

1.1 Senator moves to amend S.F. No. 476 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "ARTICLE 1
1.4 CONTINUITY OF CARE

1.5 Section 1. Minnesota Statutes 2024, section 245D.10, subdivision 3, is amended to read:

1.6 Subd. 3. **Service suspension.** (a) The license holder must establish policies and
1.7 procedures for temporary service suspension that promote continuity of care and service
1.8 coordination with the person and the case manager and with other licensed caregivers, if
1.9 any, who also provide support to the person. The policy must include the requirements
1.10 specified in paragraphs (b) to (f).

1.11 (b) The license holder must limit temporary service suspension to situations in which:

1.12 (1) the person's conduct poses an imminent risk of physical harm to self or others and
1.13 either positive support strategies have been implemented to resolve the issues leading to
1.14 the temporary service suspension but have not been effective and additional positive support
1.15 strategies would not achieve and maintain safety, or less restrictive measures would not
1.16 resolve the issues leading to the suspension;

1.17 (2) the person has emergent medical issues that exceed the license holder's ability to
1.18 meet the person's needs; or

1.19 (3) the program has not been paid for services, except an interruption to the person's
1.20 public benefits that has lasted less than 60 days does not constitute nonpayment.

1.21 (c) Prior to giving notice of temporary service suspension, the license holder must
1.22 document actions taken to minimize or eliminate the need for service suspension. Action
1.23 taken by the license holder must include, at a minimum:

1.24 (1) consultation with the person's support team or expanded support team to identify
1.25 and resolve issues leading to issuance of the notice; and

1.26 (2) a request to the case manager for intervention services identified in section 245D.03,
1.27 subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention
1.28 services to support the person in the program. This requirement does not apply to temporary
1.29 suspensions issued under paragraph (b), clause (3).

1.30 If, based on the best interests of the person, the circumstances at the time of the notice were
1.31 such that the license holder was unable to take the action specified in clauses (1) and (2),

2.1 the license holder must document the specific circumstances and the reason for being unable
2.2 to do so.

2.3 (d) The notice of temporary service suspension must meet the following requirements:

2.4 (1) the license holder must notify the person or the person's legal representative and case
2.5 manager in writing of the intended temporary service suspension. If the temporary service
2.6 suspension is from residential supports and services as defined in section 245D.03,
2.7 subdivision 1, paragraph (c), clause (3), or from integrated community supports as defined
2.8 in section 245D.03, subdivision 1, paragraph (c), clause (8), the license holder must also
2.9 notify the commissioner in writing;

2.10 (2) notice of temporary service suspension must be given on the first day of the service
2.11 suspension; and

2.12 (3) the notice must include the reason for the action, a summary of actions taken to
2.13 minimize or eliminate the need for temporary service suspension as required under ~~this~~
2.14 ~~paragraph~~ paragraph (c), and why these measures failed to prevent the suspension.

2.15 (e) During the temporary suspension period, the license holder must:

2.16 (1) provide information requested by the person or case manager;

2.17 (2) work with the support team or expanded support team to develop reasonable
2.18 alternatives to protect the person and others and to support continuity of care; and

2.19 (3) maintain information about the service suspension, including the written notice of
2.20 temporary service suspension, in the service recipient record.

2.21 (f) If, based on a review by the person's support team or expanded support team, that
2.22 team determines the person no longer poses an imminent risk of physical harm to self or
2.23 others, the person has a right to return to receiving services. If, at the time of the service
2.24 suspension or at any time during the suspension, the person is receiving treatment related
2.25 to the conduct that resulted in the service suspension, the support team or expanded support
2.26 team must consider the recommendation of the licensed health professional, mental health
2.27 professional, or other licensed professional involved in the person's care or treatment when
2.28 determining whether the person no longer poses an imminent risk of physical harm to self
2.29 or others and can return to the program. If the support team or expanded support team makes
2.30 a determination that is contrary to the recommendation of a licensed professional treating
2.31 the person, the license holder must document the specific reasons why a contrary decision
2.32 was made.

3.1 Sec. 2. Minnesota Statutes 2025 Supplement, section 245D.10, subdivision 3a, is amended
3.2 to read:

3.3 Subd. 3a. **Service termination.** (a) The license holder must establish policies and
3.4 procedures for service termination that promote continuity of care and service coordination
3.5 with the person and the case manager and with other licensed caregivers, if any, who also
3.6 provide support to the person. The policy must include the requirements specified in
3.7 paragraphs (b) to (f).

3.8 (b) The license holder must permit each person to remain in the program or to continue
3.9 receiving services and must not terminate services unless:

3.10 (1) the termination is necessary for the person's welfare and the license holder cannot
3.11 meet the person's needs;

3.12 (2) the safety of the person, others in the program, or staff is endangered and positive
3.13 support strategies were attempted and have not achieved and effectively maintained safety
3.14 for the person or others;

3.15 (3) the health of the person, others in the program, or staff would otherwise be
3.16 endangered;

3.17 (4) the license holder has not been paid for services, except an interruption to a person's
3.18 public benefits that has lasted less than 60 days does not constitute nonpayment;

3.19 (5) the program or license holder ceases to operate;

3.20 (6) the person has been terminated by the lead agency from waiver eligibility; or

3.21 (7) for state-operated community-based services, the person no longer demonstrates
3.22 complex behavioral needs that cannot be met by private community-based providers
3.23 identified in section 246C.11, subdivision 4a, paragraph (a), clause (1).

3.24 (c) Prior to giving notice of service termination, the license holder must document actions
3.25 taken to minimize or eliminate the need for termination. Action taken by the license holder
3.26 must include, at a minimum:

3.27 (1) consultation with the person's support team or expanded support team to identify
3.28 and resolve issues leading to issuance of the termination notice;

3.29 (2) a request to the case manager for intervention services identified in section 245D.03,
3.30 subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention
3.31 services to support the person in the program. This requirement does not apply to notices
3.32 of service termination issued under paragraph (b), clauses (4) and (7); and

4.1 (3) for state-operated community-based services terminating services under paragraph
4.2 (b), clause (7), the state-operated community-based services must engage in consultation
4.3 with the person's support team or expanded support team to:

4.4 (i) identify that the person no longer demonstrates complex behavioral needs that cannot
4.5 be met by private community-based providers identified in section 246C.11, subdivision
4.6 4a, paragraph (a), clause (1);

4.7 (ii) provide notice of intent to issue a termination of services to the lead agency when a
4.8 finding has been made that a person no longer demonstrates complex behavioral needs that
4.9 cannot be met by private community-based providers identified in section 246C.11,
4.10 subdivision 4a, paragraph (a), clause (1);

4.11 (iii) assist the lead agency and case manager in developing a person-centered transition
4.12 plan to a private community-based provider to ensure continuity of care; and

4.13 (iv) coordinate with the lead agency to ensure the private community-based service
4.14 provider is able to meet the person's needs and criteria established in a person's
4.15 person-centered transition plan.

4.16 If, based on the best interests of the person, the circumstances at the time of the notice were
4.17 such that the license holder was unable to take the action specified in clauses (1) and (2),
4.18 the license holder must document the specific circumstances and the reason for being unable
4.19 to do so.

4.20 (d) The notice of service termination must meet the following requirements:

4.21 (1) the license holder must notify the person or the person's legal representative and the
4.22 case manager in writing of the intended service termination. If the service termination is
4.23 from residential supports and services as defined in section 245D.03, subdivision 1, paragraph
4.24 (c), clause (3), or from integrated community supports as defined in section 245D.03,
4.25 subdivision 1, paragraph (c), clause (8), the license holder must also notify the commissioner
4.26 in writing; and

4.27 (2) the notice must include:

4.28 (i) the reason for the action;

4.29 (ii) except for a service termination under paragraph (b), clause (5), a summary of actions
4.30 taken to minimize or eliminate the need for service termination or temporary service
4.31 suspension as required under paragraph (c), and why these measures failed to prevent the
4.32 termination or suspension;

5.1 (iii) the person's right to appeal the termination of services under section 256.045,
5.2 subdivision 3, paragraph (a); and

5.3 (iv) the person's right to seek a temporary order staying the termination of services
5.4 according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).

5.5 (e) Notice of the proposed termination of service, including those situations that began
5.6 with a temporary service suspension, must be given at least 90 days prior to termination of
5.7 services under paragraph (b), clause (7), 60 days prior to termination when a license holder
5.8 is providing intensive supports and services identified in section 245D.03, subdivision 1,
5.9 paragraph (c), or integrated community supports as defined in section 245D.03, subdivision
5.10 1, paragraph (c), clause (8), and 30 days prior to termination for all other services licensed
5.11 under this chapter. This notice may be given in conjunction with a notice of temporary
5.12 service suspension under subdivision 3.

5.13 (f) During the service termination notice period, the license holder must:

5.14 (1) work with the support team or expanded support team to develop reasonable
5.15 alternatives to protect the person and others and to support continuity of care;

5.16 (2) provide information requested by the person or case manager; and

5.17 (3) maintain information about the service termination, including the written notice of
5.18 intended service termination, in the service recipient record.

5.19 (g) For notices issued under paragraph (b), clause (7), the lead agency shall provide
5.20 notice to the commissioner and the Direct Care and Treatment executive board at least 30
5.21 days before the conclusion of the 90-day termination period, if an appropriate alternative
5.22 provider cannot be secured. Upon receipt of this notice, the commissioner and the executive
5.23 board shall reassess whether a private community-based service can meet the person's needs.
5.24 If the commissioner determines that a private provider can meet the person's needs, the
5.25 executive board shall, if necessary, extend notice of service termination until placement can
5.26 be made. If the commissioner determines that a private provider cannot meet the person's
5.27 needs, the executive board shall rescind the notice of service termination and re-engage
5.28 with the lead agency in service planning for the person.

5.29 (h) For state-operated community-based services, the license holder shall prioritize the
5.30 capacity created within the existing service site by the termination of services under paragraph
5.31 (b), clause (7), to serve persons described in section 246C.11, subdivision 4a, paragraph
5.32 (a), clause (1).

6.1 Sec. 3. **[245D.121] INTEGRATED COMMUNITY SUPPORTS; HOUSING**
6.2 **ACCOUNTS REQUIRED.**

6.3 (a) If payment passes between the license holder or any controlling individual of a
6.4 licensed program and a service recipient or an entity acting on the service recipient's behalf
6.5 for the purpose of obtaining or maintaining a living unit in a multifamily housing building
6.6 where the license holder delivers integrated community supports and owns, leases, or has
6.7 a direct or indirect financial relationship with the property owner, the license holder must
6.8 for each service recipient:

6.9 (1) keep accurate accounts of all money the license holder receives from the service
6.10 recipient or an entity acting on the service recipient's behalf;

6.11 (2) deposit all money received in a service recipient specific account or subaccount
6.12 dedicated to receiving and paying each service recipient's housing costs directly to the
6.13 property owner, even if the property owner is the license holder;

6.14 (3) provide monthly and upon demand to the service recipient, or the entity acting on
6.15 the service recipient's behalf, a statement of the amount of all money received from the
6.16 service recipient or entity acting on the service recipient's behalf, all money deposited in
6.17 the service recipient's account, and all withdrawals made from the service recipient's account;

6.18 (4) provide upon demand the same information described in clause (3) to the service
6.19 recipient's case manager; and

6.20 (5) provide upon demand the same information described in clause (3) to the
6.21 commissioner.

6.22 (b) The money in the service recipient's account must be used exclusively for expenses
6.23 associated with the service recipient obtaining or maintaining a living unit in a multifamily
6.24 housing building.

6.25 (c) This section continues to apply when a service recipient chooses to not receive
6.26 services from the license holder but continues to make payments to the license holder for
6.27 the purposes of obtaining or maintaining a living unit.

6.28 (d) The license holder must comply with the requirements of section 245A.04, subdivision
6.29 13.

6.30 Sec. 4. **[256B.045] CONTINUITY OF CARE.**

6.31 Subdivision 1. Definitions. (a) For the purposes of this section, the following terms have
6.32 the meanings given.

7.1 (b) "Lead agency" means a county, Tribe, or managed care organization.

7.2 (c) "Residential services and supports" means any of the following services as defined
7.3 in the brain injury, community alternative care, community access for disability inclusion,
7.4 developmental disabilities, or elderly waiver plans:

7.5 (1) 24-hour customized living services;

7.6 (2) community residential services;

7.7 (3) customized living services;

7.8 (4) family residential services; and

7.9 (5) integrated community support.

7.10 Subd. 2. Department of Human Services continuity of care team; establishment. To
7.11 ensure the continuity of care of older adults and people with disabilities receiving residential
7.12 services and supports following the imposition of a payment withhold under section
7.13 256B.064, subdivision 2, the commissioner must establish and maintain a continuity of care
7.14 team. Within existing resources, the commissioner must ensure the continuity of care team
7.15 always has sufficient staff capacity and resources for timely compliance with the requirements
7.16 of this subdivision.

7.17 Subd. 3. Department of Human Services continuity of care team; duties. (a) Upon
7.18 notice from the commissioner under section 256B.064, subdivision 2, paragraph (i), that
7.19 the commissioner intends to impose a payment withhold on a provider of residential services
7.20 and support, the continuity of care team must:

7.21 (1) identify all the provider's clients whose services might be affected by the payment
7.22 withhold the commissioner intends to impose, including all clients paying for services from
7.23 a source other than medical assistance;

7.24 (2) for each identified client, identify the lead agency responsible for providing case
7.25 management or care coordination to the client;

7.26 (3) for each identified client, identify the client's case manager or care coordinator; and

7.27 (4) for each identified client, develop an initial profile of the client containing the team's
7.28 expectations regarding the services and supports the client is likely to require if the
7.29 commissioner's imposition of a payment withhold upon the provider puts the continuity of
7.30 care of the provider's clients at risk or poses a risk that the provider's clients will need to
7.31 transition to a new service provider or service setting.

8.1 After the team has completed the tasks identified in clauses (1) to (4), the team must inform
8.2 the commissioner that the team is prepared to intervene on behalf of each identified client
8.3 immediately upon imposition of the payment withhold.

8.4 (b) Upon imposition of the payment withhold, the continuity of care team must for each
8.5 identified client:

8.6 (1) inform the office of the ombudsman for long-term care, the office of the ombudsman
8.7 for mental health and developmental disabilities, and the office of the ombudsperson for
8.8 public managed care health care programs, and the lead agency that the client's services
8.9 may be disrupted by actions taken by the commissioner under section 256B.064, subdivision
8.10 2, and that the lead agency must comply with the requirements of subdivision 3;

8.11 (2) directly inform each identified client's case manager or care coordinator that the
8.12 client's services may be disrupted by actions taken by the commissioner under section
8.13 256B.064, subdivision 2, that the continuity of care team is prepared to offer assistance to
8.14 ensure the client's continuity of care, and that the case manager must comply with the
8.15 requirements of subdivision 3; and

8.16 (3) directly inform each identified client that the client's services may be disrupted by
8.17 actions taken by the commissioner under section 256B.064, subdivision 2, and that the lead
8.18 agency, the client's case manager, and the continuity of care team are already taking steps
8.19 to develop contingency plans in the event the client's services are disrupted.

8.20 Subd. 4. **Continuity of care team and lead agency shared duties.** (a) This subdivision
8.21 applies to all lead agencies regardless of whether a lead agency provides case management
8.22 directly or under contract.

8.23 (b) The continuity of care team and the lead agencies must cooperate and coordinate
8.24 with the clients' case managers to:

8.25 (1) closely monitor services delivered to identified clients of providers subject to a
8.26 payment withhold; and

8.27 (2) develop person-centered contingency plans for alternative services, service providers,
8.28 and service settings in the event a client's services are disrupted.

8.29 (c) If a lead agency fails to develop or implement a person-centered contingency plan
8.30 that ensures timely transition to alternative services, service provider, or service setting, the
8.31 continuity of care team must directly intervene and provide case management directly to
8.32 the client at the lead agency's expense. The lead agency and the client's case manager must

9.1 fully cooperate and assist the continuity of care team in the provision of case management
9.2 services at the lead agency's expense.

9.3 (d) If the lead agency or the continuity of care team does not identify alternative services,
9.4 service provider, or service setting, the continuity of care team must notify the commissioner
9.5 and the commissioner of health, if applicable, and recommend:

9.6 (1) the commissioner of human services either determine there is a good cause under
9.7 Code of Federal Regulations, title 42, section 455.23(e) or (f) to not suspend payments
9.8 under section 256B.064, subdivision 2, or petition the district court of Ramsey County under
9.9 section 245A.13; or

9.10 (2) the commissioner of health bring an action under section 144G.20, subdivision 21.

9.11 (e) If the commissioner does not follow the recommendations of the continuity of care
9.12 team identified in paragraph (d), within 30 days of receipt of the recommendations, the
9.13 commissioner must notify the chairs and ranking minority members of the legislative
9.14 committees with jurisdiction over human services of the commissioner's decision and include
9.15 in the notice an explanation of the commissioner's rejection of the recommendations, the
9.16 number of clients who will lose services as a result of the commissioner's decision, and the
9.17 likely outcomes for the clients who will lose services.

9.18 Subd. 5. **Provider duties.** (a) The provider must fully cooperate with the lead agency
9.19 and the continuity of care team to effectuate a coordinated transfer or coordinated move for
9.20 each client who requires a new provider.

9.21 (b) Nothing in this section absolves a provider of its obligations under chapters 144G,
9.22 245A, and 245D with respect to service suspensions, service terminations, contract
9.23 terminations, and coordinated moves. The commissioner of health and the commissioner
9.24 of human services may impose any sanctions available under law for violations of a licensing
9.25 requirement even if the provider complies with paragraph (a).

9.26 Sec. 5. Minnesota Statutes 2024, section 256B.064, subdivision 2, is amended to read:

9.27 **Subd. 2. Imposition of monetary recovery and sanctions.** (a) The commissioner shall
9.28 determine any monetary amounts to be recovered and sanctions to be imposed upon an
9.29 individual or entity under this section. Except as provided in paragraphs (b) and (d), neither
9.30 a monetary recovery nor a sanction will be imposed by the commissioner without prior
9.31 notice and an opportunity for a hearing, according to chapter 14, on the commissioner's
9.32 proposed action, provided that the commissioner may suspend or reduce payment to an
9.33 individual or entity, except a nursing home or convalescent care facility, after notice and

10.1 prior to the hearing if in the commissioner's opinion that action is necessary to protect the
10.2 public welfare and the interests of the program.

