniform allowances, health and dental insurance, life insurance, disability  
4.31 insurance, long-term care insurance, contributions to employee retirement accounts if the  
4.32 contribution is not a function of wages, or any other employee benefits.

5.1 Sec. 16. Minnesota Statutes 2024, section 256B.0659, subdivision 19, is amended to read:

5.2 Subd. 19. **Personal care assistance choice option; qualifications; duties.** (a) Under  
5.3 personal care assistance choice, the recipient or responsible party shall:

5.4 (1) recruit, hire, schedule, and terminate personal care assistants according to the terms  
5.5 of the written agreement required under subdivision 20, paragraph (a);

5.6 (2) develop a personal care assistance care plan based on the assessed needs and  
5.7 addressing the health and safety of the recipient with the assistance of a qualified professional  
5.8 as needed;

5.9 (3) orient and train the personal care assistant with assistance as needed from the qualified  
5.10 professional;

5.11 (4) supervise and evaluate the personal care assistant with the qualified professional,  
5.12 who is required to visit the recipient at least every 180 days;

5.13 (5) monitor and verify in writing and report to the personal care assistance choice agency  
5.14 the number of hours worked by the personal care assistant and the qualified professional;

5.15 (6) engage in an annual reassessment as required in subdivision 3a to determine  
5.16 continuing eligibility and service authorization;

5.17 (7) use the same personal care assistance choice provider agency if shared ~~personal~~  
5.18 ~~assistance care is~~ services are being used; and

5.19 (8) ensure that a personal care assistant driving the recipient under subdivision 1,  
5.20 paragraph (i), has a valid driver's license and the vehicle used is registered and insured  
5.21 according to Minnesota law.

5.22 (b) The personal care assistance choice provider agency shall:

5.23 (1) meet all personal care assistance provider agency standards;

5.24 (2) enter into a written agreement with the recipient, responsible party, and personal  
5.25 care assistants;

5.26 (3) not be related as a parent, child, sibling, or spouse to the recipient or the personal  
5.27 care assistant; and

5.28 (4) ensure arm's-length transactions without undue influence or coercion with the recipient  
5.29 and personal care assistant.

5.30 (c) The duties of the personal care assistance choice provider agency are to:

6.1 (1) be the employer of the personal care assistant and the qualified professional for  
6.2 employment law and related regulations including but not limited to purchasing and  
6.3 maintaining workers' compensation, unemployment insurance, surety and fidelity bonds,  
6.4 and liability insurance, and submit any or all necessary documentation including but not  
6.5 limited to workers' compensation, unemployment insurance, and labor market data required  
6.6 under section 256B.4912, subdivision 1a;

6.7 (2) bill the medical assistance program for personal care assistance services and qualified  
6.8 professional services;

6.9 (3) request and complete background studies that comply with the requirements for  
6.10 personal care assistants and qualified professionals;

6.11 (4) pay the personal care assistant and qualified professional based on actual hours of  
6.12 services provided;

6.13 (5) withhold and pay all applicable federal and state taxes;

6.14 (6) verify and keep records of hours worked by the personal care assistant and qualified  
6.15 professional;

6.16 (7) make the arrangements and pay taxes and other benefits, if any, and comply with  
6.17 any legal requirements for a Minnesota employer;

6.18 (8) enroll in the medical assistance program as a personal care assistance choice agency;  
6.19 and

6.20 (9) enter into a written agreement as specified in subdivision 20 before services are  
6.21 provided."

6.22 Pages 23 to 26, delete sections 18 to 20 and insert:

6.23 "Sec. 22. Minnesota Statutes 2025 Supplement, section 256B.85, subdivision 7, is amended  
6.24 to read:

6.25 Subd. 7. **Community first services and supports; covered services.** Services and  
6.26 supports covered under CFSS include:

6.27 (1) assistance to accomplish activities of daily living (ADLs), instrumental activities of  
6.28 daily living (IADLs), and health-related procedures and tasks through hands-on assistance  
6.29 to accomplish the task or constant supervision and cueing to accomplish the task;

7.1 (2) assistance to acquire, maintain, or enhance the skills necessary for the participant to  
7.2 accomplish activities of daily living, instrumental activities of daily living, or health-related  
7.3 tasks;

7.4 (3) expenditures for items, services, supports, environmental modifications, or goods,  
7.5 including assistive technology. These expenditures must:

7.6 (i) relate to a need identified in a participant's CFSS service delivery plan; and

7.7 (ii) increase independence or substitute for human assistance, to the extent that  
7.8 expenditures would otherwise be made for human assistance for the participant's assessed  
7.9 needs;

7.10 (4) observation and redirection for behavior or symptoms where there is a need for  
7.11 assistance;

7.12 (5) back-up systems or mechanisms, such as the use of pagers or other electronic devices,  
7.13 to ensure continuity of the participant's services and supports;

7.14 (6) swimming lessons for a participant younger than 12 years of age whose disability  
7.15 puts the participant at a higher risk of drowning according to the Centers for Disease Control  
7.16 Vital Statistics System;

7.17 (7) services described under subdivision 17 provided by a consultation services provider  
7.18 meeting the requirements of subdivision 17a;

7.19 (8) services provided by an FMS provider as defined under subdivision 13a; that is an  
7.20 enrolled provider with the department;

7.21 (9) CFSS services provided by a support worker who is a parent, stepparent, or legal  
7.22 guardian of a participant under age 18, or who is the participant's spouse. Covered services  
7.23 under this clause are subject to the limitations described in subdivision 7b; ~~and~~

7.24 (10) shared services meeting the shared service requirements of this section; and

7.25 ~~(10)~~ (11) worker training and development services as described in subdivision 18a.

7.26 Sec. 23. Minnesota Statutes 2024, section 256B.85, is amended by adding a subdivision  
7.27 to read:

7.28 Subd. 7c. Shared services under the agency-provider model. (a) The commissioner  
7.29 shall authorize shared service arrangements if the commissioner determines that a shared  
7.30 service arrangement is appropriate to meet all the participants' needs and sufficient to  
7.31 maintain the participants' health and safety. The commissioner must include a decision

8.1 regarding authorization of shared services during the process of authorizing CFSS under  
8.2 subdivision 8. The commissioner must not reduce the total number of authorized units for  
8.3 a participant who elects to receive shared services.