10.3 (b) Except when the commissioner finds good cause not to suspend payments under
10.4 Code of Federal Regulations, title 42, section 455.23(e) or (f), the commissioner shall
10.5 withhold or reduce payments to an individual or entity without providing advance notice
10.6 of such withholding or reduction if either of the following occurs:

10.7 (1) the individual or entity is convicted of a crime involving the conduct described in
10.8 subdivision 1a; or

10.9 (2) the commissioner determines there is a credible allegation of fraud for which an
10.10 investigation is pending under the program. Allegations are considered credible when they
10.11 have an indicium of reliability and the state agency has reviewed all allegations, facts, and
10.12 evidence carefully and acts judiciously on a case-by-case basis. A credible allegation of
10.13 fraud is an allegation which has been verified by the state, from any source, including but
10.14 not limited to:

10.15 (i) fraud hotline complaints;

10.16 (ii) claims data mining; and

10.17 (iii) patterns identified through provider audits, civil false claims cases, and law
10.18 enforcement investigations.

10.19 (c) The commissioner must send notice of the withholding or reduction of payments
10.20 under paragraph (b) within five days of taking such action unless requested in writing by a
10.21 law enforcement agency to temporarily withhold the notice. The notice must:

10.22 (1) state that payments are being withheld according to paragraph (b);

10.23 (2) set forth the general allegations as to the nature of the withholding action, but need
10.24 not disclose any specific information concerning an ongoing investigation;

10.25 (3) except in the case of a conviction for conduct described in subdivision 1a, state that
10.26 the withholding is for a temporary period and cite the circumstances under which withholding
10.27 will be terminated;

10.28 (4) identify the types of claims to which the withholding applies; and

10.29 (5) inform the individual or entity of the right to submit written evidence for consideration
10.30 by the commissioner.

10.31 (d) ~~The withholding or reduction of payments will not continue after~~ The commissioner
10.32 ~~determines~~ must cease the withholding or reduction of payments after determining there is

11.1 insufficient evidence of fraud by the individual or entity, after finding good cause not to
11.2 continue withholding or reducing payments under Code of Federal Regulations, title 42,
11.3 section 455.23(e) or (f), or after legal proceedings relating to the alleged fraud are completed,
11.4 unless the commissioner has sent notice of intention to impose monetary recovery or
11.5 sanctions under paragraph (a). Upon conviction for a crime related to the provision,
11.6 management, or administration of a health service under medical assistance, a payment held
11.7 pursuant to this section by the commissioner or a managed care organization that contracts
11.8 with the commissioner under section 256B.035 is forfeited to the commissioner or managed
11.9 care organization, regardless of the amount charged in the criminal complaint or the amount
11.10 of criminal restitution ordered.

11.11 (e) The commissioner shall suspend or terminate an individual's or entity's participation
11.12 in the program without providing advance notice and an opportunity for a hearing when the
11.13 suspension or termination is required because of the individual's or entity's exclusion from
11.14 participation in Medicare. Within five days of taking such action, the commissioner must
11.15 send notice of the suspension or termination. The notice must:

11.16 (1) state that suspension or termination is the result of the individual's or entity's exclusion
11.17 from Medicare;

11.18 (2) identify the effective date of the suspension or termination; and

11.19 (3) inform the individual or entity of the need to be reinstated to Medicare before
11.20 reapplying for participation in the program.

11.21 (f) Upon receipt of a notice under paragraph (a) that a monetary recovery or sanction is
11.22 to be imposed, an individual or entity may request a contested case, as defined in section
11.23 14.02, subdivision 3, by filing with the commissioner a written request of appeal. The appeal
11.24 request must be received by the commissioner no later than 30 days after the date the
11.25 notification of monetary recovery or sanction was mailed to the individual or entity. The
11.26 appeal request must specify:

11.27 (1) each disputed item, the reason for the dispute, and an estimate of the dollar amount
11.28 involved for each disputed item;

11.29 (2) the computation that the individual or entity believes is correct;

11.30 (3) the authority in statute or rule upon which the individual or entity relies for each
11.31 disputed item;

11.32 (4) the name and address of the person or entity with whom contacts may be made
11.33 regarding the appeal; and

12.1 (5) other information required by the commissioner.

12.2 (g) The commissioner may order an individual or entity to forfeit a fine for failure to
12.3 fully document services according to standards in this chapter and Minnesota Rules, chapter
12.4 9505. The commissioner may assess fines if specific required components of documentation
12.5 are missing. The fine for incomplete documentation shall equal 20 percent of the amount
12.6 paid on the claims for reimbursement submitted by the individual or entity, or up to \$5,000,
12.7 whichever is less. If the commissioner determines that an individual or entity repeatedly
12.8 violated this chapter, chapter 254B or 245G, or Minnesota Rules, chapter 9505, related to
12.9 the provision of services to program recipients and the submission of claims for payment,
12.10 the commissioner may order an individual or entity to forfeit a fine based on the nature,
12.11 severity, and chronicity of the violations, in an amount of up to \$5,000 or 20 percent of the
12.12 value of the claims, whichever is greater.

12.13 (h) The individual or entity shall pay the fine assessed on or before the payment date
12.14 specified. If the individual or entity fails to pay the fine, the commissioner may withhold
12.15 or reduce payments and recover the amount of the fine. A timely appeal shall stay payment
12.16 of the fine until the commissioner issues a final order.

12.17 (i) Prior to suspending or withholding payments to an entity providing residential services
12.18 and supports to an older adult or person with a disability, or suspending or terminating the
12.19 entity's participation in medical assistance, the commissioner must notify the Department
12.20 of Human Services continuity of care team established under section 256B.045. The
12.21 commissioner must not suspend or withhold payments to an entity providing residential
12.22 services and supports to an older adult or person with a disability, or suspend or terminate
12.23 the entity's participation in the program, until the continuity of care team notifies the
12.24 commissioner that the team is prepared to immediately intervene and comply with its duties
12.25 under section 256B.045 upon imposition of the commissioner's sanction. For the purposes
12.26 of this paragraph, "residential services and supports" has the meaning given under section
12.27 256B.045, subdivision 1.

12.28 Sec. 6. Minnesota Statutes 2024, section 256B.492, subdivision 1, is amended to read:

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

12.31 (b) "Community-living setting" means a single-family home or multifamily dwelling
12.32 unit where a service recipient or a service recipient's family owns or rents and maintains
12.33 control over the individual unit as demonstrated by a lease agreement. Community-living
12.34 setting does not include a home or dwelling unit that the ~~service~~ provider of the service

13.1 recipient's services owns, operates, or leases or in which the service provider of the service
13.2 recipient's services has a direct or indirect financial interest.

13.3 (c) "Controlling individual" has the meaning given in section 245A.02, subdivision 5a.

13.4 (d) "License holder" has the meaning given in section 245A.02, subdivision 9.

13.5 Sec. 7. Minnesota Statutes 2024, section 256B.492, subdivision 3, is amended to read:

13.6 Subd. 3. **Community-living settings.** (a) Individuals receiving services under a home
13.7 and community-based waiver under section 256B.092 or 256B.49 may receive services in
13.8 community-living settings. Community-living settings must meet the requirements of
13.9 subdivision 2, paragraph (a), clause (1).

13.10 (b) For the purposes of this section, direct financial interest exists if payment passes
13.11 between the license holder or any controlling individual of a licensed program and the
13.12 service recipient or an entity acting on the service recipient's behalf for the purpose of
13.13 obtaining or maintaining a dwelling. For the purposes of this section, indirect financial
13.14 interest exists if the license holder or any controlling individual of a licensed program has
13.15 an ownership or investment interest in the entity that owns, operates, leases, or otherwise
13.16 receives payment from the service recipient or an entity acting on the service recipient's
13.17 behalf for the purpose of obtaining or maintaining a dwelling. Neither a direct nor an indirect
13.18 financial interest exists if the service recipient is receiving services from a license holder
13.19 or a licensed program that is not the license holder or a licensed program that owns, operates,
13.20 leases, or has a direct or indirect financial interest in the setting in which the service
13.21 recipient's services are being delivered.

13.22 (c) To ensure a service recipient or the service recipient's family maintains control over
13.23 the home or dwelling unit, community-living settings are subject to the following
13.24 requirements:

13.25 (1) service recipients must not be required to receive services or share services;

13.26 (2) service recipients must not be required to have a disability or specific diagnosis to
13.27 live in the community-living setting;

13.28 (3) service recipients may hire service providers of their choice;

13.29 (4) service recipients may choose whether to share their household and with whom;

13.30 (5) the home or multifamily dwelling unit must include living, sleeping, bathing, and
13.31 cooking areas;

13.32 (6) service recipients must have lockable access and egress;

14.1 (7) service recipients must be free to receive visitors and leave the settings at times and
14.2 for durations of their own choosing;

14.3 (8) leases must comply with chapter 504B;

14.4 (9) landlords must not charge different rents to tenants who are receiving home and
14.5 community-based services; and

14.6 (10) access to the greater community must be easily facilitated based on the service
14.7 recipient's needs and preferences.

14.8 (d) Nothing in this section prohibits a service recipient from having another person or
14.9 entity not affiliated with the service provider cosign a lease. Nothing in this section prohibits
14.10 a service recipient, during any period in which a service provider has cosigned the service
14.11 recipient's lease, from modifying services with an existing cosigning service provider and,
14.12 subject to the approval of the landlord, maintaining a lease cosigned by the service provider.
14.13 Nothing in this section prohibits a service recipient, during any period in which a service
14.14 provider has cosigned the service recipient's lease, from terminating services with the
14.15 cosigning service provider, receiving services from a new service provider, or, subject to
14.16 the approval of the landlord, maintaining a lease cosigned by the new service provider.

14.17 (e) A lease cosigned by a service provider meets the requirements of paragraph (b) if
14.18 the service recipient and service provider develop and implement a transition plan which
14.19 must provide that, within two years of cosigning the initial lease, the service provider shall
14.20 transfer the lease to the service recipient and other cosigners, if any.

14.21 (f) In the event the landlord has not approved the transfer of the lease within two years
14.22 of the service provider cosigning the initial lease, the service provider must submit a
14.23 time-limited extension request to the commissioner of human services to continue the
14.24 cosigned lease arrangement. The extension request must include:

14.25 (1) the reason the landlord denied the transfer;

14.26 (2) the plan to overcome the denial to transfer the lease;

14.27 (3) the length of time needed to successfully transfer the lease, not to exceed an additional
14.28 two years;

14.29 (4) a description of how the transition plan was followed, what occurred that led to the
14.30 landlord denying the transfer, and what changes in circumstances or condition, if any, the
14.31 service recipient experienced; and

15.1 (5) a revised transition plan to transfer the cosigned lease between the service provider
15.2 and the service recipient to the service recipient.

15.3 (g) The commissioner must approve an extension under paragraph (f) within sufficient
15.4 time to ensure the continued occupancy by the service recipient.

15.5 ARTICLE 2

15.6 AGING AND DISABILITY SERVICES POLICY

15.7 Section 1. Minnesota Statutes 2024, section 245A.03, is amended by adding a subdivision
15.8 to read:

15.9 Subd. 7b. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
15.10 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, under
15.11 this chapter. This paragraph does not apply to child foster residence settings with residential
15.12 program certifications for compliance with the Family First Prevention Services Act under
15.13 section 245A.25, subdivision 1, paragraph (a). If a child foster residence setting that was
15.14 previously exempt from the licensing moratorium under this paragraph has its Family First
15.15 Prevention Services Act certification rescinded under section 245A.25, subdivision 9, the
15.16 commissioner shall revoke the license according to section 245A.07.

15.17 (b) The commissioner shall not issue an initial license for adult foster care licensed under
15.18 Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter for a physical location
15.19 that will not be the primary residence of the license holder for the entire period of licensure.
15.20 If an adult foster care home license is issued during this moratorium, and the license holder
15.21 changes the license holder's primary residence away from the physical location of the foster
15.22 care license, the commissioner shall revoke the license according to section 245A.07. When
15.23 an adult resident served by the program moves out of a foster home that is not the primary
15.24 residence of the license holder according to Minnesota Statutes 2016, section 256B.49,
15.25 subdivision 15, paragraph (f), the county shall immediately inform the Department of Human
15.26 Services Licensing Division. The department may decrease the statewide licensed capacity
15.27 for adult foster care settings. Residential settings that would otherwise be subject to the
15.28 decreased license capacity established in this paragraph must be exempt if the license holder's
15.29 beds are occupied by residents whose primary diagnosis is mental illness and the license
15.30 holder is certified under the requirements in subdivision 6a or section 245D.33.

15.31 (c) The commissioner shall not issue an initial license for a community residential setting
15.32 licensed under this chapter and chapter 245D. When an adult resident served by the program
15.33 moves out of an adult community residential setting, the county shall immediately inform

16.1 the Department of Human Services Licensing Division. The department may decrease the
16.2 statewide licensed capacity for community residential settings. Residential settings that
16.3 would otherwise be subject to the decreased license capacity established in this paragraph
16.4 must be exempt if the license holder's beds are occupied by residents whose primary diagnosis
16.5 is mental illness and the license holder is certified under the requirements in subdivision 6a
16.6 or section 245D.33.

16.7 (d) The commissioner shall not issue an initial license for children's residential treatment
16.8 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
16.9 for a program that Centers for Medicare and Medicaid Services would consider an institution
16.10 for mental diseases. Facilities that serve only private pay clients are exempt from the
16.11 moratorium described in this paragraph. The commissioner has the authority to manage
16.12 existing statewide capacity for children's residential treatment services subject to the
16.13 moratorium under this paragraph and may issue an initial license for such facilities if the
16.14 initial license would not increase the statewide capacity for children's residential treatment
16.15 services subject to the moratorium under this paragraph.

16.16 Sec. 2. Minnesota Statutes 2024, section 245A.03, is amended by adding a subdivision to
16.17 read:

16.18 Subd. 7c. **Licensing moratorium exceptions.** (a) The commissioner may approve
16.19 exceptions to the foster care and community residential settings moratoria described under
16.20 subdivision 7b as provided in this subdivision.

16.21 (b) When approving an exception under this subdivision to a foster care or community
16.22 residential setting moratoria described in subdivision 7b the commissioner shall consider
16.23 the resource need determination process in subdivision 7d, the availability of foster care
16.24 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
16.25 person's choices during their annual assessment and service plan review, and the
16.26 recommendation of the local county board. The determination by the commissioner is final
16.27 and not subject to appeal.

16.28 (c) Permissible exceptions to the moratorium include:

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

16.31 (2) new foster care licenses or community residential setting licenses determined to be
16.32 needed by the commissioner under subdivision 7d for the closure of a nursing facility,
16.33 ICF/DD, or regional treatment center; restructuring of state-operated services that limits

17.1 the capacity of state-operated facilities; or allowing movement to the community for people
17.2 who no longer require the level of care provided in state-operated facilities as provided
17.3 under section 256B.092, subdivision 13, or 256B.49, subdivision 24; and

17.4 (3) new foster care licenses or community residential setting licenses determined to be
17.5 needed by the commissioner under subdivision 7d for persons requiring hospital-level care.

17.6 Sec. 3. Minnesota Statutes 2024, section 245A.03, is amended by adding a subdivision to
17.7 read:

17.8 Subd. 7d. **Resource needs determination process.** (a) The commissioner shall determine
17.9 the need for newly licensed foster care homes or community residential settings. As part of
17.10 the determination, the commissioner shall consider the availability of foster care capacity
17.11 in the area in which the licensee seeks to operate, and the recommendation of the local
17.12 county board. The determination by the commissioner must be final. A determination of
17.13 need is not required for a change in ownership at the same address.

17.14 (b) A resource need determination process, managed at the state level, using the available
17.15 data required by section 144A.351, and other data and information must be used to determine
17.16 where the reduced capacity determined under section 256B.493 will be implemented. The
17.17 commissioner shall consult with the stakeholders described in section 144A.351, and employ
17.18 a variety of methods to improve the state's capacity to meet the informed decisions of those
17.19 people who want to move out of corporate foster care or community residential settings,
17.20 long-term service needs within budgetary limits, including seeking proposals from service
17.21 providers or lead agencies to change service type, capacity, or location to improve services,
17.22 increase the independence of residents, and better meet needs identified by the long-term
17.23 services and supports reports and statewide data and information.

17.24 (c) At the time of application and reapplication for licensure, the applicant and the license
17.25 holder that are subject to the moratorium or an exclusion established in subdivision 7b are
17.26 required to inform the commissioner whether the physical location where the foster care
17.27 will be provided is or will be the primary residence of the license holder for the entire period
17.28 of licensure. If the primary residence of the applicant or license holder changes, the applicant
17.29 or license holder must notify the commissioner immediately. The commissioner shall print
17.30 on the foster care license certificate whether or not the physical location is the primary
17.31 residence of the license holder.

17.32 (d) License holders of foster care homes identified under paragraph (c) that are not the
17.33 primary residence of the license holder and that also provide services in the foster care home
17.34 that are covered by a federally approved home and community-based services waiver, as

18.1 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
18.2 services licensing division that the license holder provides or intends to provide these
18.3 waiver-funded services.

18.4 (e) The commissioner may adjust capacity to address needs identified in section
18.5 144A.351. Under this authority, the commissioner may approve new licensed settings or
18.6 delicense existing settings. Delicensing of settings will be accomplished through a process
18.7 identified in section 256B.493.

18.8 (f) The commissioner must notify a license holder when its corporate foster care or
18.9 community residential setting licensed beds are reduced under this section. The notice of
18.10 reduction of licensed beds must be in writing and delivered to the license holder by certified
18.11 mail or personal service. The notice must state why the licensed beds are reduced and must
18.12 inform the license holder of its right to request reconsideration by the commissioner. The
18.13 license holder's request for reconsideration must be in writing. If mailed, the request for
18.14 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
18.15 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
18.16 reconsideration is made by personal service, it must be received by the commissioner within
18.17 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

18.18 Sec. 4. Minnesota Statutes 2024, section 245A.04, subdivision 2, is amended to read:

18.19 Subd. 2. **Notification of affected municipality.** The commissioner must not issue a
18.20 license under this chapter without giving 30 calendar days' written notice to the affected
18.21 municipality or other political subdivision ~~unless the program is considered a permitted~~
18.22 ~~single-family residential use under sections 245A.11 and 245A.14.~~ The written notice must
18.23 include the prospective license holder's name and contact information, the license type and
18.24 capacity, and the proposed address of the licensed facility or program. The commissioner
18.25 may provide notice through electronic communication. The notification must be given
18.26 before the first issuance of a license under this chapter and annually after that time if annual
18.27 notification is requested in writing by the affected municipality or other political subdivision.
18.28 State funds must not be made available to or be spent by an agency or department of state,
18.29 county, or municipal government for payment to a residential or nonresidential program
18.30 licensed under this chapter until the provisions of this subdivision have been complied with
18.31 in full. The provisions of this subdivision shall not apply to programs located in hospitals.