8.4 (b) An agency-provider must offer a participant or the participant's representative the  
8.5 option of shared services, one-on-one services, or a combination of both shared services  
8.6 and one-on-one services when shared services are authorized by the commissioner. The  
8.7 option of shared services may be elected at the sole discretion of either the participant or  
8.8 the participant's representative. The participant or the participant's representative may  
8.9 withdraw from participating in a shared service arrangement at any time.

8.10 Sec. 24. Minnesota Statutes 2024, section 256B.85, is amended by adding a subdivision  
8.11 to read:

8.12 Subd. 7d. **Shared service rates under the agency-provider model.** The commissioner  
8.13 shall provide a rate system for shared services. For two participants sharing services, the  
8.14 rate paid to an agency-provider for the shared services must not exceed one and one-half  
8.15 times the rate paid for serving a single participant. For three participants sharing services,  
8.16 the rate paid to an agency-provider for the shared services must not exceed twice the rate  
8.17 paid for serving a single participant. These rates apply only when all criteria for shared  
8.18 services are met.

8.19 Sec. 25. Minnesota Statutes 2024, section 256B.85, is amended by adding a subdivision  
8.20 to read:

8.21 Subd. 7e. **Pass-through for shared services under the agency-provider model.** (a)  
8.22 Of the additional revenue for shared services provided to two participants, the  
8.23 agency-provider must use 95 percent for the purposes specified in paragraph (b). Of the  
8.24 additional revenue for shared services provided to three participants, the agency-provider  
8.25 must use 95 percent for the purposes specified in paragraph (b).

8.26 (b) An agency-provider must use the percentages of additional revenue for shared services  
8.27 specified in paragraph (a) for the wages and wage-related costs of the support worker  
8.28 providing the shared services. The agency-provider must not use additional revenue for  
8.29 shared services to pay for mileage reimbursements, uniform allowances, health and dental  
8.30 insurance, life insurance, disability insurance, long-term care insurance, contributions to  
8.31 employee retirement accounts when the contribution is not a function of wages, or any other  
8.32 employee benefits.

9.1 Sec. 26. Minnesota Statutes 2024, section 256B.85, is amended by adding a subdivision  
9.2 to read:

9.3 Subd. 7f. **Shared services under the budget model.** (a) A participant who intends to  
9.4 elect shared services under the budget model, or the participant's representative, must include  
9.5 a statement of this intention in the CFSS service delivery plan, must develop a plan for  
9.6 shared services when developing or amending the CFSS service delivery plan, and must  
9.7 follow the CFSS process for approval of the plan as required under subdivision 6.

9.8 (b) The commissioner shall authorize shared service arrangements if the commissioner  
9.9 determines that a shared service arrangement is appropriate to meet all the participants'  
9.10 needs and sufficient to maintain the participants' health and safety. The commissioner must  
9.11 include a decision regarding authorization of shared services during the process of authorizing  
9.12 CFSS under subdivision 8. The commissioner must not reduce the total authorized dollar  
9.13 amount available to a participant who elects to receive shared services.

9.14 (c) The participants, or participants' representatives as needed, who elect to share services  
9.15 under the budget model must jointly develop a shared service agreement with the support  
9.16 of the participants' representatives as needed. Any participant or any participant's  
9.17 representative may at any time withdraw from participating in a shared service agreement.

9.18 (d) The commissioner must develop and publish recommendations for negotiating wages  
9.19 for support workers providing shared services under the budget model.

9.20 Sec. 27. Minnesota Statutes 2024, section 256B.85, is amended by adding a subdivision  
9.21 to read:

9.22 Subd. 7g. **Pass-through for shared services under the budget model.** For shared  
9.23 services provided under the budget model, participant employers must pay the individual  
9.24 provider support worker providing the shared service a percentage of the minimum wage  
9.25 specified in the agreement negotiated under chapter 179A, as made applicable to individual  
9.26 providers under section 179A.54, that is in effect at the time the services are provided. The  
9.27 required percentages are specified in clauses (1) and (2):

9.28 (1) for shared services provided by an individual provider support worker to two  
9.29 participant employers, the two participant employers must collectively pay the individual  
9.30 provider support worker at least 150 percent of the applicable minimum wage; and

9.31 (2) for shared services provided by an individual provider support worker to three  
9.32 participant employers, the three participant employers must collectively pay the individual  
9.33 support worker at least 200 percent of the applicable minimum wage.

10.1 Sec. 28. **[256B.8502] COMMUNITY FIRST SERVICES AND SUPPORTS;**  
10.2 **DEFINITIONS.**

10.3 Subdivision 1. **Scope.** For the purposes of this section and sections 256B.85 and  
10.4 256B.851, the terms in this section have the meanings given.

10.5 Subd. 2. **Additional revenue for shared services.** "Additional revenue for shared  
10.6 services" means the difference between the rate paid to an agency-provider for serving a  
10.7 single participant and the sum of the rates paid to a personal care assistance provider agency  
10.8 for shared services provided to more than one recipient.

10.9 Subd. 3. **Individual provider support worker.** "Individual provider support worker"  
10.10 means a support worker who is an individual provider as defined under section 256B.0711,  
10.11 subdivision 1.

10.12 Subd. 4. **Wages and wage-related costs.** "Wages and wage-related costs" means  
10.13 increased wages and any corresponding increase in the employer's or participant employer's  
10.14 share of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers'  
10.15 compensation premiums, and contributions to employee retirement accounts when the  
10.16 contribution is a function of wages."

10.17 Page 28, line 5, delete "\$62,601,000" and insert "\$63,851,000"

10.18 Page 31, delete section 25

10.19 Page 34, after line 27, insert:

10.20 "Sec. 36. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**  
10.21 **ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS FOR HOMES.**

10.22 By October 1, 2026, the commissioner must submit to the Centers for Medicare and  
10.23 Medicaid Services waiver plan amendments for the Brain Injury (BI), Community Access  
10.24 for Disability Inclusion (CADI), Community Alternative Care (CAC), and Developmental  
10.25 Disabilities (DD) 1915 (c) waivers to implement the following reforms to environmental  
10.26 accessibility adaptations for homes:

10.27 (1) separate the treatment of home modifications from the treatment of vehicle  
10.28 modifications;

10.29 (2) replace the existing \$40,000 annual limit for home modifications with a \$40,000  
10.30 three-year limit;

11.1 (3) replace the existing provisions that permit a two-year limit of \$80,000 to be authorized  
11.2 during a two-year period with provisions permitting a six-year limit of \$80,000 to be  
11.3 authorized in a five-year period;

11.4 (4) limit permissible authorizations for home modifications to only modifications meeting  
11.5 an assessed need that cannot be met in a less costly way in the person's current home;

11.6 (5) limit the number of similar or duplicative home modifications to modifications that  
11.7 are necessary for the health and safety of the person; and

11.8 (6) establish caps on the number, size, and cost of common home modifications.

11.9 **Sec. 37. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**  
11.10 **ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS FOR VEHICLES.**

11.11 By October 1, 2026, the commissioner must submit to the Centers for Medicare and  
11.12 Medicaid Services waiver plan amendments for the Brain Injury (BI), Community Access  
11.13 for Disability Inclusion (CADI), Community Alternative Care (CAC), and Developmental  
11.14 Disabilities (DD) 1915 (c) waivers to implement the following reforms to environmental  
11.15 accessibility adaptations for vehicles:

11.16 (1) separate the treatment of vehicle modifications from the treatment of home  
11.17 modifications;

11.18 (2) replace the existing \$40,000 annual limit for vehicle modifications with a \$40,000  
11.19 five-year limit; and

11.20 (3) permit multiple authorizations for vehicle modifications in a five-year period when  
11.21 a vehicle is sold provided subsequent authorizations are limited to:

11.22 (i) for a purchased adapted vehicle, the portion of the original purchase cost attributable  
11.23 to the vehicle modifications minus the book value of the purchase price attributable to the  
11.24 vehicle modifications; or

11.25 (ii) for vehicle modifications, the original purchase and installation cost of the  
11.26 modifications minus the book value of the modifications.

11.27 For purposes of this paragraph, "book value" means the original cost minus the product of  
11.28 20 percent of the original cost multiplied by the number of years during which the adapted  
11.29 vehicle was used by the person.

12.1 Sec. 38. **REVISOR INSTRUCTION.**

12.2 (a) The revisor of statutes shall renumber the definitions in Minnesota Statutes, section  
 12.3 256B.85, subdivision 2, and the definitions in Minnesota Statutes, section 256B.851,  
 12.4 subdivision 2, as subdivisions in Minnesota Statutes, section 256B.8502, rearranging the  
 12.5 renumbered and existing definitions in Minnesota Statutes, section 256B.8502, as necessary  
 12.6 to place them in alphabetical order. The revisor of statutes shall revise all statutory  
 12.7 cross-references consistent with this recoding.

12.8 (b) If a provision of Minnesota Statutes, section 256B.85, subdivision 2, or 256B.851,  
 12.9 subdivision 2, is amended or repealed in the 2026 regular legislative session, the revisor of  
 12.10 statutes shall codify the amendment or repealer in Minnesota Statutes, section 256B.8502,  
 12.11 notwithstanding any other law to the contrary."

12.12 Page 36, delete section 3

12.13 Page 54, delete section 9 and insert:

12.14 "Sec. 9. Minnesota Statutes 2024, section 144A.471, subdivision 8, is amended to read:

12.15 Subd. 8. **Exemptions from home care services licensure.** (a) Except as otherwise  
 12.16 provided in this chapter, home care services that are provided by the state, counties, or other  
 12.17 units of government must be licensed under this chapter.

12.18 (b) An exemption under this subdivision does not excuse the exempted individual or  
 12.19 organization from complying with applicable provisions of the home care bill of rights in  
 12.20 section 144A.44. The following individuals or organizations are exempt from the requirement  
 12.21 to obtain a home care provider license:

12.22 (1) an individual or organization that offers, provides, or arranges for personal care  
 12.23 assistance services under the medical assistance program as authorized under sections  
 12.24 256B.0625, subdivision 19a, and 256B.0659;

12.25 (2) a provider that is licensed by the commissioner of human services to provide  
 12.26 semi-independent living services for persons with developmental disabilities under section  
 12.27 252.275 and Minnesota Rules, parts 9525.0900 to 9525.1020;

12.28 (3) a provider that is licensed by the commissioner of human services to provide home  
 12.29 and community-based services for persons with developmental disabilities under section  
 12.30 256B.092 and Minnesota Rules, parts 9525.1800 to 9525.1930;

12.31 (4) an individual or organization that provides only home management services, if the  
 12.32 individual or organization is registered under section 144A.482; ~~or~~

13.1 (5) an individual who is licensed in this state as a nurse, dietitian, social worker,  
13.2 occupational therapist, physical therapist, or speech-language pathologist who provides  
13.3 health care services in the home independently and not through any contractual or  
13.4 employment relationship with a home care provider or other organization; or

13.5 (6) a federally qualified health center as defined in section 145.9269, when providing  
13.6 nursing services described in United States Code, title 42, section 1395x(aa)(1)(C).

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

13.8 Page 65, delete section 19 and insert:

13.9 "Sec. 19. Minnesota Statutes 2024, section 144G.41, subdivision 1, is amended to read:

13.10 Subdivision 1. **Minimum requirements.** All assisted living facilities shall:

13.11 (1) distribute to residents the assisted living bill of rights;

13.12 (2) provide services in a manner that complies with the Nurse Practice Act in sections  
13.13 148.171 to 148.285;

13.14 (3) utilize a person-centered planning and service delivery process;

13.15 (4) have and maintain a system for delegation of health care activities to unlicensed  
13.16 personnel by a registered nurse, including supervision and evaluation of the delegated  
13.17 activities as required by the Nurse Practice Act in sections 148.171 to 148.285;

13.18 (5) provide a means for residents to request assistance for health and safety needs 24  
13.19 hours per day, seven days per week, and maintain a log of resident requests for assistance  
13.20 and staff responses including, for each request, the time that elapsed between the resident's  
13.21 communication of the request and the staff response. The facility must retain a log for at  
13.22 least five years after the most recent request and response in the log;

13.23 (6) allow residents the ability to furnish and decorate the resident's unit within the terms  
13.24 of the assisted living contract;

13.25 (7) permit residents access to food at any time;