18.32 **EFFECTIVE DATE.** This section is effective July 1, 2026, and applies to licenses
18.33 issued on or after that date.

19.1 Sec. 5. Minnesota Statutes 2024, section 245A.04, subdivision 2a, is amended to read:

19.2 Subd. 2a. **Meeting fire and safety codes.** (a) An applicant or license holder under
19.3 sections 245A.01 to 245A.16 must document compliance with applicable building codes,
19.4 fire and safety codes, health rules, and zoning ordinances, or document that an appropriate
19.5 waiver has been granted.

19.6 (b) At the request of a county or local unit of government, the commissioner may delegate
19.7 authority to a county agency or local unit of government to inspect an existing residential
19.8 program serving six or fewer persons for compliance with applicable building codes, fire
19.9 and safety codes, and zoning ordinances. A county agency or local unit of government
19.10 conducting an inspection must notify the commissioner of any violations or concerns within
19.11 ten working days of the inspection. A county agency or local unit of government that
19.12 conducts inspections under this subdivision must not inspect a residential program more
19.13 frequently than every six months.

19.14 (c) The commissioner must ensure that laws, rules, and codes are uniformly enforced
19.15 throughout the state by reviewing each county agency and local unit of government
19.16 conducting inspections under this subdivision for compliance with this subdivision and
19.17 other applicable laws and rules at least every four years.

19.18 **EFFECTIVE DATE.** This section is effective January 1, 2027.

19.19 Sec. 6. Minnesota Statutes 2024, section 245A.11, subdivision 4, is amended to read:

19.20 Subd. 4. **Location of residential programs.** (a) In determining whether to grant a license,
19.21 the commissioner shall specifically consider the population, size, land use plan, availability
19.22 of community services, and the number and size of existing licensed residential programs
19.23 in the town, municipality, or county in which the applicant seeks to operate a residential
19.24 program. The commissioner shall not grant an initial license to any residential program if
19.25 the residential program will be located within ~~1,320~~ 650 feet of an existing residential
19.26 program ~~unless one of the following conditions apply: (1) the existing residential program~~
19.27 ~~is located in a hospital licensed by the commissioner of health; (2) the town, municipality,~~
19.28 ~~or county zoning authority grants the residential program a conditional use or special use~~
19.29 ~~permit; (3) the program serves six or fewer persons and is not located in a city of the first~~
19.30 ~~class; or (4) the program is foster care, or a community residential setting as defined under~~
19.31 ~~section 245D.02, subdivision 4a~~ or assisted living facility with a licensed resident capacity
19.32 of six or fewer persons.

20.1 (b) Notwithstanding paragraph (a), the commissioner may grant an initial license to a
 20.2 residential program that will be located within 650 feet of an existing residential program
 20.3 or assisted living facility with a licensed resident capacity of six or fewer persons if:

20.4 (1) the existing residential program is located in a hospital licensed by the commissioner
 20.5 of health;

20.6 (2) the town, municipality, or county zoning authority grants the residential program an
 20.7 interim use or special use permit;

20.8 (3) the program submits an application for certificate of need developed by the
 20.9 commissioner and the commissioner approves the certificate of need; or

20.10 (4) the program is a foster care or a community residential setting as defined under
 20.11 section 245D.02, subdivision 4a; the program submits an application for a certificate of
 20.12 need developed by the commissioner; and the commissioner approves the certificate of
 20.13 need.

20.14 **EFFECTIVE DATE.** This section is effective July 1, 2026, and applies to applications
 20.15 for initial licenses submitted on or after that date.

20.16 Sec. 7. Minnesota Statutes 2025 Supplement, section 245C.03, subdivision 6, is amended
 20.17 to read:

20.18 Subd. 6. **Unlicensed home and community-based waiver providers of service to**
 20.19 **seniors and individuals with disabilities and ~~providers of housing stabilization~~**
 20.20 **services.** (a) For providers of services specified in the federally approved home and
 20.21 community-based waiver plans under section 256B.4912 ~~and providers of housing~~
 20.22 ~~stabilization services under section 256B.051~~, the commissioner shall conduct background
 20.23 studies on any individual who is an owner with at least a five percent ownership stake in
 20.24 the provider, an operator of the provider, or an employee or volunteer for the provider who
 20.25 has direct contact with people receiving the services. The individual studied must meet the
 20.26 requirements of this chapter prior to providing waiver services and as part of ongoing
 20.27 enrollment.

20.28 (b) The requirements in paragraph (a) apply to consumer-directed community supports
 20.29 under section 256B.4911.

20.30 (c) For purposes of this section, "operator" includes but is not limited to a managerial
 20.31 officer who oversees the billing, management, or policies of the services provided.

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

21.1 Sec. 8. Minnesota Statutes 2025 Supplement, section 245C.04, subdivision 6, is amended
21.2 to read:

21.3 Subd. 6. **Unlicensed home and community-based waiver providers of service to**
21.4 **seniors and individuals with disabilities and ~~providers of housing stabilization~~**
21.5 **services.** (a) Providers required to initiate background studies under section 245C.03,
21.6 subdivision 6, must initiate a study using the electronic system known as NETStudy 2.0
21.7 before the individual begins in a position allowing direct contact with persons served by
21.8 the provider. New providers must initiate a study under this subdivision before initial
21.9 enrollment if the provider has not already initiated background studies as part of the service
21.10 licensure requirements.

21.11 (b) Except as provided in paragraph (c), the providers must initiate a background study
21.12 annually of an individual required to be studied under section 245C.03, subdivision 6.

21.13 (c) After an initial background study under this subdivision is initiated on an individual
21.14 by a provider of both services licensed by the commissioner and the unlicensed services
21.15 under this subdivision, a repeat annual background study is not required if:

21.16 (1) the provider maintains compliance with the requirements of section 245C.07,
21.17 paragraph (a), regarding one individual with one address and telephone number as the person
21.18 to receive sensitive background study information for the multiple programs that depend
21.19 on the same background study, and that the individual who is designated to receive the
21.20 sensitive background information is capable of determining, upon the request of the
21.21 commissioner, whether a background study subject is providing direct contact services in
21.22 one or more of the provider's programs or services and, if so, at which location or locations;
21.23 and

21.24 (2) the individual who is the subject of the background study provides direct contact
21.25 services under the provider's licensed program for at least 40 hours per year so the individual
21.26 will be recognized by a probation officer or corrections agent to prompt a report to the
21.27 commissioner regarding criminal convictions as required under section 245C.05, subdivision
21.28 7.

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

21.30 Sec. 9. Minnesota Statutes 2025 Supplement, section 245C.10, subdivision 6, is amended
21.31 to read:

21.32 Subd. 6. **Unlicensed home and community-based waiver providers of service to**
21.33 **seniors and individuals with disabilities and ~~providers of housing stabilization~~**

22.1 **services.** The commissioner shall recover the cost of background studies initiated by
 22.2 unlicensed home and community-based waiver providers of service to seniors and individuals
 22.3 with disabilities under section 256B.4912 ~~and providers of housing stabilization services~~
 22.4 ~~under section 256B.051~~ through a fee of no more than \$44 per study.

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

22.6 Sec. 10. Minnesota Statutes 2024, section 245D.09, subdivision 5, is amended to read:

22.7 Subd. 5. **Annual training.** (a) A license holder must provide annual training to direct
 22.8 support staff on the topics identified in subdivision 4, clauses (3) to (11). A license holder
 22.9 may delay annual training up to 90 calendar days following the date by which the direct
 22.10 care staff would otherwise be required to receive the annual training.

22.11 (b) If the direct support staff has a first aid certification, annual training under subdivision
 22.12 4, clause (9), is not required as long as the certification remains current.

22.13 **EFFECTIVE DATE.** This section is effective August 1, 2026.

22.14 Sec. 11. Minnesota Statutes 2025 Supplement, section 245D.091, subdivision 2, is amended
 22.15 to read:

22.16 Subd. 2. **Positive support professional qualifications.** A positive support professional
 22.17 providing positive support services as identified in section 245D.03, subdivision 1, paragraph
 22.18 (c), clause (1), item (i), must have competencies in the following areas as required under
 22.19 the brain injury, community access for disability inclusion, community alternative care, and
 22.20 developmental disabilities waiver plans or successor plans:

22.21 (1) ethical considerations;

22.22 (2) functional assessment;

22.23 (3) functional analysis;

22.24 (4) measurement of behavior and interpretation of data;

22.25 (5) selecting intervention outcomes and strategies;

22.26 (6) behavior reduction and elimination strategies that promote least restrictive approved
 22.27 alternatives;

22.28 (7) data collection;

22.29 (8) staff and caregiver training;

22.30 (9) support plan monitoring;

- 23.1 (10) co-occurring mental disorders or neurocognitive disorder;
- 23.2 (11) demonstrated expertise with populations being served; and
- 23.3 (12) must be a:
- 23.4 (i) psychologist licensed under sections 148.88 to 148.98, who has stated to the Board
23.5 of Psychology competencies in the above identified areas;
- 23.6 (ii) clinical social worker licensed as an independent clinical social worker under chapter
23.7 148E, or a person with a master's degree in social work from an accredited college or
23.8 university, with at least 4,000 hours of post-master's supervised experience in the delivery
23.9 of clinical services in the areas identified in clauses (1) to (11);
- 23.10 (iii) physician licensed under chapter 147 and certified by the American Board of
23.11 Psychiatry and Neurology or eligible for board certification in psychiatry with competencies
23.12 in the areas identified in clauses (1) to (11);
- 23.13 (iv) licensed professional clinical counselor licensed under sections ~~148B.29 to 148B.39~~
23.14 148B.5301 and 148B.532 with at least 4,000 hours of post-master's supervised experience
23.15 in the delivery of clinical services who has demonstrated competencies in the areas identified
23.16 in clauses (1) to (11);
- 23.17 (v) person with a master's degree from an accredited college or university in one of the
23.18 behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised
23.19 experience in the delivery of clinical services with demonstrated competencies in the areas
23.20 identified in clauses (1) to (11);
- 23.21 (vi) person with a master's degree or PhD in one of the behavioral sciences or related
23.22 fields with demonstrated expertise in positive support services, as determined by the person's
23.23 needs as outlined in the person's assessment summary;
- 23.24 (vii) registered nurse who is licensed under sections 148.171 to 148.285, and who is
23.25 certified as a clinical specialist or as a nurse practitioner in adult or family psychiatric and
23.26 mental health nursing by a national nurse certification organization, or who has a master's
23.27 degree in nursing or one of the behavioral sciences or related fields from an accredited
23.28 college or university or its equivalent, with at least 4,000 hours of post-master's supervised
23.29 experience in the delivery of clinical services; or
- 23.30 (viii) person who has completed a competency-based training program as determined
23.31 by the commissioner.
- 23.32 **EFFECTIVE DATE.** This section is effective the day following final enactment.

24.1 Sec. 12. Minnesota Statutes 2025 Supplement, section 245D.091, subdivision 3, is amended
24.2 to read:

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

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

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

24.12 (3) be a ~~board-certified~~ licensed behavior analyst or a board-certified assistant behavior
24.13 analyst certified by the Behavior Analyst Certification Board, Incorporated; or

24.14 (4) have completed a competency-based training program as determined by the
24.15 commissioner.

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

24.17 (1) either have two years of supervised experience conducting functional behavior
24.18 assessments and designing, implementing, and evaluating effectiveness of positive practices
24.19 behavior support strategies for people who exhibit challenging behaviors as well as
24.20 co-occurring mental disorders and neurocognitive disorder, or for those who have obtained
24.21 a baccalaureate degree in one of the behavioral sciences or related fields, demonstrated
24.22 expertise in positive support services;

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

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

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

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

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

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

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

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

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

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

25.8 Sec. 13. Minnesota Statutes 2024, section 245D.095, subdivision 3, is amended to read:

25.9 Subd. 3. **Service recipient record.** (a) The license holder must maintain a record of
25.10 current services provided to each person on the premises where the services are provided
25.11 or coordinated. When the services are provided in a licensed facility, the records must be
25.12 maintained at the facility, otherwise the records must be maintained at the license holder's
25.13 program office. The license holder must protect service recipient records against loss,
25.14 tampering, or unauthorized disclosure according to the requirements in sections 13.01 to
25.15 13.10 and 13.46.

25.16 (b) The license holder must maintain the following information for each person:

25.17 (1) an admission form signed by the person or the person's legal representative that
25.18 includes:

25.19 (i) identifying information, including the person's name, date of birth, address, and
25.20 telephone number; and

25.21 (ii) the name, address, and telephone number of the person's legal representative, if any,
25.22 and a primary emergency contact, the case manager, and family members or others as
25.23 identified by the person or case manager;

25.24 (2) service information, including service initiation information, verification of the
25.25 person's eligibility for services, documentation verifying that services have been provided
25.26 as identified in the support plan or support plan addendum according to paragraph (a), and
25.27 date of admission or readmission;

25.28 (3) health information, including medical history, special dietary needs, and allergies,
25.29 and when the license holder is assigned responsibility for meeting the person's health service
25.30 needs according to section 245D.05:

- 26.1 (i) current orders for medication, treatments, or medical equipment and a signed
26.2 authorization from the person or the person's legal representative to administer or assist in
26.3 administering the medication or treatments, if applicable;
- 26.4 (ii) a signed statement authorizing the license holder to act in a medical emergency when
26.5 the person's legal representative, if any, cannot be reached or is delayed in arriving;
- 26.6 (iii) medication administration procedures;
- 26.7 (iv) a medication administration record documenting the implementation of the medication
26.8 administration procedures, and the medication administration record reviews, including any
26.9 agreements for administration of injectable medications by the license holder according to
26.10 the requirements in section 245D.05; and
- 26.11 (v) a medical appointment schedule when the license holder is assigned responsibility
26.12 for assisting with medical appointments;
- 26.13 (4) the person's current support plan or that portion of the plan assigned to the license
26.14 holder;
- 26.15 (5) copies of the individual abuse prevention plan and assessments as required under
26.16 section 245D.071, subdivisions 2 and 3;
- 26.17 (6) a record of other service providers serving the person when the person's support plan
26.18 or support plan addendum identifies the need for coordination between the service providers,
26.19 that includes a contact person and telephone numbers, services being provided, and names
26.20 of staff responsible for coordination;
- 26.21 (7) documentation of orientation to service recipient rights according to section 245D.04,
26.22 subdivision 1, and maltreatment reporting policies and procedures according to section
26.23 245A.65, subdivision 1, paragraph (c);
- 26.24 (8) copies of authorizations to handle a person's funds, according to section 245D.06,
26.25 subdivision 4, paragraph (a);
- 26.26 (9) documentation of complaints received and grievance resolution;
- 26.27 (10) incident reports involving the person, required under section 245D.06, subdivision
26.28 1;
- 26.29 (11) copies of written reports regarding the person's status when requested according to
26.30 section 245D.07, subdivision 3, ~~progress review reports as required under section 245D.071,~~
26.31 ~~subdivision 5, progress or daily log notes that are recorded by the program,~~ and reports
26.32 received from other agencies involved in providing services or care to the person; and

27.1 (12) discharge summary, including service termination notice and related documentation,
27.2 when applicable.

27.3 (c) A license holder providing intensive support services identified in section 245D.03,
27.4 subdivision 1, paragraph (c), must maintain copies of progress review reports for each person
27.5 as required under section 245D.071, subdivision 5, and copies of progress or daily log notes
27.6 recorded by the program for each person.

27.7 **EFFECTIVE DATE.** This section is effective August 1, 2026.

27.8 Sec. 14. Minnesota Statutes 2024, section 256.9752, as amended by Laws 2025, First
27.9 Special Session chapter 9, article 1, sections 6 and 7, is amended to read:

27.10 **256.9752 SENIOR NUTRITION PROGRAMS.**

27.11 Subdivision 1. **Program goals.** It is the goal of all area agencies on aging and senior
27.12 nutrition programs to support the physical and mental health of ~~seniors~~ older adults living
27.13 in the community by:

27.14 (1) promoting nutrition programs that serve ~~senior citizens~~ older adults in their homes
27.15 and communities; ~~and~~

27.16 (2) providing, within the limit of funds available, the support services that will enable
27.17 ~~the senior citizen~~ each older adult to access nutrition programs in the most cost-effective
27.18 and efficient manner; and

27.19 (3) coordinating with health and long-term care systems, emergency preparedness
27.20 systems, and other systems and stakeholders that support the health and wellness of older
27.21 adults.

27.22 Subd. 1a. **Food delivery support account; appropriation.** (a) A food delivery support
27.23 account is established in the special revenue fund. The account consists of funds under
27.24 section 174.49, subdivision 2, and as provided by law and any other money donated, allotted,
27.25 transferred, or otherwise provided to the account.

27.26 (b) Money in the account is annually appropriated to the commissioner of human services
27.27 for grants to nonprofit organizations to provide transportation of home-delivered meals,
27.28 groceries, purchased food, or a combination, to Minnesotans who are experiencing food
27.29 insecurity and have difficulty obtaining or preparing meals due to limited mobility, disability,
27.30 age, or resources to prepare their own meals. A nonprofit organization must have a
27.31 demonstrated history of providing and distributing food customized for the population that
27.32 they serve.

28.1 (c) Grant funds under this subdivision must supplement, but not supplant, any state or
28.2 federal funding used to provide prepared meals to Minnesotans experiencing food insecurity.

28.3 Subd. 2. **Authority.** The Minnesota Board on Aging shall allocate to area agencies on
28.4 aging the state nutrition support and food delivery support funds and the federal funds which
28.5 that are received for the senior nutrition programs of congregate dining and home-delivered
28.6 meals in a manner consistent with the board's intrastate funding formula.