13.26 (8) allow residents to choose the resident's visitors and times of visits;

13.27 (9) allow the resident the right to choose a roommate if sharing a unit;

13.28 (10) notify the resident of the resident's right to have and use a lockable door to the  
13.29 resident's unit. The licensee shall provide the locks on the unit. Only a staff member with  
13.30 a specific need to enter the unit shall have keys, and advance notice must be given to the

14.1 resident before entrance, when possible. An assisted living facility must not lock a resident  
14.2 in the resident's unit;

14.3 (11) develop and implement a staffing plan for determining its staffing level that:

14.4 (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness  
14.5 of staffing levels in the facility;

14.6 (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably  
14.7 foreseeable unscheduled needs of each resident as required by the residents' assessments  
14.8 and service plans on a 24-hour per day basis; and

14.9 (iii) ensures that the facility can respond promptly and effectively to individual resident  
14.10 emergencies and to emergency, life safety, and disaster situations affecting staff or residents  
14.11 in the facility;

14.12 (12) ensure that one or more persons who are trained in accordance with section 144G.61,  
14.13 subdivision 2, are available 24 hours per day, seven days per week, who are responsible for  
14.14 responding to the requests of residents for assistance with health or safety needs. Such  
14.15 persons must be:

14.16 (i) awake;

14.17 (ii) located in the same building, in an attached building, or on a contiguous campus  
14.18 with the facility in order to respond within a reasonable amount of time;

14.19 (iii) capable of communicating with residents;

14.20 (iv) capable of providing or summoning the appropriate assistance; and

14.21 (v) capable of following directions; and

14.22 (13) provide staff access to an on-call registered nurse 24 hours per day, seven days per  
14.23 week;

14.24 (14) ensure a plan for facility staff to immediately attend to resident needs in a medical  
14.25 emergency, until any emergency personnel arrive, if summoned; and

14.26 (15) ensure a plan for facility staff to meet the nonemergency medical needs of residents  
14.27 due to falling, including needs for lift assistance.

14.28 **EFFECTIVE DATE.** The amendment to clause (5) is effective August 1, 2026. The  
14.29 amendment to clause (12) is effective August 1, 2027. Clauses (14) and (15) are effective  
14.30 August 1, 2027."

14.31 Page 67, delete section 20 and insert:

- 15.1 "Sec. 20. Minnesota Statutes 2024, section 144G.41, subdivision 2, is amended to read:
- 15.2 Subd. 2. **Policies and procedures.** (a) Each assisted living facility must have policies
- 15.3 and procedures in place to address the following ~~and keep them current~~:
- 15.4 (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults;
- 15.5 (2) conducting and handling background studies on employees;
- 15.6 (3) orientation, training, and competency evaluations of staff, and a process for evaluating
- 15.7 staff performance;
- 15.8 (4) handling complaints regarding staff or services provided by staff;
- 15.9 (5) conducting initial evaluations of residents' needs and the providers' ability to provide
- 15.10 those services;
- 15.11 (6) conducting initial and ongoing resident evaluations and assessments of resident
- 15.12 needs, including assessments by a registered nurse or appropriate licensed health professional,
- 15.13 and how changes in a resident's condition are identified, managed, and communicated to
- 15.14 staff and other health care providers as appropriate;
- 15.15 (7) orientation to and implementation of the assisted living bill of rights;
- 15.16 (8) infection control practices;
- 15.17 (9) reminders for medications, treatments, or exercises, if provided;
- 15.18 (10) conducting appropriate screenings, or documentation of prior screenings, to show
- 15.19 that staff are free of tuberculosis, consistent with current United States Centers for Disease
- 15.20 Control and Prevention standards;
- 15.21 (11) ensuring that nurses and licensed health professionals have current and valid licenses
- 15.22 to practice;
- 15.23 (12) medication and treatment management;
- 15.24 (13) delegation of tasks by registered nurses or licensed health professionals;
- 15.25 (14) supervision of registered nurses and licensed health professionals; ~~and~~
- 15.26 (15) supervision of unlicensed personnel performing delegated tasks; ;
- 15.27 (16) emergency procedures to be initiated by facility staff when a resident experiences
- 15.28 a medical emergency due to falling, a heart event, difficulty breathing, or choking, and to
- 15.29 be followed until emergency personnel arrive, if summoned; and

16.1 (17) procedures to be initiated by facility staff after determining that a resident is not  
16.2 experiencing a medical emergency pursuant to clause (16), to meet the nonemergency  
16.3 medical needs of residents due to falling, including needs for lift assistance.

16.4 (b) Each assisted living facility must keep all policies and procedures current and make  
16.5 them available to a resident or the resident's representative upon request. Policies and  
16.6 procedures covering medical emergency events under paragraph (a), clause (16), must be  
16.7 provided to prospective residents for whom a prospective resident assessment has been  
16.8 performed as described under section 144G.70, subdivision 2, paragraph (b), and before  
16.9 signing an assisted living contract, and to current residents upon any changes to the policies  
16.10 and procedures covering medical emergencies under paragraph (a), clause (16).

16.11 **EFFECTIVE DATE.** This section is effective August 1, 2027."

16.12 Page 69, delete section 23 and insert:

16.13 "Sec. 23. Minnesota Statutes 2024, section 144G.60, subdivision 4, is amended to read:

16.14 Subd. 4. **Unlicensed personnel.** (a) Unlicensed personnel providing assisted living  
16.15 services must have:

16.16 (1) successfully completed a training and competency evaluation appropriate to the  
16.17 services provided by the facility and the topics listed in section 144G.61, subdivision 2,  
16.18 paragraph (a); or

16.19 (2) demonstrated competency by satisfactorily completing a written or oral test on the  
16.20 tasks the unlicensed personnel will perform and on the topics listed in section 144G.61,  
16.21 subdivision 2, paragraph (a); and successfully demonstrated competency on topics in section  
16.22 144G.61, subdivision 2, paragraph (a), clauses (5), (7), ~~and~~ (8), and (19), by a practical  
16.23 skills test.

16.24 Unlicensed personnel who only provide assisted living services listed in section 144G.08,  
16.25 subdivision 9, clauses (1) to (5), shall not perform delegated nursing or therapy tasks.

16.26 (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility  
16.27 must:

16.28 (1) have successfully completed training and demonstrated competency by successfully  
16.29 completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs  
16.30 (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2,  
16.31 paragraphs (a), clauses (5) ~~and~~, (7), and (19), and (b), clauses (3), (5), (6), and (7), and all  
16.32 the delegated tasks they will perform;

17.1 (2) satisfy the current requirements of Medicare for training or competency of home  
17.2 health aides or nursing assistants, as provided by Code of Federal Regulations, title 42,  
17.3 section 483 or 484.36; or

17.4 (3) have, before April 19, 1993, completed a training course for nursing assistants that  
17.5 was approved by the commissioner.

17.6 (c) Unlicensed personnel performing therapy or treatment tasks delegated or assigned  
17.7 by a licensed health professional must meet the requirements for delegated tasks in section  
17.8 144G.62, subdivision 2, paragraph (a), and any other training or competency requirements  
17.9 within the licensed health professional's scope of practice relating to delegation or assignment  
17.10 of tasks to unlicensed personnel.

17.11 **EFFECTIVE DATE.** This section is effective August 1, 2027.

17.12 Sec. 24. Minnesota Statutes 2024, section 144G.61, subdivision 2, is amended to read:

17.13 Subd. 2. **Training and evaluation of unlicensed personnel.** (a) Training and competency  
17.14 evaluations for all unlicensed personnel must include the following:

17.15 (1) documentation requirements for all services provided;

17.16 (2) reports of changes in the resident's condition to the supervisor designated by the  
17.17 facility;

17.18 (3) basic infection control, including blood-borne pathogens;

17.19 (4) maintenance of a clean and safe environment;

17.20 (5) appropriate and safe techniques in personal hygiene and grooming, including:

17.21 (i) hair care and bathing;

17.22 (ii) care of teeth, gums, and oral prosthetic devices;

17.23 (iii) care and use of hearing aids; and

17.24 (iv) dressing and assisting with toileting;

17.25 (6) training on the prevention of falls;

17.26 (7) standby assistance techniques and how to perform them;

17.27 (8) medication, exercise, and treatment reminders;

17.28 (9) basic nutrition, meal preparation, food safety, and assistance with eating;

17.29 (10) preparation of modified diets as ordered by a licensed health professional;

18.1 (11) communication skills that include preserving the dignity of the resident and showing  
18.2 respect for the resident and the resident's preferences, cultural background, and family;

18.3 (12) awareness of confidentiality and privacy;

18.4 (13) understanding appropriate boundaries between staff and residents and the resident's  
18.5 family;

18.6 (14) procedures to use in handling various nonmedical and medical emergency situations;  
18.7 ~~and~~

18.8 (15) awareness of commonly used health technology equipment and assistive devices;

18.9 (16) recognition of and immediate response to signs and symptoms of airway, breathing,  
18.10 and circulation concerns;

18.11 (17) recognition of and immediate response to bleeding, including hemorrhage;

18.12 (18) safe techniques for emergency movement of residents; and

18.13 (19) log roll technique and spinal precautions.

18.14 (b) In addition to paragraph (a), training and competency evaluation for unlicensed  
18.15 personnel providing assisted living services must include:

18.16 (1) observing, reporting, and documenting resident status;

18.17 (2) basic knowledge of body functioning and changes in body functioning, injuries, or  
18.18 other observed changes that must be reported to appropriate personnel;

18.19 (3) reading and recording temperature, pulse, and respirations of the resident;

18.20 (4) recognizing physical, emotional, cognitive, and developmental needs of the resident;

18.21 (5) safe transfer techniques and ambulation;

18.22 (6) range of motioning and positioning; and

18.23 (7) administering medications or treatments as required.

18.24 **EFFECTIVE DATE.** This section is effective August 1, 2027."

18.25 Page 83, delete section 4

18.26 Page 83, delete article 6 and insert:

19.1

**"ARTICLE 6**

19.2

**MISCELLANEOUS**

19.3 Section 1. Minnesota Statutes 2025 Supplement, section 256B.0625, subdivision 17, is  
19.4 amended to read:

19.5 Subd. 17. **Transportation costs.** (a) "Nonemergency medical transportation service"  
19.6 means motor vehicle transportation provided by a public or private person that serves  
19.7 Minnesota health care program beneficiaries who do not require emergency ambulance  
19.8 service, as defined in section 144E.001, subdivision 3, to obtain covered medical services.

19.9 (b) For purposes of this subdivision, "rural urban commuting area" or "RUCA" means  
19.10 a census-tract based classification system under which a geographical area is determined  
19.11 to be urban, rural, or super rural. This paragraph expires ~~July 1, 2026, for medical assistance~~  
19.12 ~~fee-for-service and January 1, 2027, for prepaid medical assistance~~ upon implementation  
19.13 of the administrator under subdivision 18i.

19.14 (c) Medical assistance covers medical transportation costs incurred solely for obtaining  
19.15 emergency medical care or transportation costs incurred by eligible persons in obtaining  
19.16 emergency or nonemergency medical care when paid directly to an ambulance company,  
19.17 nonemergency medical transportation company, or other recognized providers of  
19.18 transportation services. Medical transportation must be provided by:

19.19 (1) nonemergency medical transportation providers who meet the requirements of this  
19.20 subdivision;

19.21 (2) ambulances, as defined in section 144E.001, subdivision 2;

19.22 (3) taxicabs that meet the requirements of this subdivision;

19.23 (4) public transportation, within the meaning of "public transportation" as defined in  
19.24 section 174.22, subdivision 7; or

19.25 (5) not-for-hire vehicles, including volunteer drivers, as defined in section 65B.472,  
19.26 subdivision 1, paragraph (p).

19.27 (d) Medical assistance covers nonemergency medical transportation provided by  
19.28 nonemergency medical transportation providers enrolled in the Minnesota health care  
19.29 programs. All nonemergency medical transportation providers must comply with the  
19.30 operating standards for special transportation service as defined in sections 174.29 to 174.30  
19.31 and Minnesota Rules, chapter 8840, and all drivers must be individually enrolled with the  
19.32 commissioner and reported on the claim as the individual who provided the service. All  
19.33 nonemergency medical transportation providers shall bill for nonemergency medical

20.1 transportation services in accordance with Minnesota health care programs criteria. Publicly  
20.2 operated transit systems, volunteers, and not-for-hire vehicles are exempt from the  
20.3 requirements outlined in this paragraph.