28.7 Subd. 3. **Nutrition support services.** (a) Funds allocated to an area agency on aging
28.8 for nutrition support services may be used for the following, as determined appropriate by
28.9 the area agency on aging to address the needs of older adults in the agency's planning and
28.10 service area:

28.11 (1) transportation of home-delivered meals and purchased food and medications to the
28.12 residence of ~~a senior citizen~~ an older adult;

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

28.14 (3) transportation of older adults to supermarkets grocery stores or delivery of groceries
28.15 ~~from supermarkets~~ to homes of older adults;

28.16 (4) vouchers for food purchases at selected restaurants in isolated rural areas;

28.17 (5) the Supplemental Nutrition Assistance Program (SNAP) outreach;

28.18 (6) transportation of ~~seniors~~ older adults to congregate dining sites;

28.19 (7) nutrition screening assessments and counseling as needed by individuals with special
28.20 dietary needs, performed by a licensed dietitian or nutritionist;

28.21 (8) medically tailored meals;

28.22 ~~(8)~~ (9) other appropriate services ~~which~~ and tools that support senior nutrition programs,
28.23 including new service delivery models and technology; and

28.24 ~~(9)~~ (10) development and implementation of innovative models of providing to provide
28.25 healthy and nutritious meals to seniors food to older adults, including through partnerships
28.26 with schools, restaurants, hospitals, food shelves and food pantries, farmers, and other
28.27 community partners.

28.28 (b) An area agency on aging may transfer unused funding for nutrition support services
28.29 to fund congregate dining services and home-delivered meals.

28.30 (c) State funds under this subdivision are subject to federal requirements in accordance
28.31 with the Minnesota Board on Aging's intrastate funding formula.

29.1 Sec. 15. Minnesota Statutes 2025 Supplement, section 256B.04, subdivision 21, is amended
29.2 to read:

29.3 Subd. 21. **Provider enrollment.** (a) The commissioner shall enroll providers and conduct
29.4 screening activities as required by Code of Federal Regulations, title 42, section 455, subpart
29.5 E. A provider must enroll each provider-controlled location where direct services are
29.6 provided. The commissioner may deny a provider's incomplete application if a provider
29.7 fails to respond to the commissioner's request for additional information within 60 days of
29.8 the request. The commissioner must conduct a background study under chapter 245C,
29.9 including a review of databases in section 245C.08, subdivision 1, paragraph (a), clauses
29.10 (1) to (5), for a provider described in this paragraph. The background study requirement
29.11 may be satisfied if the commissioner conducted a fingerprint-based background study on
29.12 the provider that includes a review of databases in section 245C.08, subdivision 1, paragraph
29.13 (a), clauses (1) to (5).

29.14 (b) The commissioner shall revalidate:

29.15 (1) each provider under this subdivision at least once every five years;

29.16 (2) each personal care assistance agency, CFSS provider-agency, and CFSS financial
29.17 management services provider under this subdivision at least once every three years;

29.18 (3) each EIDBI agency under this subdivision at least once every three years; and

29.19 (4) at the commissioner's discretion, any medical-assistance-only provider type the
29.20 commissioner deems "high-risk" under this subdivision.

29.21 (c) The commissioner shall conduct revalidation as follows:

29.22 (1) provide 30-day notice of the revalidation due date including instructions for
29.23 revalidation and a list of materials the provider must submit;

29.24 (2) if a provider fails to submit all required materials by the due date, notify the provider
29.25 of the deficiency within 30 days after the due date and allow the provider an additional 30
29.26 days from the notification date to comply; and

29.27 (3) if a provider fails to remedy a deficiency within the 30-day time period, give 60-day
29.28 notice of termination and immediately suspend the provider's ability to bill. The provider
29.29 does not have the right to appeal suspension of ability to bill.

29.30 (d) If a provider fails to comply with any individual provider requirement or condition
29.31 of participation, the commissioner may suspend the provider's ability to bill until the provider

30.1 comes into compliance. The commissioner's decision to suspend the provider is not subject
30.2 to an administrative appeal.

30.3 (e) Correspondence and notifications, including notifications of termination and other
30.4 actions, may be delivered electronically to a provider's MN-ITS mailbox. This paragraph
30.5 does not apply to correspondences and notifications related to background studies.

30.6 (f) If the commissioner or the Centers for Medicare and Medicaid Services determines
30.7 that a provider is designated "high-risk," the commissioner may withhold payment from
30.8 providers within that category upon initial enrollment for a 90-day period. The withholding
30.9 for each provider must begin on the date of the first submission of a claim.

30.10 (g) An enrolled provider that is also licensed by the commissioner under chapter 245A,
30.11 is licensed as a home care provider by the Department of Health under chapter 144A, or is
30.12 licensed as an assisted living facility under chapter 144G and has a home and
30.13 community-based services designation on the home care license under section 144A.484,
30.14 must designate an individual as the entity's compliance officer. The compliance officer
30.15 must:

30.16 (1) develop policies and procedures to assure adherence to medical assistance laws and
30.17 regulations and to prevent inappropriate claims submissions;

30.18 (2) train the employees of the provider entity, and any agents or subcontractors of the
30.19 provider entity including billers, on the policies and procedures under clause (1);

30.20 (3) respond to allegations of improper conduct related to the provision or billing of
30.21 medical assistance services, and implement action to remediate any resulting problems;

30.22 (4) use evaluation techniques to monitor compliance with medical assistance laws and
30.23 regulations;

30.24 (5) promptly report to the commissioner any identified violations of medical assistance
30.25 laws or regulations; and

30.26 (6) within 60 days of discovery by the provider of a medical assistance reimbursement
30.27 overpayment, report the overpayment to the commissioner and make arrangements with
30.28 the commissioner for the commissioner's recovery of the overpayment.

30.29 The commissioner may require, as a condition of enrollment in medical assistance, that a
30.30 provider within a particular industry sector or category establish a compliance program that
30.31 contains the core elements established by the Centers for Medicare and Medicaid Services.

31.1 (h) The commissioner may revoke the enrollment of an ordering or rendering provider
31.2 for a period of not more than one year, if the provider fails to maintain and, upon request
31.3 from the commissioner, provide access to documentation relating to written orders or requests
31.4 for payment for durable medical equipment, certifications for home health services, or
31.5 referrals for other items or services written or ordered by such provider, when the
31.6 commissioner has identified a pattern of a lack of documentation. A pattern means a failure
31.7 to maintain documentation or provide access to documentation on more than one occasion.
31.8 Nothing in this paragraph limits the authority of the commissioner to sanction a provider
31.9 under the provisions of section 256B.064.

31.10 (i) The commissioner shall terminate or deny the enrollment of any individual or entity
31.11 if the individual or entity has been terminated from participation in Medicare or under the
31.12 Medicaid program or Children's Health Insurance Program of any other state. The
31.13 commissioner may exempt a rehabilitation agency from termination or denial that would
31.14 otherwise be required under this paragraph, if the agency:

31.15 (1) is unable to retain Medicare certification and enrollment solely due to a lack of billing
31.16 to the Medicare program;

31.17 (2) meets all other applicable Medicare certification requirements based on an on-site
31.18 review completed by the commissioner of health; and

31.19 (3) serves primarily a pediatric population.

31.20 (j) As a condition of enrollment in medical assistance, the commissioner shall require
31.21 that a provider designated "moderate" or "high-risk" by the Centers for Medicare and
31.22 Medicaid Services or the commissioner permit the Centers for Medicare and Medicaid
31.23 Services, its agents, or its designated contractors and the state agency, its agents, or its
31.24 designated contractors to conduct unannounced on-site inspections of any provider location.
31.25 The commissioner shall publish in the Minnesota Health Care Program Provider Manual a
31.26 list of provider types designated "limited," "moderate," or "high-risk," based on the criteria
31.27 and standards used to designate Medicare providers in Code of Federal Regulations, title
31.28 42, section 424.518. The list and criteria are not subject to the requirements of chapter 14.
31.29 The commissioner's designations are not subject to administrative appeal.

31.30 (k) As a condition of enrollment in medical assistance, the commissioner shall require
31.31 that a high-risk provider, or a person with a direct or indirect ownership interest in the
31.32 provider of five percent or higher, consent to criminal background checks, including
31.33 fingerprinting, when required to do so under state law or by a determination by the

32.1 commissioner or the Centers for Medicare and Medicaid Services that a provider is designated
32.2 high-risk for fraud, waste, or abuse.

32.3 (1)(1) Upon initial enrollment, reenrollment, and notification of revalidation, all durable
32.4 medical equipment, prosthetics, orthotics, and supplies (DMEPOS) medical suppliers
32.5 meeting the durable medical equipment provider and supplier definition in clause (3),
32.6 operating in Minnesota and receiving Medicaid funds must purchase a surety bond that is
32.7 annually renewed and designates the Minnesota Department of Human Services as the
32.8 obligee, and must be submitted in a form approved by the commissioner. For purposes of
32.9 this clause, the following medical suppliers are not required to obtain a surety bond: a
32.10 federally qualified health center, a home health agency, the Indian Health Service, a
32.11 pharmacy, and a rural health clinic.

32.12 (2) At the time of initial enrollment or reenrollment, durable medical equipment providers
32.13 and suppliers defined in clause (3) must purchase a surety bond of \$50,000. If a revalidating
32.14 provider's Medicaid revenue in the previous calendar year is up to and including \$300,000,
32.15 the provider agency must purchase a surety bond of \$50,000. If a revalidating provider's
32.16 Medicaid revenue in the previous calendar year is over \$300,000, the provider agency must
32.17 purchase a surety bond of \$100,000. The surety bond must allow for recovery of costs and
32.18 fees in pursuing a claim on the bond. Any action to obtain monetary recovery or sanctions
32.19 from a surety bond must occur within six years from the date the debt is affirmed by a final
32.20 agency decision. An agency decision is final when the right to appeal the debt has been
32.21 exhausted or the time to appeal has expired under section 256B.064.

32.22 (3) "Durable medical equipment provider or supplier" means a medical supplier that can
32.23 purchase medical equipment or supplies for sale or rental to the general public and is able
32.24 to perform or arrange for necessary repairs to and maintenance of equipment offered for
32.25 sale or rental.

32.26 (m) The Department of Human Services may require a provider to purchase a surety
32.27 bond as a condition of initial enrollment, reenrollment, reinstatement, or continued enrollment
32.28 if: (1) the provider fails to demonstrate financial viability, (2) the department determines
32.29 there is significant evidence of or potential for fraud and abuse by the provider, or (3) the
32.30 provider or category of providers is designated high-risk pursuant to paragraph (f) and as
32.31 per Code of Federal Regulations, title 42, section 455.450. The surety bond must be in an
32.32 amount of \$100,000 or ten percent of the provider's payments from Medicaid during the
32.33 immediately preceding 12 months, whichever is greater. The surety bond must name the
32.34 Department of Human Services as an obligee and must allow for recovery of costs and fees
32.35 in pursuing a claim on the bond. This paragraph does not apply if the provider currently

33.1 maintains a surety bond under the requirements in section ~~256B.051~~, 256B.0659, 256B.0701,
33.2 or 256B.85.

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

33.4 Sec. 16. Minnesota Statutes 2024, section 256B.04, subdivision 24, is amended to read:

33.5 Subd. 24. **Medicaid waiver requests and state plan amendments; notice; public**
33.6 **comments.** (a) The commissioner shall notify the chairs and ranking minority members of
33.7 the legislative committees with jurisdiction over medical assistance at least 30 days before
33.8 submitting a new Medicaid waiver request to the federal government.

33.9 (b) Prior to submitting any Medicaid waiver request or Medicaid state plan amendment
33.10 to the federal government for approval, the commissioner shall publish the text of the waiver
33.11 request or state plan amendment, and a summary of and explanation of the need for the
33.12 request, on the agency's website and provide a 30-day public comment period. The
33.13 commissioner shall notify the public of the availability of this information through the
33.14 agency's electronic subscription service. The commissioner shall publish the text of all
33.15 public comments on the agency's website and consider public comments when preparing
33.16 the final waiver request or state plan amendment that is to be submitted to the federal
33.17 government for approval.

33.18 (c) The commissioner shall also publish on the agency's website notice of any federal
33.19 decision related to the state request for approval, within 30 days of the decision. This notice
33.20 must describe any modifications to the state request that have been agreed to by the
33.21 commissioner as a condition of receiving federal approval.

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

33.23 Sec. 17. Minnesota Statutes 2024, section 256B.04, is amended by adding a subdivision
33.24 to read:

33.25 Subd. 24a. **Medicaid waiver requests and state plan amendments; prohibited**
33.26 **actions.** The commissioner must not take the following actions without prior enactment of
33.27 legislative authorization:

33.28 (1) terminate a medical assistance program, waiver, or benefit;

33.29 (2) request federal assistance with terminating a medical assistance program, waiver, or
33.30 benefit; or

33.31 (3) substantially redesign a medical assistance program, waiver, or benefit.

34.1 Sec. 18. Minnesota Statutes 2024, section 256B.0625, is amended by adding a subdivision
34.2 to read:

34.3 Subd. 77. **Early intensive developmental and behavioral intervention benefit.** Medical
34.4 assistance covers early intensive developmental and behavioral intervention services
34.5 according to section 256B.0949.

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

34.7 Sec. 19. Minnesota Statutes 2024, section 256B.0658, is amended to read:

34.8 **256B.0658 HOUSING ACCESS GRANTS.**

34.9 Subdivision 1. **Establishment.** The commissioner of human services shall award through
34.10 a competitive process contracts for grants to public and private agencies to support and
34.11 assist individuals with a disability ~~as defined in section 256B.051, subdivision 2, paragraph~~
34.12 ~~(e)~~, to access housing.

34.13 Subd. 2. **Definition.** (a) For the purposes of this section, the term defined in this
34.14 subdivision has the meaning given.

34.15 (b) "Individual with a disability" means:

34.16 (1) an individual who is aged, blind, or disabled as determined by the criteria under
34.17 sections 216(i)(1) and 221 of the Social Security Act; or

34.18 (2) an individual who meets a category of eligibility under section 256D.05, subdivision
34.19 1, paragraph (a), clause (1), (4), (5) to (8), or (13).

34.20 Subd. 3. **Allowable uses of grant funds.** Grants may be awarded to agencies that may
34.21 include, but are not limited to, the following supports: assessment to ensure suitability of
34.22 housing, accompanying an individual to look at housing, filling out applications and rental
34.23 agreements, meeting with landlords, helping with Section 8 or other program applications,
34.24 helping to develop a budget, obtaining furniture and household goods, if necessary, and
34.25 assisting with any problems that may arise with housing.

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

34.27 Sec. 20. Minnesota Statutes 2024, section 256B.0659, subdivision 12, is amended to read:

34.28 Subd. 12. **Documentation of personal care assistance services provided.** (a) Personal
34.29 care assistance services for a recipient must be documented daily by each personal care
34.30 assistant, on a time sheet form approved by the commissioner. All documentation may be

35.1 web-based, electronic, or paper documentation. The completed form must be submitted on
 35.2 a monthly basis to the provider and kept in the recipient's health record.

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

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

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

35.9 (2) provider name and telephone numbers;

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

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

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

35.15 (6) personal signature of the personal care assistant;

35.16 (7) any shared ~~care~~ services provided, if applicable;

35.17 (8) a statement that it is a federal crime to provide false information on personal care
 35.18 service billings for medical assistance payments;

35.19 (9) dates and location of recipient stays in a hospital, care facility, or incarceration; and

35.20 (10) any time spent traveling, as described in subdivision 1, paragraph (i), including
 35.21 start and stop times with a.m. and p.m. designations, the origination site, and the destination
 35.22 site.

35.23 Sec. 21. Minnesota Statutes 2024, section 256B.0659, subdivision 16, is amended to read:

35.24 Subd. 16. **Shared services.** (a) Medical assistance payments for ~~shared~~ personal care
 35.25 assistance services that are shared services are limited according to this subdivision.

35.26 (b) ~~Shared service is~~ For the purposes of this section, "shared services" means the
 35.27 provision of personal care assistance services by a personal care assistant to two or three
 35.28 recipients, who are all eligible for medical assistance, and who each voluntarily enter into
 35.29 an agreement to receive services at the same time and in the same setting.

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

36.1 (1) the home residence or family foster care home of one or more of the individual
36.2 recipients; or

36.3 (2) a child care program licensed under chapter 142B or operated by a local school
36.4 district or private school.

36.5 (d) Shared ~~personal care assistance~~ services follow the same criteria for covered services
36.6 as subdivision 2.

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

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

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

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

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

36.12 (5) use of more than one personal care assistance provider agency for the shared ~~care~~
36.13 services.

36.14 (f) The option of shared ~~personal care assistance~~ services is elected by the recipient or
36.15 the responsible party with the assistance of the assessor. The option must be determined
36.16 appropriate based on the ages of the recipients, compatibility, and coordination of their
36.17 assessed care needs. The recipient or the responsible party, in conjunction with the qualified
36.18 professional, shall arrange the setting and grouping of shared services based on the individual
36.19 needs and preferences of the recipients. The personal care assistance provider agency shall
36.20 offer the recipient or the responsible party the option of shared services or one-on-one
36.21 personal care assistance services or a combination of both. The recipient or the responsible
36.22 party may withdraw from participating in a shared services arrangement at any time.

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

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

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

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

37.1 (i) A qualified professional shall:

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

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

37.7 (3) provide ongoing monitoring and evaluation of the effectiveness and appropriateness
37.8 of the shared services;

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

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

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

37.16 Sec. 22. Minnesota Statutes 2024, section 256B.0659, subdivision 17, is amended to read:

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

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

37.26 (c) The commissioner shall provide a rate system for shared ~~personal care assistance~~
37.27 services. For two ~~persons~~ recipients sharing services, the rate paid to a personal care
37.28 assistance provider agency for the shared services must not exceed one and one-half times
37.29 the rate paid for serving a single ~~individual~~, and recipient. For three ~~persons~~ recipients
37.30 sharing services, the rate paid to a personal care assistance provider agency for the shared
37.31 services must not exceed twice the rate paid for serving a single ~~individual~~ recipient. These

38.1 rates apply only when all of the criteria for the shared care ~~personal care assistance service~~
 38.2 ~~have been~~ services are met.

38.3 (d) Of the additional revenue for shared services provided to two recipients, the personal
 38.4 care assistance provider agency must use 95 percent for the purposes specified in paragraph
 38.5 (e). Of the additional revenue for shared services provided to three recipients, the personal
 38.6 care assistance provider agency must use 95 percent for the purposes specified in paragraph
 38.7 (e).

38.8 (e) A personal care assistance provider agency must use the percentages of additional
 38.9 revenue for shared services specified in paragraph (d) for the wages and wage-related costs
 38.10 of the personal care assistant providing the shared services. The personal care assistance
 38.11 provider agency must not use additional revenue for shared services to pay for mileage
 38.12 reimbursements, uniform allowances, health and dental insurance, life insurance, disability
 38.13 insurance, long-term care insurance, contributions to employee retirement accounts when
 38.14 the contribution is not a function of wages, or any other employee benefits.

38.15 Sec. 23. Minnesota Statutes 2024, section 256B.0659, subdivision 19, is amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

40.1 (9) enter into a written agreement as specified in subdivision 20 before services are
40.2 provided.

40.3 Sec. 24. Minnesota Statutes 2025 Supplement, section 256B.0701, subdivision 9, is
40.4 amended to read:

40.5 Subd. 9. **Provider qualifications and duties.** A provider is eligible for reimbursement
40.6 under this section only if the provider:

40.7 (1) is confirmed by the commissioner as an eligible provider after a pre-enrollment risk
40.8 assessment under subdivision 10;

40.9 (2) is enrolled as a medical assistance Minnesota health care program provider and meets
40.10 all applicable provider standards and requirements;

40.11 ~~(3) demonstrates compliance with federal and state laws and policies for housing
40.12 stabilization services as determined by the commissioner;~~

40.13 (3) demonstrates compliance with federal and state laws and policies for recuperative
40.14 care services as determined by the commissioner;

40.15 (4) complies with background study requirements under chapter 245C and maintains
40.16 documentation of background study requests and results;

40.17 (5) provides at the time of enrollment, reenrollment, and revalidation in a format
40.18 determined by the commissioner, proof of surety bond coverage for each business location
40.19 providing services. Upon new enrollment, or if the provider's medical assistance revenue
40.20 in the previous calendar year is \$300,000 or less, the provider agency must purchase a surety
40.21 bond of \$50,000. If the provider's medical assistance revenue in the previous year is over
40.22 \$300,000, the provider agency must purchase a surety bond of \$100,000. The surety bond
40.23 must be in a form approved by the commissioner, must be renewed annually, and must
40.24 allow for recovery of costs and fees in pursuing a claim on the bond. Any action to obtain
40.25 monetary recovery or sanctions from a surety bond must occur within six years from the
40.26 date the debt is affirmed by a final agency decision. An agency decision is final when the
40.27 right to appeal the debt has been exhausted or the time to appeal has expired under section
40.28 256B.064;

40.29 (6) ensures all controlling individuals and employees of the agency complete annual
40.30 vulnerable adult training;

40.31 (7) completes compliance training as required under subdivision 11; and

40.32 (8) complies with the habitability inspection requirements in subdivision 13.

41.1 Sec. 25. Minnesota Statutes 2025 Supplement, section 256B.0911, subdivision 13, is
41.2 amended to read:

41.3 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The
41.4 commissioner shall develop and implement a curriculum and an assessor certification
41.5 process.

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

41.8 (1) have at least an associate's degree in human services, or other closely related field;

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

41.11 (3) be a registered nurse.

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

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

41.16 (e) A Tribal Nation may establish the Tribal Nation's own education and experience
41.17 qualifications for certified assessors.

41.18 **EFFECTIVE DATE.** This section is effective January 1, 2027, or upon federal approval,
41.19 whichever is later.

41.20 Sec. 26. Minnesota Statutes 2024, section 256B.0911, subdivision 32, is amended to read:

41.21 Subd. 32. **Administrative activity.** (a) The commissioner shall:

41.22 (1) streamline the processes, including timelines for when assessments need to be
41.23 completed;

41.24 (2) provide the services in this section; and

41.25 (3) implement integrated solutions to automate the business processes to the extent
41.26 necessary for support plan approval, reimbursement, program planning, evaluation, and
41.27 policy development.

41.28 (b) The commissioner shall work with lead agencies responsible for conducting long-term
41.29 care consultation services to:

42.1 ~~(1) modify the MnCHOICES application and assessment policies to create efficiencies~~
 42.2 ~~while ensuring federal compliance with medical assistance and long-term services and~~
 42.3 ~~supports eligibility criteria; and.~~

42.4 ~~(2) develop a set of measurable benchmarks sufficient to demonstrate quarterly~~
 42.5 ~~improvement in the average time per assessment and other mutually agreed upon measures~~
 42.6 ~~of increasing efficiency.~~

42.7 ~~(e) The commissioner shall collect data on the benchmarks developed under paragraph~~
 42.8 ~~(b) and provide to the lead agencies an annual trend analysis of the data in order to~~
 42.9 ~~demonstrate the commissioner's compliance with the requirements of this subdivision.~~

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

42.11 Sec. 27. Minnesota Statutes 2024, section 256B.0924, subdivision 3, is amended to read:

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

42.14 (a) The person must be assessed and determined by the local county or Tribal agency
 42.15 to:

42.16 (1) be age 18 or older;

42.17 (2) be receiving medical assistance;

42.18 (3) have significant functional limitations; and

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

42.21 (b) Except as permitted under paragraph (c), the person must be:

42.22 (1) a vulnerable adult in need of adult protection as defined in section 626.5572, or is;

42.23 (2) an adult with a developmental disability as defined in section 252A.02, subdivision
 42.24 2, or;

42.25 (3) an adult with a related condition as defined in section 256B.02, subdivision 11, and
 42.26 who is not receiving home and community-based waiver services; or

42.27 is (4) an adult who lacks a permanent residence and who has been without a permanent
 42.28 residence for at least one year or on at least four occasions in the last three years.

42.29 (c) Tribal agencies may make a determination of eligibility under Tribal governance
 42.30 codes for adult protection or policy procedures consistent with section 626.5572 when

43.1 determining whether a person is a vulnerable adult in need of adult protection or an adult
43.2 with developmental disabilities or a related condition.

43.3 **EFFECTIVE DATE.** This section is effective January 1, 2027, or upon federal approval,
43.4 whichever is later.

43.5 Sec. 28. Minnesota Statutes 2024, section 256B.0924, subdivision 5, is amended to read:

43.6 Subd. 5. **Provider standards.** County boards ~~or~~₂ providers who contract with the county,
43.7 or Tribal government contracted providers are eligible to receive medical assistance
43.8 reimbursement for adult targeted case management services. To qualify as a provider of
43.9 targeted case management services the vendor must:

43.10 (1) have demonstrated the capacity and experience to provide the activities of case
43.11 management services defined in subdivision 4;

43.12 (2) be able to coordinate and link community resources needed by the recipient;

43.13 (3) have the administrative capacity and experience to serve the eligible population in
43.14 providing services and to ensure quality of services under state and federal requirements;

43.15 (4) have a financial management system that provides accurate documentation of services
43.16 and costs under state and federal requirements;

43.17 (5) have the capacity to document and maintain individual case records complying with
43.18 state and federal requirements;

43.19 (6) coordinate with county social ~~service~~ services or Tribal human services agencies
43.20 responsible for planning for community social services under chapters 256E and 256F;
43.21 conducting adult protective investigations under section 626.557, and conducting prepetition
43.22 screenings for commitments under section 253B.07;

43.23 (7) coordinate with health care providers to ensure access to necessary health care
43.24 services;

43.25 (8) have a procedure in place that notifies the recipient and the recipient's legal
43.26 representative of any conflict of interest if the contracted targeted case management service
43.27 provider also provides the recipient's services and supports and provides information on all
43.28 potential conflicts of interest and obtains the recipient's informed consent and provides the
43.29 recipient with alternatives; and

43.30 (9) have demonstrated the capacity to achieve the following performance outcomes:
43.31 access, quality, and consumer satisfaction.

44.1 **EFFECTIVE DATE.** This section is effective January 1, 2027, or upon federal approval,
44.2 whichever is later.

44.3 Sec. 29. Minnesota Statutes 2024, section 256B.0924, is amended by adding a subdivision
44.4 to read:

44.5 **Subd. 5a. Tribal case manager qualifications.** An individual is authorized to serve as
44.6 a vulnerable adult and developmental disability targeted case manager if the individual is
44.7 certified by a federally recognized Tribal government in Minnesota pursuant to section
44.8 256B.02, subdivision 7, paragraph (c).

44.9 Sec. 30. Minnesota Statutes 2025 Supplement, section 256B.0924, subdivision 6, is
44.10 amended to read:

44.11 **Subd. 6. Payment for targeted case management.** (a) Medical assistance and
44.12 MinnesotaCare payment for targeted case management shall be made on a monthly basis.
44.13 In order to receive payment for an eligible adult, the provider must document at least one
44.14 contact per month and not more than two consecutive months without a face-to-face contact
44.15 either in person or by interactive video that meets the requirements in section 256B.0625,
44.16 subdivision 20b, with the adult or the adult's legal representative, family, primary caregiver,
44.17 or other relevant persons identified as necessary to the development or implementation of
44.18 the goals of the personal service plan.

44.19 (b) Except as provided under paragraph (m), payment for targeted case management
44.20 provided by county staff under this subdivision shall be based on the monthly rate
44.21 methodology under section 256B.094, subdivision 6, paragraph (b), calculated as one
44.22 combined average rate together with adult mental health case management under section
44.23 256B.0625, subdivision 20, ~~except for calendar year 2002. In calendar year 2002, the rate~~
44.24 ~~for case management under this section shall be the same as the rate for adult mental health~~
44.25 ~~case management in effect as of December 31, 2001.~~ Billing and payment must identify the
44.26 recipient's primary population group to allow tracking of revenues.

44.27 (c) Payment for targeted case management provided by county-contracted vendors shall
44.28 be based on a monthly rate calculated in accordance with section 256B.076, subdivision 2.
44.29 Payment for case management provided by vendors who contract with a Tribe must be made
44.30 in accordance with Indian health service facility requirements. If a Tribe chooses to contract
44.31 with a vendor receiving payment not through an Indian health service facility, the rate must
44.32 be based on a monthly rate negotiated by the Tribe. The rate must not exceed the rate charged
44.33 by the vendor for the same service to other payers. If the service is provided by a team of

45.1 contracted vendors, the team shall determine how to distribute the rate among its members.
45.2 No reimbursement received by contracted vendors shall be returned to the county or Tribe,
45.3 except to reimburse the county or Tribe for advance funding provided by the county or
45.4 Tribe to the vendor.

45.5 (d) If the service is provided by a team that includes any combination of contracted
45.6 vendors ~~and~~, county staff, and Tribal staff, the costs for county staff participation on the
45.7 team shall be included in the rate for county-provided services. In this case, the contracted
45.8 vendor and the county and Tribal case managers may each receive separate payment for
45.9 services provided by each entity in the same month. In order to prevent duplication of
45.10 services, ~~the county~~ each entity must document, ~~in the recipient's file~~, the need for team
45.11 targeted case management and a description of the different roles of ~~the team members~~ staff.

45.12 (e) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of costs for
45.13 targeted case management shall be provided by the recipient's county of responsibility, as
45.14 defined in sections 256G.01 to 256G.12, from sources other than federal funds or funds
45.15 used to match other federal funds. If the service is provided by a Tribal agency, the recipient's
45.16 Tribe must provide the nonfederal share of costs, if any.

45.17 (f) The commissioner may suspend, reduce, or terminate reimbursement to a provider
45.18 that does not meet the reporting or other requirements of this section. The county of
45.19 responsibility, as defined in sections 256G.01 to 256G.12, or Tribe when applicable, is
45.20 responsible for any federal disallowances. The county may share this responsibility with
45.21 its contracted vendors.

45.22 (g) The commissioner shall set aside five percent of the federal funds received under
45.23 this section for use in reimbursing the state for costs of developing and implementing this
45.24 section.

45.25 (h) Payments to counties and Tribes for targeted case management expenditures under
45.26 this section shall only be made from federal earnings from services provided under this
45.27 section. Payments to contracted vendors shall include both the federal earnings and the
45.28 county share.

45.29 (i) Notwithstanding section 256B.041, county or Tribal payments for the cost of case
45.30 management services provided by county or Tribal staff shall not be made to the
45.31 commissioner of management and budget. For the purposes of targeted case management
45.32 services provided by county or Tribal staff under this section, the centralized disbursement
45.33 of payments to counties or Tribes under section 256B.041 consists only of federal earnings
45.34 from services provided under this section.

46.1 (j) If the recipient is a resident of a nursing facility, intermediate care facility, or hospital,
46.2 and the recipient's institutional care is paid by medical assistance, payment for targeted case
46.3 management services under this subdivision is limited to the lesser of:

46.4 (1) the last 180 days of the recipient's residency in that facility; or

46.5 (2) the limits and conditions which apply to federal Medicaid funding for this service.

46.6 (k) Payment for targeted case management services under this subdivision shall not
46.7 duplicate payments made under other program authorities for the same purpose.

46.8 (l) Any growth in targeted case management services and cost increases under this
46.9 section shall be the responsibility of the counties or Tribes.

46.10 (m) The commissioner may make payments for Tribes according to section 256B.0625,
46.11 subdivision 34, or other relevant federally approved rate setting methodologies for vulnerable
46.12 adult and developmental disability targeted case management provided by Indian health
46.13 services and facilities operated by a Tribe or Tribal organization.

46.14 **EFFECTIVE DATE.** This section is effective January 1, 2027, or upon federal approval,
46.15 whichever is later.

46.16 Sec. 31. Minnesota Statutes 2024, section 256B.0924, subdivision 7, is amended to read:

46.17 Subd. 7. **Implementation and evaluation.** The commissioner of human services in
46.18 consultation with county boards and Tribal Nations shall establish a program to accomplish
46.19 the provisions of subdivisions 1 to 6. The commissioner in consultation with county boards
46.20 and Tribal Nations shall establish performance measures to evaluate the effectiveness of
46.21 the targeted case management services. If a county or Tribe fails to meet agreed-upon
46.22 performance measures, the commissioner may authorize contracted providers other than
46.23 the county or Tribe. Providers contracted by the commissioner shall also be subject to the
46.24 standards in subdivision 6.

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

46.26 Sec. 32. Minnesota Statutes 2025 Supplement, section 256B.0949, subdivision 2, is
46.27 amended to read:

46.28 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this
46.29 subdivision.

46.30 (b) "Advanced certification" means a person who has completed advanced certification
46.31 in an approved modality under subdivision 13, paragraph (b).

47.1 (c) "Agency" means the legal entity that is enrolled with Minnesota health care programs
47.2 as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide
47.3 EIDBI services and that has the legal responsibility to ensure that its employees carry out
47.4 the responsibilities defined in this section. Agency includes a licensed individual professional
47.5 who practices independently and acts as an agency.

47.6 (d) "Autism spectrum disorder or a related condition" or "ASD or a related condition"
47.7 means either autism spectrum disorder (ASD) as defined in the current version of the
47.8 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found
47.9 to be closely related to ASD, as identified under the current version of the DSM, and meets
47.10 all of the following criteria:

47.11 (1) is severe and chronic;

47.12 (2) results in impairment of adaptive behavior and function similar to that of a person
47.13 with ASD;

47.14 (3) requires treatment or services similar to those required for a person with ASD; and

47.15 (4) results in substantial functional limitations in three core developmental deficits of
47.16 ASD: social or interpersonal interaction; functional communication, including nonverbal
47.17 or social communication; and restrictive or repetitive behaviors or hyperreactivity or
47.18 hyporeactivity to sensory input; and may include deficits or a high level of support in one
47.19 or more of the following domains:

47.20 (i) behavioral challenges and self-regulation;

47.21 (ii) cognition;

47.22 (iii) learning and play;

47.23 (iv) self-care; or

47.24 (v) safety.

47.25 (e) "Behavior analyst" means an individual licensed under sections 148.9981 to 148.9995
47.26 as a behavior analyst.

47.27 (f) "Clinical supervision" means the overall responsibility for the control and direction
47.28 of EIDBI service delivery, including ~~individual treatment planning~~, staff supervision,
47.29 including observation and direction; individual treatment plan development and progress
47.30 monitoring; family training and counseling; and ~~treatment review~~ coordinated care
47.31 conference coordination for each person. Clinical supervision is provided by a qualified

48.1 supervising professional (QSP) who takes full professional responsibility for the service
48.2 provided by each supervisee and the clinical effectiveness of all interventions.

48.3 (g) "Commissioner" means the commissioner of human services, unless otherwise
48.4 specified.

48.5 (h) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
48.6 evaluation of a person to determine medical necessity for EIDBI services based on the
48.7 requirements in subdivision 5.

48.8 (i) "Department" means the Department of Human Services, unless otherwise specified.

48.9 (j) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
48.10 benefit" means a variety of individualized, intensive treatment modalities approved and
48.11 published by the commissioner that are based in behavioral and developmental science
48.12 consistent with best practices on effectiveness.

48.13 (k) "Employee of an agency" or "employee" means any individual who is employed
48.14 temporarily, part time, or full time by the agency that is submitting claims or billing for the
48.15 work, services, supervision, or treatment performed by the individual. Employee does not
48.16 include an independent contractor, billing agency, or consultant who is not providing EIDBI
48.17 services. Employee does not include an individual who performs work, provides services,
48.18 supervises, or provides treatment for less than 80 hours in a 12-month period.

48.19 (l) "Generalizable goals" means results or gains that are observed during a variety of
48.20 activities over time with different people, such as providers, family members, other adults,
48.21 and people, and in different environments including, but not limited to, clinics, homes,
48.22 schools, and the community.

48.23 (m) "Incident" means when any of the following occur:

48.24 (1) an illness, accident, or injury that requires first aid treatment;

48.25 (2) a bump or blow to the head; or

48.26 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,
48.27 including a person leaving the agency unattended.

48.28 (n) "Individual treatment plan" or "ITP" means the person-centered, individualized
48.29 written plan of care that integrates and coordinates person and family information from the
48.30 CMDE for a person who meets medical necessity for the EIDBI benefit. An individual
48.31 treatment plan must meet the standards in subdivision 6.

49.1 (o) "Legal representative" means the parent of a child who is under 18 years of age, a
49.2 court-appointed guardian, or other representative with legal authority to make decisions
49.3 about service for a person. For the purpose of this subdivision, "other representative with
49.4 legal authority to make decisions" includes a health care agent or an attorney-in-fact
49.5 authorized through a health care directive or power of attorney.

49.6 (p) "Mental health professional" means a staff person who is qualified according to
49.7 section 245I.04, subdivision 2.

49.8 (q) "Person" means an individual under 21 years of age.