20.4 (e) An organization may be terminated, denied, or suspended from enrollment if:

20.5 (1) the provider has not initiated background studies on the individuals specified in  
20.6 section 174.30, subdivision 10, paragraph (a), clauses (1) to (3); or

20.7 (2) the provider has initiated background studies on the individuals specified in section  
20.8 174.30, subdivision 10, paragraph (a), clauses (1) to (3), and:

20.9 (i) the commissioner has sent the provider a notice that the individual has been  
20.10 disqualified under section 245C.14; and

20.11 (ii) the individual has not received a disqualification set-aside specific to the special  
20.12 transportation services provider under sections 245C.22 and 245C.23.

20.13 (f) The administrative agency of nonemergency medical transportation must:

20.14 (1) adhere to the policies defined by the commissioner;

20.15 (2) pay nonemergency medical transportation providers for services provided to  
20.16 Minnesota health care programs beneficiaries to obtain covered medical services;

20.17 (3) provide data monthly to the commissioner on appeals, complaints, no-shows, canceled  
20.18 trips, and number of trips by mode; and

20.19 (4) by July 1, 2016, in accordance with subdivision 18e, utilize a web-based single  
20.20 administrative structure assessment tool that meets the technical requirements established  
20.21 by the commissioner, reconciles trip information with claims being submitted by providers,  
20.22 and ensures prompt payment for nonemergency medical transportation services. This  
20.23 paragraph expires ~~July 1, 2026, for medical assistance fee-for-service and January 1, 2027,~~  
20.24 ~~for prepaid medical assistance~~ upon implementation of the administrator under subdivision  
20.25 18i.

20.26 (g) Effective ~~July 1, 2026, for medical fee-for-service and January 1, 2027, for prepaid~~  
20.27 ~~medical assistance~~, upon implementation of the administrator under subdivision 18i, the  
20.28 administrative agency of nonemergency medical transportation must:

20.29 (1) adhere to the policies defined by the commissioner;

20.30 (2) pay nonemergency medical transportation providers for services provided to  
20.31 Minnesota health care program beneficiaries to obtain covered medical services; and

21.1 (3) provide data monthly to the commissioner on appeals, complaints, no-shows, canceled  
21.2 trips, and number of trips by mode.

21.3 (h) Until the commissioner implements the single administrative structure and delivery  
21.4 system under subdivision 18e, clients shall obtain their level-of-service certificate from the  
21.5 commissioner or an entity approved by the commissioner that does not dispatch rides for  
21.6 clients using modes of transportation under paragraph (n), clauses (4), (5), (6), and (7). This  
21.7 paragraph expires ~~July 1, 2026, for medical assistance fee-for-service and January 1, 2027,~~  
21.8 ~~for prepaid medical assistance~~ upon implementation of the administrator under subdivision  
21.9 18i.

21.10 (i) The commissioner may use an order by the recipient's attending physician, advanced  
21.11 practice registered nurse, physician assistant, or a medical or mental health professional to  
21.12 certify that the recipient requires nonemergency medical transportation services.  
21.13 Nonemergency medical transportation providers shall perform driver-assisted services for  
21.14 eligible individuals, when appropriate. Driver-assisted service includes passenger pickup  
21.15 at and return to the individual's residence or place of business, assistance with admittance  
21.16 of the individual to the medical facility, and assistance in passenger securement or in securing  
21.17 of wheelchairs, child seats, or stretchers in the vehicle.

21.18 (j) Nonemergency medical transportation providers must take clients to the health care  
21.19 provider using the most direct route, and must not exceed 30 miles for a trip to a primary  
21.20 care provider or 60 miles for a trip to a specialty care provider, unless the client receives  
21.21 authorization from the local agency. This paragraph expires ~~July 1, 2026, for medical~~  
21.22 ~~assistance fee-for-service and January 1, 2027, for prepaid medical assistance~~ upon  
21.23 implementation of the administrator under subdivision 18i.

21.24 (k) Effective ~~July 1, 2026, for medical assistance fee-for-service and January 1, 2027,~~  
21.25 ~~for prepaid medical assistance,~~ upon implementation of the administrator under subdivision  
21.26 18i, nonemergency medical transportation providers must take clients to the health care  
21.27 provider using the most direct route and must not exceed 30 miles for a trip to a primary  
21.28 care provider or 60 miles for a trip to a specialty care provider, unless the client receives  
21.29 authorization from the administrator.

21.30 (l) Nonemergency medical transportation providers may not bill for separate base rates  
21.31 for the continuation of a trip beyond the original destination. Nonemergency medical  
21.32 transportation providers must maintain trip logs, which include pickup and drop-off times,  
21.33 signed by the medical provider or client, whichever is deemed most appropriate, attesting  
21.34 to mileage traveled to obtain covered medical services. Clients requesting client mileage

22.1 reimbursement must sign the trip log attesting mileage traveled to obtain covered medical  
22.2 services.

22.3 (m) The administrative agency shall use the level of service process established by the  
22.4 commissioner to determine the client's most appropriate mode of transportation. If public  
22.5 transit or a certified transportation provider is not available to provide the appropriate service  
22.6 mode for the client, the client may receive a onetime service upgrade.

22.7 (n) The covered modes of transportation are:

22.8 (1) client reimbursement, which includes client mileage reimbursement provided to  
22.9 clients who have their own transportation, or to family or an acquaintance who provides  
22.10 transportation to the client;

22.11 (2) volunteer transport, which includes transportation by volunteers using their own  
22.12 vehicle;

22.13 (3) unassisted transport, which includes transportation provided to a client by a taxicab  
22.14 or public transit. If a taxicab or public transit is not available, the client can receive  
22.15 transportation from another nonemergency medical transportation provider;

22.16 (4) assisted transport, which includes transport provided to clients who require assistance  
22.17 by a nonemergency medical transportation provider;

22.18 (5) lift-equipped/ramp transport, which includes transport provided to a client who is  
22.19 dependent on a device and requires a nonemergency medical transportation provider with  
22.20 a vehicle containing a lift or ramp;

22.21 (6) protected transport, which includes transport provided to a client who has received  
22.22 a prescreening that has deemed other forms of transportation inappropriate and who requires  
22.23 a provider: (i) with a protected vehicle that is not an ambulance or police car and has safety  
22.24 locks, a video recorder, and a transparent thermoplastic partition between the passenger and  
22.25 the vehicle driver; and (ii) who is certified as a protected transport provider; and

22.26 (7) stretcher transport, which includes transport for a client in a prone or supine position  
22.27 and requires a nonemergency medical transportation provider with a vehicle that can transport  
22.28 a client in a prone or supine position.