49.9 (r) "Person-centered" means a service that both responds to the identified needs, interests,
49.10 values, preferences, and desired outcomes of the person or the person's legal representative
49.11 and respects the person's history, dignity, and cultural background and allows inclusion and
49.12 participation in the person's community.

49.13 (s) "Qualified EIDBI provider" means an individual who is a QSP or a level I, level II,
49.14 or level III treatment provider.

49.15 Sec. 33. Minnesota Statutes 2025 Supplement, section 256B.0949, subdivision 16, is
49.16 amended to read:

49.17 Subd. 16. **Agency duties.** (a) An agency delivering an EIDBI service under this section
49.18 must:

49.19 (1) enroll as a medical assistance Minnesota health care program provider according to
49.20 Minnesota Rules, part 9505.0195, and section 256B.04, subdivision 21, and meet all
49.21 applicable provider standards and requirements;

49.22 (2) designate an individual as the agency's compliance officer who must perform the
49.23 duties described in section 256B.04, subdivision 21, paragraph (g);

49.24 (3) demonstrate compliance with federal and state laws for the delivery of and billing
49.25 for EIDBI service;

49.26 (4) verify and maintain records of a service provided to the person or the person's legal
49.27 representative as required under Minnesota Rules, parts 9505.2175 and 9505.2197;

49.28 (5) demonstrate that while enrolled or seeking enrollment as a Minnesota health care
49.29 program provider the agency did not have a lead agency contract or provider agreement
49.30 discontinued because of a conviction of fraud; or did not have an owner, board member, or
49.31 manager fail a state or federal criminal background check or appear on the list of excluded

50.1 individuals or entities maintained by the federal Department of Human Services Office of
50.2 Inspector General;

50.3 (6) have established business practices including written policies and procedures, internal
50.4 controls, and a system that demonstrates the organization's ability to deliver quality EIDBI
50.5 services, appropriately submit claims, conduct required staff training, document staff
50.6 qualifications, document service activities, and document service quality;

50.7 (7) have an office located in Minnesota or a border state;

50.8 (8) initiate a background study as required under subdivision 16a;

50.9 (9) report maltreatment according to section 626.557 and chapter 260E;

50.10 (10) comply with any data requests consistent with the Minnesota Government Data
50.11 Practices Act, sections 256B.064 and 256B.27;

50.12 (11) provide training for all agency staff on the requirements and responsibilities listed
50.13 in the Maltreatment of Minors Act, chapter 260E, and the Vulnerable Adult Protection Act,
50.14 section 626.557, including mandated and voluntary reporting, nonretaliation, and the agency's
50.15 policy for all staff on how to report suspected abuse and neglect;

50.16 (12) have a written policy to resolve issues collaboratively with the person and the
50.17 person's legal representative when possible. The policy must include a timeline for when
50.18 the person and the person's legal representative will be notified about issues that arise in
50.19 the provision of services;

50.20 (13) provide the person's legal representative with prompt notification if the person is
50.21 injured while being served by the agency. An incident report must be completed by the
50.22 agency staff member in charge of the person. A copy of all incident and injury reports must
50.23 remain on file at the agency for at least five years from the report of the incident;

50.24 (14) before starting a service, provide the person or the person's legal representative a
50.25 description of the treatment modality that the person shall receive, including the staffing
50.26 certification levels and training of the staff who shall provide a treatment;

50.27 (15) provide clinical supervision for a minimum of one hour for every 16 hours of direct
50.28 treatment per person, unless otherwise authorized in the person's individual treatment plan;
50.29 and

50.30 (16) provide the required EIDBI intervention observation and direction by a QSP or
50.31 Level I provider at least once per month. Notwithstanding subdivision 13, paragraph (l),
50.32 required EIDBI intervention observation and direction under this clause may be conducted

51.1 via telehealth provided that no more than two consecutive monthly required EIDBI
51.2 intervention observation and direction sessions under this clause are conducted via telehealth.

51.3 (b) Upon request of the commissioner, an agency delivering services under this section
51.4 must:

51.5 (1) identify the agency's controlling individuals, as defined under section 245A.02,
51.6 subdivision 5a;

51.7 (2) provide disclosures of the use of billing agencies and other consultants who do not
51.8 provide EIDBI services; and

51.9 (3) provide copies of any contracts with consultants or independent contractors who do
51.10 not provide EIDBI services, including hours contracted and responsibilities.

51.11 (c) When delivering the ITP, and annually thereafter, an agency must provide the person
51.12 or the person's legal representative with:

51.13 (1) a written copy and a verbal explanation of the person's or person's legal
51.14 representative's rights and the agency's responsibilities;

51.15 (2) documentation in the person's file the date that the person or the person's legal
51.16 representative received a copy and explanation of the person's or person's legal
51.17 representative's rights and the agency's responsibilities; and

51.18 (3) reasonable accommodations to provide the information in another format or language
51.19 as needed to facilitate understanding of the person's or person's legal representative's rights
51.20 and the agency's responsibilities.

51.21 Sec. 34. Minnesota Statutes 2024, section 256B.0949, is amended by adding a subdivision
51.22 to read:

51.23 Subd. 19. **Documentation requirements.** (a) CMDE and EIDBI providers must ensure
51.24 that all documentation, including but not limited to health service records and personnel
51.25 files, complies with this subdivision, subdivision 16, and Minnesota Rules, parts 9505.2175
51.26 and 9505.2197. Documentation must be complete, legible, accurate, and readily accessible.

51.27 (b) All documentation must:

51.28 (1) be legible and understandable to individuals outside service delivery;

51.29 (2) include the participant's name on each health record page and the provider's name
51.30 on each personnel file page;

- 52.1 (3) be signed and dated by the provider completing the documentation, with the provider's
52.2 full name, title, and credentials;
- 52.3 (4) be entered within 72 hours of service, and contain a record and explanation of any
52.4 delays in entry;
- 52.5 (5) clearly reflect clinical decision-making and support medical necessity;
- 52.6 (6) be securely stored in accordance with the Health Insurance Portability and
52.7 Accountability Act (HIPAA), Public Law 104-191;
- 52.8 (7) be stored in accordance with state and federal document retention laws;
- 52.9 (8) be available for review or audit;
- 52.10 (9) include a record of caregiver involvement where applicable; and
- 52.11 (10) include a record of supervision and oversight for staff providing services requiring
52.12 supervision under EIDBI policy.
- 52.13 (c) Each EIDBI service occurrence must be documented in a progress note in a manner
52.14 and with the information determined by the commissioner.
- 52.15 (d) All providers must maintain current personnel records for each employee in a manner
52.16 determined by the commissioner that include:
- 52.17 (1) the employee's name, contact information, and hire date;
- 52.18 (2) the employee's completed employment application and acknowledgment of duties;
- 52.19 (3) the job description for the employee's job with the effective date;
- 52.20 (4) verification of the employee's qualifications, including but not limited to education,
52.21 licenses, certifications, enrollment attestation, degrees, transcripts, and experience;
- 52.22 (5) a background check pursuant to chapter 245C;
- 52.23 (6) orientation and required training the employee attended, including but not limited
52.24 to training on mandated reporting, cultural responsiveness, and EIDBI competencies;
- 52.25 (7) the dates of the employee's first supervised and unsupervised client contact following
52.26 employment;
- 52.27 (8) documentation of supervision received by the employee, including but not limited
52.28 to the supervisor's name and credentials, dates of supervision, and supervision content;
- 52.29 (9) the employee's CPR and emergency response training, if required; and
- 52.30 (10) the employee's annual performance evaluations.

53.1 Sec. 35. Minnesota Statutes 2024, section 256B.4905, subdivision 2a, is amended to read:

53.2 Subd. 2a. **Informed choice policy.** (a) It is the policy of this state that all adults who
53.3 have disabilities and, with support from their families or legal representatives, that all
53.4 children who have disabilities:

53.5 (1) may make informed choices to select and utilize disability services and supports;
53.6 and

53.7 (2) are offered an informed decision-making process sufficient to make informed choices.

53.8 (b) It is the policy of this state that disability waivers services support the presumption
53.9 that adults who have disabilities and, with support from their families or legal representatives,
53.10 all children who have disabilities may make informed choices; and that all adults who have
53.11 disabilities and all families of children who have disabilities and are accessing waiver
53.12 services under sections 256B.092 and 256B.49 are provided an informed decision-making
53.13 process that satisfies the requirements of subdivision 3a.

53.14 (c) Lead agencies must support individuals in making informed choices by:

53.15 (1) providing complete and accurate information about available home and
53.16 community-based services and settings;

53.17 (2) providing the information in a manner that is culturally and linguistically appropriate;
53.18 and

53.19 (3) facilitating access to services that reflect the individual's preferences and assessed
53.20 needs.

53.21 (d) For individuals who are members of or affiliated with a federally recognized Tribal
53.22 Nation located within Minnesota, informed choice includes the right to receive services
53.23 administered or provided by the individual's Tribal Nation. Lead agencies must:

53.24 (1) inform individuals of services offered by Tribal Nations enrolled as Minnesota health
53.25 care providers;

53.26 (2) directly coordinate with the individual's Tribal Nation human services agency when
53.27 the individual seeks or may be eligible for services administered or provided by that Tribal
53.28 Nation; and

53.29 (3) ensure that service planning and delivery respects the individual's rights as both a
53.30 member of a sovereign Tribal Nation and a resident of Minnesota.

54.1 (e) County lead agencies and Tribal Nation human services agencies must establish and
54.2 maintain procedures to share updated contact information, coordinate case management,
54.3 and provide timely referrals necessary to ensure that informed choice is fully exercised.

54.4 (f) Nothing in this section limits the sovereignty of Tribal Nations or the authority of
54.5 Tribal governments to administer home and community-based services to their members.

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

54.7 Sec. 36. Minnesota Statutes 2025 Supplement, section 256B.4914, subdivision 8, is
54.8 amended to read:

54.9 **Subd. 8. Unit-based services with programming; component values and calculation**
54.10 **of payment rates.** (a) For the purpose of this section, unit-based services with programming
54.11 include employment exploration services, employment development services, employment
54.12 support services, individualized home supports with family training, individualized home
54.13 supports with training, and positive support services provided to an individual outside of
54.14 any service plan for a day program or residential support service.

54.15 (b) Component values for unit-based services with programming are:

54.16 (1) competitive workforce factor: 6.7 percent;

54.17 (2) supervisory span of control ratio: 11 percent;

54.18 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

54.19 (4) employee-related cost ratio: 23.6 percent;

54.20 (5) program plan support ratio: 15.5 percent;

54.21 (6) client programming and support ratio: 4.7 percent, updated as specified in subdivision
54.22 5b;

54.23 (7) general administrative support ratio: 13.25 percent;

54.24 (8) program-related expense ratio: 6.1 percent; and

54.25 (9) absence and utilization factor ratio: 3.9 percent.

54.26 (c) A unit of service for unit-based services with programming is 15 minutes.

54.27 (d) Payments for unit-based services with programming must be calculated as follows,
54.28 unless the services are reimbursed separately as part of a residential support services or day
54.29 program payment rate:

54.30 (1) determine the number of units of service to meet a recipient's needs;

55.1 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
55.2 provided in subdivisions 5 and 5a;

55.3 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
55.4 product of one plus the competitive workforce factor;

55.5 (4) for a recipient requiring customization for deaf and hard-of-hearing language
55.6 accessibility under subdivision 12, add the customization rate provided in subdivision 12
55.7 to the result of clause (3);

55.8 (5) multiply the number of direct staffing hours by the appropriate staff wage;

55.9 (6) multiply the number of direct staffing hours by the product of the supervisory span
55.10 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

55.11 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
55.12 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
55.13 rate;

55.14 (8) for program plan support, multiply the result of clause (7) by one plus the program
55.15 plan support ratio;

55.16 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
55.17 employee-related cost ratio;

55.18 (10) for client programming and supports, multiply the result of clause (9) by one plus
55.19 the client programming and support ratio;

55.20 (11) this is the subtotal rate;

55.21 (12) sum the standard general administrative support ratio, the program-related expense
55.22 ratio, and the absence and utilization factor ratio;

55.23 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
55.24 total payment amount;

55.25 (14) for services provided in a shared manner, divide the total payment in clause (13)
55.26 as follows:

55.27 (i) for employment exploration services, divide by the number of service recipients, not
55.28 to exceed five;

55.29 (ii) for employment support services, divide by the number of service recipients, not to
55.30 exceed six;

56.1 (iii) for individualized home supports with training and individualized home supports
56.2 with family training, divide by the number of service recipients, not to exceed three; and

56.3 (iv) for night supervision, divide by the number of service recipients, not to exceed two;
56.4 and

56.5 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
56.6 to adjust for regional differences in the cost of providing services.

56.7 (e) Effective January 1, 2026, or upon federal approval, whichever is later, a provider
56.8 must not bill more than three consecutive hours and not more than six total hours per day
56.9 for individualized home supports with training and individualized home supports with family
56.10 training. This daily limit does not limit a person's use of other disability waiver services,
56.11 including individualized home supports, which may be provided on the same day by the
56.12 same provider providing individualized home supports with training or individualized home
56.13 supports with family training. This paragraph expires upon the effective date of paragraph
56.14 (f).

56.15 (f) Effective January 1, 2027, or upon federal approval, whichever is later, a provider
56.16 must not bill more than:

56.17 (1) for individualized home supports with training, a monthly unit of service determined
56.18 by multiplying 24 units by the total number of days in the month during which service was
56.19 provided; and

56.20 (2) for individualized home supports with family training, not more than six total hours
56.21 per day.

56.22 The limits in clauses (1) and (2) do not limit a person's use of other disability waiver services,
56.23 including individualized home supports, which may be provided on the same day by the
56.24 same provider providing individualized home supports with training or individualized home
56.25 supports with family training.

56.26 Sec. 37. Minnesota Statutes 2025 Supplement, section 256B.4914, subdivision 10a, is
56.27 amended to read:

56.28 Subd. 10a. **Reporting and analysis of cost data.** (a) The commissioner must ensure
56.29 that wage values and component values in subdivisions 5 to 9 reflect the cost to provide the
56.30 service. As determined by the commissioner, in consultation with community partners
56.31 identified in subdivision 17, a provider enrolled to provide services with rates determined
56.32 under this section must submit requested cost data to the commissioner to support research

57.1 on the cost of providing services that have rates determined by the disability waiver rates
57.2 system. Requested cost data may include, but is not limited to:

57.3 (1) worker wage costs;

57.4 (2) benefits paid;

57.5 (3) supervisor wage costs;

57.6 (4) executive wage costs;

57.7 (5) vacation, sick, and training time paid;

57.8 (6) taxes, workers' compensation, and unemployment insurance costs paid;

57.9 (7) administrative costs paid;

57.10 (8) program costs paid;

57.11 (9) transportation costs paid;

57.12 (10) vacancy rates; and

57.13 (11) other data relating to costs required to provide services requested by the
57.14 commissioner.

57.15 (b) At least once in any five-year period, a provider must submit cost data for a fiscal
57.16 year that ended not more than 18 months prior to the submission date. The commissioner
57.17 shall provide each provider a 90-day notice prior to its submission due date. The
57.18 commissioner may review report submissions for inaccurate, inconclusive, incomplete, or
57.19 otherwise deficient data and may remove the report from submitted status for further
57.20 verification. If a provider fails to submit required reporting data, the commissioner shall
57.21 provide notice to providers that have not provided required data 30 days after the required
57.22 submission date, and a second notice for providers who have not provided required data 60
57.23 days after the required submission date. The commissioner shall temporarily suspend
57.24 payments to the provider if cost data is not received 90 days after the required submission
57.25 date. Withheld payments shall be made once data is received and reviewed for compliance
57.26 by the commissioner.

57.27 (c) The commissioner shall conduct a random validation of data submitted under
57.28 paragraph (a) to ensure data accuracy. Providers selected to validate cost reports must
57.29 respond to the commissioner within 30 days with the requested financial documentation. If
57.30 a provider fails to respond to the commissioner with all the requested information within
57.31 30 days, the commissioner must temporarily suspend payments. The commissioner must
57.32 resume payments once the requested documentation is received. If a provider is unable to

58.1 validate the provider's costs with supporting documentation, the commissioner must require
58.2 the provider to participate in the random validation the next year that the commissioner
58.3 selects providers to report their costs. The commissioner shall analyze cost documentation
58.4 in paragraph (a) and provide recommendations for adjustments to cost components.

58.5 (d) The commissioner shall analyze cost data submitted under paragraph (a). The
58.6 commissioner shall release cost data in an aggregate form. Cost data from individual
58.7 providers must not be released except as provided for in current law.

58.8 (e) Beginning January 1, 2029, the commissioner shall use data collected in paragraph
58.9 (a) to determine the compliance with requirements identified under subdivision 10d. The
58.10 commissioner shall identify providers who have not met the thresholds identified under
58.11 subdivision 10d on the Department of Human Services website for the year for which the
58.12 providers reported their costs.

58.13 **EFFECTIVE DATE.** This section is effective January 1, 2027.

58.14 Sec. 38. Minnesota Statutes 2025 Supplement, section 256B.4914, subdivision 14a, is
58.15 amended to read:

58.16 Subd. 14a. **Limitations on rate exceptions for residential services.** (a) Effective July
58.17 1, 2026, the commissioner must implement limitations on the rate exceptions for community
58.18 residential services, customized living services, family residential services, and integrated
58.19 community supports.

58.20 (b) The commissioner must restrict rate exceptions to the absence and utilization factor
58.21 ratio to people temporarily receiving hospital or crisis respite services.

58.22 (c) For rate exceptions related to behavioral needs, the lead agency must include:

58.23 (1) a documented behavioral diagnosis; or

58.24 (2) determined assessed needs for behavioral supports as identified in the person's most
58.25 recent assessment or reassessment under section 256B.0911.

58.26 (d) Community residential services rate exceptions must not include positive support
58.27 services costs.

58.28 (e) The commissioner must not approve rate exception requests related to increased
58.29 community time or transportation.

58.30 (f) For the commissioner to approve a rate exception annual renewal, the person's most
58.31 recent assessment must indicate continued extraordinary needs in the areas cited in the
58.32 exception request. If a person's assessment continues to identify these extraordinary needs,

59.1 a lead agencies agency requesting an annual renewal of rate exceptions must submit
 59.2 documentation supporting the continuation of the exception. ~~At a minimum,~~ Documentation
 59.3 submitted by the lead agency must include:

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

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

59.6 (3) documentation of expenses paid that were identified as necessary for the initial rate
 59.7 exception.

59.8 (g) For purposes of requesting an annual renewal of a rate exception under paragraph
 59.9 (f), a lead agency may not require the provider of the service for which the annual renewal
 59.10 of a rate exception is requested to submit to the lead agency any documentation in addition
 59.11 to the documentation required to be submitted by the lead agency under paragraph (f).

59.12 ~~(g)~~ (h) The commissioner must not increase rate exception annual renewals that request
 59.13 an exception to direct care or supervision wages more than the most recently implemented
 59.14 update to the base wage index under subdivision 5b.

59.15 ~~(h)~~ (i) The commissioner must publish online an annual report detailing the impact of
 59.16 the limitations under this subdivision on home and community-based services spending,
 59.17 including but not limited to:

59.18 (1) the number and percentage of rate exceptions granted and denied;

59.19 (2) total spending on community residential setting services and rate exceptions;

59.20 (3) trends in the percentage of spending attributable to rate exceptions; and

59.21 (4) an evaluation of the effectiveness of the limitations in controlling spending growth.

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

59.23 Sec. 39. Minnesota Statutes 2025 Supplement, section 256B.85, subdivision 7, is amended
 59.24 to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

60.25 ~~(10)~~ (11) worker training and development services as described in subdivision 18a.

60.26 Sec. 40. Minnesota Statutes 2024, section 256B.85, is amended by adding a subdivision
 60.27 to read:

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

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

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

61.10 Sec. 41. Minnesota Statutes 2024, section 256B.85, is amended by adding a subdivision
61.11 to read:

61.12 Subd. 7d. **Shared service rates under the agency-provider model.** The commissioner
61.13 shall provide a rate system for shared services. For two participants sharing services, the
61.14 rate paid to an agency-provider for the shared services must not exceed one and one-half
61.15 times the rate paid for serving a single participant. For three participants sharing services,
61.16 the rate paid to an agency-provider for the shared services must not exceed twice the rate
61.17 paid for serving a single participant. These rates apply only when all criteria for shared
61.18 services are met.

61.19 Sec. 42. Minnesota Statutes 2024, section 256B.85, is amended by adding a subdivision
61.20 to read:

61.21 Subd. 7e. **Pass-through for shared services under the agency-provider model.** (a)
61.22 Of the additional revenue for shared services provided to two participants, the
61.23 agency-provider must use 95 percent for the purposes specified in paragraph (b). Of the
61.24 additional revenue for shared services provided to three participants, the agency-provider
61.25 must use 95 percent for the purposes specified in paragraph (b).

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

62.1 Sec. 43. Minnesota Statutes 2024, section 256B.85, is amended by adding a subdivision
62.2 to read:

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

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

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

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

62.20 Sec. 44. Minnesota Statutes 2024, section 256B.85, is amended by adding a subdivision
62.21 to read:

62.22 Subd. 7g. **Pass-through for shared services under the budget model.** (a) Of the budget
62.23 savings for shared services provided to two participants, the participant employer must use
62.24 95 percent for the purposes specified in paragraph (b). Of the budget savings for shared
62.25 services provided to three participants, the participant provider must use 95 percent for the
62.26 purposes specified in paragraph (b).

62.27 (b) A participant employer must use the percentages of budget savings for shared services
62.28 specified in paragraph (a) for the wages and wage-related costs of the support worker
62.29 providing the shared services. The participant employer must not use budget savings for
62.30 shared services to pay for mileage reimbursements, uniform allowances, health and dental
62.31 insurance, life insurance, disability insurance, long-term care insurance, contributions to
62.32 employee retirement accounts when the contribution is not a function of wages, or any other
62.33 employee benefits.

63.1 Sec. 45. **[256B.8502] COMMUNITY FIRST SERVICES AND SUPPORTS;**
 63.2 **DEFINITIONS.**

63.3 Subdivision 1. **Scope.** For the purposes of this section and sections 256B.85 and
 63.4 256B.851, the terms in this section have the meanings given.

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

63.9 Subd. 3. **Budget savings for shared services.** "Budget savings for shared services"
 63.10 means the difference between the wages and wage-related costs paid by a participant
 63.11 employer to a support worker providing one-on-one service to the participant employer and:

63.12 (1) for two-to-one shared services, three-quarters of the wages and wage-related costs
 63.13 paid by a participant employer to a support worker providing one-on-one service; or

63.14 (2) for three-to-one shared services, two-thirds of the wages and wage-related costs paid
 63.15 by a participant employer to a support worker providing one-on-one service.

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

63.21 Sec. 46. Minnesota Statutes 2024, section 256B.851, subdivision 8, is amended to read:

63.22 **Subd. 8. **Personal care provider agency; required reporting of cost data; training.** (a)**
 63.23 **As determined by the commissioner and in consultation with stakeholders, agencies enrolled**
 63.24 **to provide services with rates determined under this section must submit requested cost data**
 63.25 **to the commissioner. The commissioner may request cost data, including but not limited**
 63.26 **to:**

63.27 (1) worker wage costs;

63.28 (2) benefits paid;

63.29 (3) supervisor wage costs;

63.30 (4) executive wage costs;

63.31 (5) vacation, sick, and training time paid;

64.1 (6) taxes, workers' compensation, and unemployment insurance costs paid;

64.2 (7) administrative costs paid;

64.3 (8) program costs paid;

64.4 (9) transportation costs paid;

64.5 (10) staff vacancy rates; and

64.6 (11) other data relating to costs required to provide services requested by the
64.7 commissioner.

64.8 (b) At least once in any three-year period, a provider must submit the required cost data
64.9 for a fiscal year that ended not more than 18 months prior to the submission date. The
64.10 commissioner must provide each provider a 90-day notice prior to its submission due date.
64.11 The commissioner may review report submissions for inaccurate, inconclusive, incomplete,
64.12 or otherwise deficient data and may remove the report from submitted status for further
64.13 verification. If a provider fails to submit required cost data, the commissioner must provide
64.14 notice to a provider that has not provided required cost data 30 days after the required
64.15 submission date and a second notice to a provider that has not provided required cost data
64.16 60 days after the required submission date. The commissioner must temporarily suspend
64.17 payments to a provider if the commissioner has not received required cost data 90 days after
64.18 the required submission date. The commissioner must make withheld payments when the
64.19 required cost data is received and reviewed for compliance by the commissioner.

64.20 (c) The commissioner must conduct a random validation of data submitted under this
64.21 subdivision to ensure data accuracy. A provider selected to validate the provider's cost
64.22 reports must respond to the commissioner within 30 days with the requested financial
64.23 documentation. If a provider fails to respond to the commissioner with the requested
64.24 information within 30 days, the commissioner must temporarily suspend payments. The
64.25 commissioner must resume payments once the requested documentation is received. If a
64.26 provider is unable to validate the provider's costs with supporting documentation, the
64.27 commissioner must require the provider to participate in the random validation the next
64.28 year that the commissioner selects providers to report their costs. The commissioner shall
64.29 analyze cost documentation in paragraph (a) and provide recommendations for adjustments
64.30 to cost components.

64.31 (d) The commissioner, in consultation with stakeholders, must develop and implement
64.32 a process for providing training and technical assistance necessary to support provider
64.33 submission of cost data required under this subdivision.

65.1 **EFFECTIVE DATE.** This section is effective January 1, 2027.

65.2 Sec. 47. Minnesota Statutes 2024, section 256L.03, subdivision 1, is amended to read:

65.3 Subdivision 1. **Covered health services.** (a) "Covered health services" means the health
65.4 services reimbursed under chapter 256B, with the exception of special education services,
65.5 home care nursing services, nonemergency medical transportation services, personal care
65.6 assistance and case management services, community first services and supports under
65.7 section 256B.85, behavioral health home services under section 256B.0757, ~~housing~~
65.8 ~~stabilization services under section 256B.051,~~ and nursing home or intermediate care facilities
65.9 services.

65.10 (b) Covered health services shall be expanded as provided in this section.

65.11 (c) For the purposes of covered health services under this section, "child" means an
65.12 individual younger than 19 years of age.

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

65.14 Sec. 48. Minnesota Statutes 2024, section 256S.21, subdivision 3, is amended to read:

65.15 Subd. 3. **Cost reporting.** (a) As determined by the commissioner, in consultation with
65.16 stakeholders, a provider enrolled to provide services with rates determined under this chapter
65.17 must submit requested cost data to the commissioner to support evaluation of the rate
65.18 methodologies in this chapter. Requested cost data may include but are not limited to:

65.19 (1) worker wage costs;

65.20 (2) benefits paid;

65.21 (3) supervisor wage costs;

65.22 (4) executive wage costs;

65.23 (5) vacation, sick, and training time paid;

65.24 (6) taxes, workers' compensation, and unemployment insurance costs paid;

65.25 (7) administrative costs paid;

65.26 (8) program costs paid;

65.27 (9) transportation costs paid;

65.28 (10) vacancy rates; and

66.1 (11) other data relating to costs required to provide services requested by the
66.2 commissioner.

66.3 (b) At least once in any five-year period, a provider must submit the required cost data
66.4 for a fiscal year that ended not more than 18 months prior to the submission date. The
66.5 commissioner ~~shall~~ must provide each provider a 90-day notice prior to the provider's
66.6 submission due date. The commissioner may review report submissions for inaccurate,
66.7 inconclusive, incomplete, or otherwise deficient data and may remove the report from
66.8 submitted status for further verification. If by 30 days after the required submission date a
66.9 provider fails to submit required reporting data, the commissioner ~~shall~~ must provide notice
66.10 to the provider; ~~and~~. If by 60 days after the required submission date a provider has not
66.11 provided the required data, the commissioner ~~shall~~ must provide a second notice. The
66.12 commissioner ~~shall~~ must temporarily suspend payments to ~~the~~ a provider if the commissioner
66.13 has not received the required cost data is not received 90 days after the required submission
66.14 date or 90 days after the Department of Human Services requests updated data. The
66.15 commissioner must make withheld payments ~~must be made once data is received~~ when the
66.16 required cost data is received and reviewed for compliance by the commissioner.

66.17 (c) The commissioner shall coordinate the cost reporting activities required under this
66.18 section with the cost reporting activities directed under section 256B.4914, subdivision 10a.

66.19 (d) The commissioner shall analyze cost documentation in paragraph (a) and, in
66.20 consultation with stakeholders, may submit recommendations on rate methodologies in this
66.21 chapter, including ways to monitor and enforce the spending requirements directed in section
66.22 ~~256S.2101, subdivision 3,~~ 256S.211, subdivision 4, through the reports directed by
66.23 subdivision 2.

66.24 **EFFECTIVE DATE.** This section is effective January 1, 2027.

66.25 Sec. 49. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision
66.26 to read:

66.27 **Subd. 1a. Adult protective services.** Adult protective services must receive referrals
66.28 from the common entry point and carry out lead investigative agency duties to investigate
66.29 for a determination of responsibility for maltreatment. When the county social services
66.30 agency is the lead investigative agency, or when the Department of Human Services or
66.31 Department of Health in the role of the lead investigative agency request adult protective
66.32 services, adult protective services must conduct assessments, develop services plans, and
66.33 implement interventions to safeguard adults who are vulnerable and suspected of experiencing
66.34 maltreatment. Adult protective services must conclude services following final determination

67.1 of maltreatment and the adult is assessed as safe. The Department of Human Services is the
67.2 state agency responsible for supervision of adult protective services administered by county
67.3 social services agencies.

67.4 Sec. 50. Minnesota Statutes 2024, section 626.557, subdivision 9, is amended to read:

67.5 Subd. 9. **Common entry point designation.** (a) The commissioner of human services
67.6 shall establish a common entry point. The common entry point is the unit responsible for
67.7 receiving the report of suspected maltreatment under this section.

67.8 (b) The common entry point must be available 24 hours per day to ~~take calls~~ accept
67.9 reports from reporters of suspected maltreatment and make required referrals for suspected
67.10 maltreatment of a vulnerable adult. The common entry point shall use a standard intake
67.11 form that includes:

67.12 (1) the time and date of the report;

67.13 (2) the name, relationship, and identifying and contact information for the person believed
67.14 to be a vulnerable adult and the individual or facility alleged responsible for maltreatment;

67.15 (3) the name, relationship, and contact information for the:

67.16 (i) reporter;

67.17 (ii) initial reporter, witnesses, and persons who may have knowledge about the
67.18 maltreatment; and

67.19 (iii) legal surrogate and persons who may provide support to the vulnerable adult;

67.20 (4) the basis of vulnerability for the vulnerable adult;

67.21 (5) the time, date, and location of the incident;

67.22 (6) the immediate safety risk to the vulnerable adult;

67.23 (7) a description of the suspected maltreatment;

67.24 (8) the impact of the suspected maltreatment on the vulnerable adult;

67.25 (9) whether a facility was involved and, if so, which agency licenses the facility;

67.26 (10) the actions taken to protect the vulnerable adult;

67.27 (11) the required notifications and referrals made by the common entry point; and

67.28 (12) whether the reporter wishes to receive notification of the disposition.

68.1 (c) The common entry point is not required to complete each item on the form prior to
68.2 dispatching the report to the appropriate lead investigative agency.

68.3 (d) The common entry point shall immediately report to a law enforcement agency any
68.4 incident in which there is reason to believe a crime has been committed.

68.5 (e) If a report is initially made to a law enforcement agency or a lead investigative agency,
68.6 those agencies shall take the report on the appropriate common entry point intake forms
68.7 and immediately forward a copy to the common entry point.

68.8 (f) The common entry point staff must receive training on how to screen and dispatch
68.9 reports efficiently and in accordance with this section.

68.10 (g) The commissioner of human services shall maintain a centralized database for the
68.11 collection of common entry point data, lead investigative agency data including maltreatment
68.12 report disposition, and appeals data. The common entry point shall have access to the
68.13 centralized database and must log the reports into the database.

68.14 (h) When appropriate, the common entry point staff must refer calls that do not allege
68.15 the abuse, neglect, or exploitation of a vulnerable adult to other organizations that might
68.16 resolve the reporter's concerns.

68.17 (i) A common entry point must be operated in a manner that enables the commissioner
68.18 of human services to:

68.19 (1) track critical steps in the reporting, evaluation, referral, response, disposition, and
68.20 investigative process to ensure compliance with all requirements for all reports;

68.21 (2) maintain data to facilitate the production of aggregate statistical reports for monitoring
68.22 patterns of abuse, neglect, or exploitation;

68.23 (3) serve as a resource for the evaluation, management, and planning of preventative
68.24 and remedial services for vulnerable adults who have been subject to abuse, neglect, or
68.25 exploitation;

68.26 (4) set standards, priorities, and policies to maximize the efficiency and effectiveness
68.27 of the common entry point; and

68.28 (5) track and manage consumer complaints related to the common entry point.

68.29 (j) The commissioners of human services and health shall collaborate on the creation of
68.30 a system for referring reports to the lead investigative agencies. This system shall enable
68.31 the commissioner of human services to track critical steps in the reporting, evaluation,
68.32 referral, response, disposition, investigation, notification, determination, and appeal processes.

69.1 Sec. 51. Minnesota Statutes 2024, section 626.557, subdivision 9a, is amended to read:

69.2 Subd. 9a. **Evaluation and referral of reports made to common entry point.** (a) The
69.3 common entry point must screen the reports of alleged or suspected maltreatment for
69.4 immediate risk and make all necessary referrals ~~as follows~~ using the referral guidelines
69.5 established by the commissioner and the following:

69.6 (1) if the common entry point determines that there is an immediate need for emergency
69.7 adult protective services, the common entry point agency shall immediately notify the
69.8 appropriate county agency;

69.9 (2) if the report contains suspected criminal activity against a vulnerable adult, the
69.10 common entry point shall immediately notify the appropriate law enforcement agency;

69.11 (3) the common entry point shall refer all reports of alleged or suspected maltreatment
69.12 to the appropriate lead investigative agency as soon as possible, but in any event no longer
69.13 than two working days;

69.14 (4) if the report contains information about a suspicious death, the common entry point
69.15 shall immediately notify the appropriate law enforcement agencies, the local medical
69.16 examiner, and the ombudsman for mental health and developmental disabilities established
69.17 under section 245.92. Law enforcement agencies shall coordinate with the local medical
69.18 examiner and the ombudsman as provided by law; and

69.19 (5) for reports involving multiple locations or changing circumstances, the common
69.20 entry point shall determine the county agency responsible for emergency adult protective
69.21 services and the county responsible as the lead investigative agency, ~~using referral guidelines~~
69.22 ~~established by the commissioner.~~

69.23 (b) If the lead investigative agency receiving a report believes the report was referred
69.24 by the common entry point in error, the lead investigative agency shall immediately notify
69.25 the common entry point of the error, including the basis for the lead investigative agency's
69.26 belief that the referral was made in error. The common entry point shall review the
69.27 information submitted by the lead investigative agency and immediately refer the report to
69.28 the appropriate lead investigative agency using the referral guidelines established by the
69.29 commissioner.

69.30 Sec. 52. Minnesota Statutes 2024, section 626.557, subdivision 9c, is amended to read:

69.31 Subd. 9c. **Lead investigative agency; notifications, dispositions, determinations.** (a)
69.32 Upon request of the reporter, The lead investigative agency shall notify the reporter and, if
69.33 applicable, the vulnerable adult's case manager and the case manager's supervisor, that it

70.1 has received the report, and provide information on the initial disposition of the report,
70.2 including the case number assigned to the report, in writing within five business days of
70.3 receipt of the report, provided that the notification will not endanger the vulnerable adult
70.4 or hamper the investigation. If the report is accepted for investigation, once the report is
70.5 assigned to an investigator the lead investigative agency must notify the reporter and, if
70.6 applicable, the vulnerable adult's case manager and the case manager's supervisor of the
70.7 name and contact information of the investigator assigned to the case. If the report is not
70.8 accepted for adult protective services or investigation, the notification must state the reason
70.9 the report was not accepted.

70.10 (b) In making the initial disposition of a report alleging maltreatment of a vulnerable
70.11 adult, the lead investigative agency may consider previous reports of suspected maltreatment
70.12 and may request and consider public information, records maintained by a lead investigative
70.13 agency or licensed providers, and information from any person who may have knowledge
70.14 regarding the alleged maltreatment and the basis for the adult's vulnerability.

70.15 (c) When the county social service agency does not accept a report for adult protective
70.16 services or investigation, the agency may offer assistance to the reporter or the person who
70.17 was the subject of the report.