22.29 (o) The local agency shall be the single administrative agency and shall administer and  
22.30 reimburse for modes defined in paragraph (n) according to paragraphs (r) to (t) when the  
22.31 commissioner has developed, made available, and funded the web-based single administrative  
22.32 structure, assessment tool, and level of need assessment under subdivision 18e. The local  
22.33 agency's financial obligation is limited to funds provided by the state or federal government.

23.1 This paragraph expires ~~July 1, 2026, for medical assistance fee-for-service and January 1,~~  
23.2 ~~2027, for prepaid medical assistance~~ upon implementation of the administrator under  
23.3 subdivision 18i.

23.4 (p) The commissioner shall:

23.5 (1) verify that the mode and use of nonemergency medical transportation is appropriate;

23.6 (2) verify that the client is going to an approved medical appointment; and

23.7 (3) investigate all complaints and appeals.

23.8 (q) The administrative agency shall pay for the services provided in this subdivision and  
23.9 seek reimbursement from the commissioner, if appropriate. As vendors of medical care,  
23.10 local agencies are subject to the provisions in section 256B.041, the sanctions and monetary  
23.11 recovery actions in section 256B.064, and Minnesota Rules, parts 9505.2160 to 9505.2245.

23.12 This paragraph expires ~~July 1, 2026, for medical assistance fee-for-service and January 1,~~  
23.13 ~~2027, for prepaid medical assistance~~ upon implementation of the administrator under  
23.14 subdivision 18i.

23.15 (r) Payments for nonemergency medical transportation must be paid based on the client's  
23.16 assessed mode under paragraph (m), not the type of vehicle used to provide the service. The  
23.17 medical assistance reimbursement rates for nonemergency medical transportation services  
23.18 that are payable by or on behalf of the commissioner for nonemergency medical  
23.19 transportation services are:

23.20 (1) \$0.22 per mile for client reimbursement;

23.21 (2) up to 100 percent of the Internal Revenue Service business deduction rate for volunteer  
23.22 transport;

23.23 (3) equivalent to the standard fare for unassisted transport when provided by public  
23.24 transit, and \$12.10 for the base rate and \$1.43 per mile when provided by a nonemergency  
23.25 medical transportation provider;

23.26 (4) \$14.30 for the base rate and \$1.43 per mile for assisted transport;

23.27 (5) \$19.80 for the base rate and \$1.70 per mile for lift-equipped/ramp transport;

23.28 (6) \$75 for the base rate and \$2.40 per mile for protected transport; and

23.29 (7) \$60 for the base rate and \$2.40 per mile for stretcher transport, and \$9 per trip for  
23.30 an additional attendant if deemed medically necessary. This paragraph expires ~~July 1, 2026,~~  
23.31 ~~for medical assistance fee-for-service and January 1, 2027, for prepaid medical assistance~~  
23.32 upon implementation of the administrator under subdivision 18i.

24.1 (s) Effective ~~July 1, 2026, for medical assistance fee-for-service and January 1, 2027,~~  
24.2 upon implementation of the administrator under subdivision 18i, for prepaid medical  
24.3 assistance, payments for nonemergency medical transportation must be paid based on the  
24.4 client's assessed mode under paragraph (m), not the type of vehicle used to provide the  
24.5 service.

24.6 (t) The base rate for nonemergency medical transportation services in areas defined  
24.7 under RUCA to be super rural is equal to 111.3 percent of the respective base rate in  
24.8 paragraph (r), clauses (1) to (7). The mileage rate for nonemergency medical transportation  
24.9 services in areas defined under RUCA to be rural or super rural areas is:

24.10 (1) for a trip equal to 17 miles or less, equal to 125 percent of the respective mileage  
24.11 rate in paragraph (r), clauses (1) to (7); and

24.12 (2) for a trip between 18 and 50 miles, equal to 112.5 percent of the respective mileage  
24.13 rate in paragraph (r), clauses (1) to (7). This paragraph expires ~~July 1, 2026, for medical~~  
24.14 ~~assistance fee-for-service and January 1, 2027, for prepaid medical assistance~~ upon  
24.15 implementation of the administrator under subdivision 18i.

24.16 (u) For purposes of reimbursement rates for nonemergency medical transportation  
24.17 services under paragraphs (r) to (t), the zip code of the recipient's place of residence shall  
24.18 determine whether the urban, rural, or super rural reimbursement rate applies. This paragraph  
24.19 expires ~~July 1, 2026, for medical assistance fee-for-service and January 1, 2027, for prepaid~~  
24.20 ~~medical assistance~~ upon implementation of the administrator under subdivision 18i.

24.21 (v) The commissioner, when determining reimbursement rates for nonemergency medical  
24.22 transportation, shall exempt all modes of transportation listed under paragraph (n) from  
24.23 Minnesota Rules, part 9505.0445, item R, subitem (2).

24.24 (w) Effective for the first day of each calendar quarter in which the price of gasoline as  
24.25 posted publicly by the United States Energy Information Administration exceeds \$3.00 per  
24.26 gallon, the commissioner shall adjust the rate paid per mile in paragraph (r) by one percent  
24.27 up or down for every increase or decrease of ten cents for the price of gasoline. The increase  
24.28 or decrease must be calculated using a base gasoline price of \$3.00. The percentage increase  
24.29 or decrease must be calculated using the average of the most recently available price of all  
24.30 grades of gasoline for Minnesota as posted publicly by the United States Energy Information  
24.31 Administration. This paragraph expires ~~July 1, 2026, for medical assistance fee-for-service~~  
24.32 ~~and January 1, 2027, for prepaid medical assistance~~ upon implementation of the administrator  
24.33 under subdivision 18i.

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

25.1 Sec. 2. Minnesota Statutes 2025 Supplement, section 256B.0625, subdivision 18i, is  
25.2 amended to read:

25.3 Subd. 18i. **Administration of nonemergency medical transportation.** (a) Effective  
25.4 July 1, 2026, for medical assistance fee-for-service and January 1, 2027, for prepaid medical  
25.5 assistance, the commissioner must contract either statewide or regionally for the  
25.6 administration of the nonemergency medical transportation program in compliance with  
25.7 the provisions of this chapter. The contract must include the administration of the  
25.8 nonemergency medical transportation benefit for those enrolled in managed care as described  
25.9 in section 256B.69.

25.10 (b) The commissioner must provide six months notice to counties, managed care  
25.11 organizations, and county-based purchasing organizations before implementing the  
25.12 administrator required under this subdivision.

25.13 (c) The commissioner must notify the revisor of statutes when the administrator under  
25.14 this subdivision is implemented.

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

25.16 Sec. 3. Laws 2025, First Special Session chapter 3, article 8, section 43, the effective date,  
25.17 is amended to read:

25.18 **EFFECTIVE DATE.** Paragraph (b) is effective ~~July 1, 2026, for medical assistance~~  
25.19 ~~fee-for-service and January 1, 2027, for prepaid medical assistance~~ upon implementation  
25.20 of the administrator under Minnesota Statutes, section 256B.0625, subdivision 18i. The  
25.21 commissioner of human services must notify the revisor of statutes when the administrator  
25.22 under Minnesota Statutes, section 256B.0625, subdivision 18i, is implemented. Paragraph  
25.23 (c) is effective on the latest of the following: (1) January 1, 2026; (2) federal approval of  
25.24 the medical assistance program changes in this section; (3) federal approval of the  
25.25 amendments in this act to Minnesota Statutes, section 256B.76, subdivision 6; (4) federal  
25.26 approval of the amendments in this act to Minnesota Statutes, section 256B.761; or (5)  
25.27 federal approval of all necessary federal waivers to implement the managed care organization  
25.28 assessment in Minnesota Statutes, section 295.525. The commissioner of human services  
25.29 shall notify the revisor of statutes when federal approval is obtained.

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

25.31 Page 90, line 27, delete "19,672,000" and insert "16,626,000"

25.32 Page 90, line 31, delete "5,455,000" and insert "1,371,000"

- 26.1 Page 91, delete lines 1 to 10
- 26.2 Page 91, line 11, before "The" insert "**Base Level Adjustment.**"
- 26.3 Page 91, line 12, delete "\$1,542,000" and insert "\$262,000"
- 26.4 Page 91, line 13, delete "\$1,580,000" and insert "\$300,000"
- 26.5 Page 91, line 20, delete "11,306,000" and insert "12,364,000"
- 26.6 Page 91, line 23, delete "\$550,000" and insert "\$450,000"
- 26.7 Page 92, after line 12, insert:
- 26.8 "**Subd. 4. Supported-Decision-Making Programs**
- 26.9 **Administration**
- 26.10 \$30,000 in fiscal year 2027 is for a contract
- 26.11 to administer supported decision making
- 26.12 grants under Laws 2023, chapter 61, article 1,
- 26.13 section 61. This is a onetime appropriation
- 26.14 and is available until June 30, 2028."
- 26.15 Renumber the subdivisions in sequence
- 26.16 Page 92, line 15, delete "21,386,000" and insert "22,592,000"
- 26.17 Page 92, line 16, delete "23,413,000" and insert "24,619,000"
- 26.18 Page 93, line 16, delete "75,000" and insert "55,000"
- 26.19 Page 93, delete lines 17 to 22 and insert:
- 26.20 "**Subdivision 1. Supported-Decision-Making**
- 26.21 **Programs**
- 26.22 \$2,000,000 in fiscal year 2027 is for
- 26.23 supported-decision-making grants under Laws
- 26.24 2023, chapter 61, article 1, section 61. This is
- 26.25 a onetime appropriation and is available until
- 26.26 June 30, 2028.
- 26.27 **Subd. 2. Base Level Adjustment**
- 26.28 The general fund base is decreased by
- 26.29 \$1,925,000 in fiscal year 2028 and \$1,925,000
- 26.30 in fiscal year 2029."
- 26.31 Page 93, line 30, delete "300,000" and insert "650,000"

27.1 Page 93, delete lines 31 to 36 and insert:

27.2 "Subdivision 1. **Todd County; Peer Recovery**  
27.3 **Support**

27.4 \$300,000 in fiscal year 2027 is for a grant to  
27.5 Todd County for a contract with an  
27.6 organization operating in Todd County to  
27.7 provide daily peer recovery support services  
27.8 and special sessions for individuals who are  
27.9 in substance use recovery, are transitioning  
27.10 out of incarceration, or have experienced  
27.11 trauma.

27.12 Subd. 2. **Thrive Family Recovery Resources**

27.13 \$350,000 in fiscal year 2027 is for a grant to  
27.14 Thrive Family Recovery Resources for a pilot  
27.15 program that provides family peer services,  
27.16 education, resource navigation, and general  
27.17 support for families impacted by substance  
27.18 use disorder. By January 20, 2027, the  
27.19 commissioner must submit a report to the  
27.20 chairs and ranking minority members of the  
27.21 legislative committees with jurisdiction over  
27.22 human services that evaluates the results of  
27.23 the pilot program and makes recommendations  
27.24 for developing an ongoing grant program to  
27.25 provide supportive services and education for  
27.26 families impacted by substance use disorder.  
27.27 This is a onetime appropriation.

27.28 Subd. 3. **Base Level Adjustment**

27.29 The general fund base is increased by  
27.30 \$300,000 in fiscal year 2028 and \$300,000 in  
27.31 fiscal year 2029."

27.32 Page 94, delete lines 1 to 21

27.33 Page 104, line 26, delete "4,871,000" and insert "4,177,000"

27.34 Page 104, line 29, delete "4,871,000" and insert "4,177,000"

- 28.1 Page 105, line 6, delete "\$17,566,000" and insert "\$16,958,000"
- 28.2 Page 105, line 7, delete "\$17,347,000" and insert "\$16,767,000"
- 28.3 Renumber the sections in sequence and correct the internal references
- 28.4 Amend the title accordingly