70.18 (d) While investigating reports and providing adult protective services, the lead
70.19 investigative agency may coordinate with entities identified under subdivision 12b, paragraph
70.20 (g), and may coordinate with support persons to safeguard the welfare of the vulnerable
70.21 adult and prevent further maltreatment of the vulnerable adult.

70.22 (e) Upon conclusion of every investigation it conducts, the lead investigative agency
70.23 shall make a final disposition as defined in section 626.5572, subdivision 8.

70.24 (f) When determining whether the facility or individual is the responsible party for
70.25 substantiated maltreatment or whether both the facility and the individual are responsible
70.26 for substantiated maltreatment, the lead investigative agency shall consider at least the
70.27 following mitigating factors:

70.28 (1) whether the actions of the facility or the individual caregivers were in accordance
70.29 with, and followed the terms of, an erroneous physician order, prescription, resident care
70.30 plan, or directive. This is not a mitigating factor when the facility or caregiver is responsible
70.31 for the issuance of the erroneous order, prescription, plan, or directive or knows or should
70.32 have known of the errors and took no reasonable measures to correct the defect before
70.33 administering care;

71.1 (2) the comparative responsibility between the facility, other caregivers, and requirements
71.2 placed upon the employee, including but not limited to, the facility's compliance with related
71.3 regulatory standards and factors such as the adequacy of facility policies and procedures,
71.4 the adequacy of facility training, the adequacy of an individual's participation in the training,
71.5 the adequacy of caregiver supervision, the adequacy of facility staffing levels, and a
71.6 consideration of the scope of the individual employee's authority; and

71.7 (3) whether the facility or individual followed professional standards in exercising
71.8 professional judgment.

71.9 (g) When substantiated maltreatment is determined to have been committed by an
71.10 individual who is also the facility license holder, both the individual and the facility must
71.11 be determined responsible for the maltreatment, and both the background study
71.12 disqualification standards under section 245C.15, subdivision 4, and the licensing actions
71.13 under section 245A.06 or 245A.07 apply.

71.14 (h) The lead investigative agency shall complete its final disposition within 60 calendar
71.15 days. If the lead investigative agency is unable to complete its final disposition within 60
71.16 calendar days, the lead investigative agency shall notify the following persons provided
71.17 that the notification will not endanger the vulnerable adult or hamper the investigation: (1)
71.18 the vulnerable adult or the vulnerable adult's guardian or health care agent, when known,
71.19 if the lead investigative agency knows them to be aware of the investigation; and (2) the
71.20 facility, where applicable. The notice shall contain the reason for the delay and the projected
71.21 completion date. If the lead investigative agency is unable to complete its final disposition
71.22 by a subsequent projected completion date, the lead investigative agency shall again notify
71.23 the vulnerable adult or the vulnerable adult's guardian or health care agent, when known if
71.24 the lead investigative agency knows them to be aware of the investigation, and the facility,
71.25 where applicable, of the reason for the delay and the revised projected completion date
71.26 provided that the notification will not endanger the vulnerable adult or hamper the
71.27 investigation. The lead investigative agency must notify the health care agent of the
71.28 vulnerable adult only if the health care agent's authority to make health care decisions for
71.29 the vulnerable adult is currently effective under section 145C.06 and not suspended under
71.30 section 524.5-310 and the investigation relates to a duty assigned to the health care agent
71.31 by the principal. A lead investigative agency's inability to complete the final disposition
71.32 within 60 calendar days or by any projected completion date does not invalidate the final
71.33 disposition.

71.34 (i) When the lead investigative agency is the Department of Health or the Department
71.35 of Human Services, the lead investigative agency shall provide a copy of the public

72.1 investigation memorandum under subdivision 12b, paragraph (b), clause (1), within ten
72.2 calendar days of completing the final disposition to the following persons:

72.3 (1) the vulnerable adult, or the vulnerable adult's guardian or health care agent, if known,
72.4 unless the lead investigative agency knows that the notification would endanger the
72.5 well-being of the vulnerable adult;

72.6 (2) the reporter, if the reporter requested notification when making the report, provided
72.7 this notification would not endanger the well-being of the vulnerable adult;

72.8 (3) the person or facility alleged responsible for maltreatment, if known;

72.9 (4) the facility; and

72.10 (5) the ombudsman for long-term care, or the ombudsman for mental health and
72.11 developmental disabilities, as appropriate.

72.12 (j) When the lead investigative agency is a county agency, within ten calendar days of
72.13 completing the final disposition, the lead investigative agency shall provide notification of
72.14 the final disposition to the following persons:

72.15 (1) the vulnerable adult, or the vulnerable adult's guardian or health care agent, if known,
72.16 when the allegation is applicable to the authority of the vulnerable adult's guardian or health
72.17 care agent, unless the agency knows that the notification would endanger the well-being of
72.18 the vulnerable adult;

72.19 (2) the individual determined responsible for maltreatment, if known; and

72.20 (3) when the alleged incident involves a personal care assistant or provider agency, the
72.21 personal care provider organization under section 256B.0659. Upon implementation of
72.22 Community First Services and Supports (CFSS), this notification requirement applies to
72.23 the CFSS support worker or CFSS agency under section 256B.85.

72.24 (k) If, as a result of a reconsideration, review, or hearing, the lead investigative agency
72.25 changes the final disposition, or if a final disposition is changed on appeal, the lead
72.26 investigative agency shall notify the parties specified in paragraph (i).

72.27 (l) The lead investigative agency shall notify the vulnerable adult who is the subject of
72.28 the report or the vulnerable adult's guardian or health care agent, if known, and any person
72.29 or facility determined to have maltreated a vulnerable adult, of their appeal or review rights
72.30 under this section or section 256.021.

72.31 (m) The lead investigative agency shall routinely provide investigation memoranda for
72.32 substantiated reports to the appropriate licensing boards. These reports must include the

73.1 names of substantiated perpetrators. The lead investigative agency may not provide
 73.2 investigative memoranda for inconclusive or false reports to the appropriate licensing boards
 73.3 unless the lead investigative agency's investigation gives reason to believe that there may
 73.4 have been a violation of the applicable professional practice laws. If the investigation
 73.5 memorandum is provided to a licensing board, the subject of the investigation memorandum
 73.6 shall be notified and receive a summary of the investigative findings.

73.7 (n) In order to avoid duplication, licensing boards shall consider the findings of the lead
 73.8 investigative agency in their investigations if they choose to investigate. This does not
 73.9 preclude licensing boards from considering other information.

73.10 (o) The lead investigative agency must provide to the commissioner of human services
 73.11 its final dispositions, including the names of all substantiated perpetrators. The commissioner
 73.12 of human services shall establish records to retain the names of substantiated perpetrators.

73.13 **EFFECTIVE DATE.** This section is effective July 1, 2026, and applies to reports
 73.14 submitted on or after that date.

73.15 Sec. 53. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision
 73.16 to read:

73.17 **Subd. 11b. County social services agency; responsibilities.** The county social services
 73.18 agency is responsible for supervision of:

73.19 (1) intake decisions for initial disposition of the report;

73.20 (2) agency prioritization used to screen out an adult meeting eligibility for adult protective
 73.21 services as vulnerable and maltreated;

73.22 (3) safety, assessment, and services plans;

73.23 (4) protective service interventions;

73.24 (5) use of guardianship and other involuntary interventions;

73.25 (6) final determination for maltreatment; and

73.26 (7) case closure decisions.

73.27 Sec. 54. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision
 73.28 to read:

73.29 **Subd. 11c. County social services agency; referrals.** (a) When the common entry point
 73.30 refers a report to the county social services agency as the lead investigative agency or makes

74.1 a referral to the county social services agency for emergency adult protective services, or
74.2 when another lead investigative agency requests adult protective services from the county
74.3 social services agency for an adult referred to that lead investigative agency by the common
74.4 entry point, the county social services agency must use the data report system and
74.5 standardized decision and assessment tools provided by the commissioner of human services.
74.6 The information entered by the county social services agency into the data system and
74.7 standardized tools must be accessible to the Department of Human Services for the
74.8 department to meet federal requirements, evaluate consistent application of policy, review
74.9 quality of services and outcomes for adults, and meet requirements for background studies
74.10 and disqualification of individuals determined responsible for vulnerable adult maltreatment
74.11 under chapter 245C.

74.12 (b) The county social services agency must screen the report using the standardized tools
74.13 provided by the commissioner to determine:

74.14 (1) whether the referred adult meets adult protective services eligibility as potentially
74.15 vulnerable and maltreated under this section; and

74.16 (2) the response time required to initiate adult protective services.

74.17 (c) For reports referred by the common entry point for emergency adult protective
74.18 services, the county social services agency must immediately screen the report to determine
74.19 whether the adult should be accepted for emergency adult protective services. If the adult
74.20 is accepted for emergency adult protective services, the county social services agency must
74.21 immediately offer protective services to prevent further maltreatment and safeguard the
74.22 welfare of the vulnerable adult. Assessment of adults accepted by the county social services
74.23 agency for emergency protective services must be conducted in person by the agency or a
74.24 designee within 24 hours of the agency receiving the referral. When sexual or physical
74.25 abuse is suspected, the county social services agency must immediately arrange for and
74.26 make available to the vulnerable adult appropriate medical examination and services.

74.27 (d) For reports referred by the common entry point to the county as lead investigative
74.28 agency, the county social services agency must screen the report and make an initial
74.29 determination within seven calendar days following receipt of the report from the common
74.30 entry point on whether the adult should be accepted for adult protective services.

74.31 (e) For referrals made for adult protective services by the Department of Human Services
74.32 or the Department of Health in the applicable department's role as the lead investigative
74.33 agency responsible for reports made under this section, the county social services agency

75.1 must screen the report and determine within seven calendar days following receipt of referral
75.2 whether the adult should be accepted for adult protective services.

75.3 (f) If an adult meets eligibility requirements but is not accepted for adult protective
75.4 services based on local agency prioritization, the agency must document the reason for the
75.5 screening decision in the standardized tool provided by the commissioner.

75.6 Sec. 55. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision
75.7 to read:

75.8 Subd. 11d. **County social services agency; assessments.** (a) For adults accepted into
75.9 adult protective services, the county social services agency must decide, prior to initiation
75.10 of assessment activities, if the agency must also conduct an investigation for final disposition
75.11 for responsibility of maltreatment in addition to the assessment for adult protective services.

75.12 (b) The county social services agency must conduct assessments concurrently with
75.13 investigations when: (1) the county is both the lead investigative agency and responsible
75.14 for making a final determination of responsibility for maltreatment; or (2) another lead
75.15 investigative agency responsible for the final determination of maltreatment requests
75.16 assistance from the county social services agency.

75.17 (c) The county social services agency must conduct an in-person assessment to initiate
75.18 adult protective services:

75.19 (1) within 24 hours of accepting a referral for emergency protective services;

75.20 (2) within 24 hours of making an initial disposition that the adult is in immediate need
75.21 of protection, unless an in-person response would endanger the safety of the adult; or

75.22 (3) within 72 hours but in no instance later than seven calendar days from the first
75.23 business day after receiving the report for adults accepted for adult protective services.

75.24 (d) The county social services agency must use the standardized decision, assessment,
75.25 and service planning tools provided by the commissioner with all vulnerable adults accepted
75.26 for adult protective services. The county social services agency must involve the vulnerable
75.27 adult in the assessment and service plan. The county social services agency must document
75.28 and update assessment and service plans consistent with significant changes in the vulnerable
75.29 adult's health and safety.

75.30 (e) The county social services agency must notify the vulnerable adult and, if applicable,
75.31 the guardian or health care agent of the vulnerable adult of the results of the assessment and
75.32 service plan, including but not limited to recommendations for protective services intervention

76.1 to stop or prevent maltreatment and to protect the vulnerable adult's health, safety, and
76.2 comfort. When necessary to prevent further maltreatment or safeguard the vulnerable adult,
76.3 the county social services agency may share the results of the assessment with the vulnerable
76.4 adult's primary supports.

76.5 Sec. 56. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision
76.6 to read:

76.7 Subd. 11e. **County social services agency; investigations.** (a) The county social services
76.8 agency must investigate for a final disposition of responsibility for maltreatment for an
76.9 allegation of:

76.10 (1) abuse;

76.11 (2) financial abuse by a fiduciary;

76.12 (3) financial exploitation involving a nonfiduciary that may be criminal or that involved
76.13 force, coercion, harassment, deception, fraud, undue influence, or a scam;

76.14 (4) financial exploitation that involved another type of maltreatment;

76.15 (5) caregiver neglect by a paid caregiver or personal care assistance provider under
76.16 chapter 256B;

76.17 (6) caregiver neglect by an unpaid caregiver that resulted in intentional harm to the
76.18 vulnerable adult or involved another type of maltreatment; and

76.19 (7) a situation for which the county social services agency finds that a determination of
76.20 responsibility of maltreatment may safeguard a vulnerable adult or prevent further
76.21 maltreatment.

76.22 (b) The county social services agency must conduct an investigation for final disposition
76.23 of responsibility for maltreatment if the agency receives information during an assessment
76.24 that indicates the presence of any scenario listed in paragraph (a) or subdivision 11f.

76.25 Sec. 57. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision
76.26 to read:

76.27 Subd. 11f. **County social services agency; self-neglect.** (a) The county social services
76.28 agency may determine that an allegation that does not result in a determination of
76.29 responsibility for maltreatment is:

76.30 (1) self-neglect;

77.1 (2) neglect by an unpaid caregiver that did not result in intentional harm to the vulnerable
77.2 adult and did not involve another type of alleged maltreatment; or

77.3 (3) financial exploitation by a nonfiduciary that is consistent with the choice of the adult
77.4 and not criminal or involving force, coercion, harassment, deception, fraud, undue influence,
77.5 a scam, or another type of alleged maltreatment.

77.6 (b) An allegation of self-neglect is a substantiated determination if the county social
77.7 services agency determines that adult protective services are needed.

77.8 Sec. 58. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision
77.9 to read:

77.10 Subd. 11g. **County social services agency; initial contact.** (a) At the initial contact
77.11 with the vulnerable adult accepted by the county social services agency, the agency must
77.12 provide the vulnerable adult with information about the process for adult protective services
77.13 and the vulnerable adult's rights as an adult protective client.

77.14 (b) At initial contact, the county social services agency must inform the individual or
77.15 entity alleged responsible for maltreatment of the allegation in a manner consistent with
77.16 requirements under this section to protect the identity of the reporter. The interview with
77.17 the individual or entity alleged responsible for maltreatment may be postponed at the request
77.18 of a law enforcement agency or if the interview may endanger the safety of the vulnerable
77.19 adult.

77.20 Sec. 59. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision
77.21 to read:

77.22 Subd. 11h. **County social services agency; agency authority.** (a) A county social
77.23 services agency may enter all facilities and business premises of a licensed provider to
77.24 inspect and copy records as part of an adult protective services assessment or investigation.
77.25 The licensed provider must provide the county social services agency access to not public
77.26 data as defined in section 13.02, subdivision 8a, and medical records under sections 144.291
77.27 to 144.298 that are maintained at the facilities and business premises to the extent that the
77.28 data and records are necessary to conduct the agency's investigation. The licensed provider
77.29 must provide the county social services agency access to all available sources of information
77.30 at the facilities and business premises, not only written records.

78.1 (b) When necessary in order to protect a vulnerable adult from serious harm from
78.2 maltreatment, the county social services agency may seek any of the following protective
78.3 services interventions:

78.4 (1) emergency protective services;

78.5 (2) participation of law enforcement or emergency medical services;

78.6 (3) authority from a court to remove an adult from the situation in which maltreatment
78.7 occurred;

78.8 (4) a restraining order or court order for removal of the perpetrator from the residence
78.9 of the vulnerable adult pursuant to section 518.01;

78.10 (5) a referral for a financial transaction hold under chapter 45A or a protective
78.11 arrangement under this chapter or chapter 524;

78.12 (6) a referral for a representative payee;

78.13 (7) a referral to the prosecuting attorney for possible criminal prosecution of the
78.14 perpetrator under chapter 609;

78.15 (8) the appointment or replacement of a guardian or conservator pursuant to sections
78.16 524.5-101 to 524.5-502, or guardianship or conservatorship pursuant to chapter 252A when
78.17 maltreatment has been substantiated and when less restrictive interventions are not sufficient
78.18 to stop or reduce the risk of serious harm from maltreatment; and

78.19 (9) other interventions recommended by a multidisciplinary team under this section.

78.20 (c) The county social services agency may seek the protective services interventions
78.21 under paragraph (b) regardless of the vulnerable adult's voluntary or involuntary participation.

78.22 (d) The county social services agency may offer voluntary service interventions to
78.23 support the vulnerable adult or primary supports to stop, reduce the risk for, or prevent
78.24 subsequent maltreatment.

78.25 Sec. 60. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision
78.26 to read:

78.27 Subd. 11i. **County social services agency; legal intervention.** (a) In proceedings under
78.28 sections 524.5-101 to 524.5-502, if a suitable relative or other person is not available to
78.29 petition for guardianship or conservatorship, a county employee must present the petition
78.30 with representation by the county attorney. The county must contract with or arrange for a
78.31 suitable person or organization to provide ongoing guardianship services. If the county

79.1 presents evidence to the court exercising probate jurisdiction that the county has made
79.2 diligent effort and no other suitable person can be found, a county employee may serve as
79.3 guardian or conservator.

79.4 (b) The county must not retaliate against the employee for any action taken on behalf
79.5 of the person subject to guardianship or conservatorship, even if the action is adverse to the
79.6 county's interests. Any person retaliated against in violation of this subdivision shall have
79.7 a cause of action against the county and is entitled to reasonable attorney fees and costs of
79.8 the action if the action is upheld by the court.

79.9 (c) The expenses of a legal intervention must be paid by the county in the case of indigent
79.10 persons under section 524.5-502 and chapter 563.

79.11 Sec. 61. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision
79.12 to read:

79.13 Subd. 11j. **County social services agency; conflict of interest.** (a) A county that
79.14 identifies a potential conflict of interest under paragraph (c) related to an investigation,
79.15 assessment, or protective services intervention must coordinate with another county social
79.16 services agency to delegate the initial county's authority as the lead investigative agency to
79.17 remediate the potential conflict. County social services agencies must cooperate and accept
79.18 jurisdiction when an initial county social services agency identifies a potential conflict of
79.19 interest and requests the other county's assistance.

79.20 (b) The initial county must notify the commissioner of human services when no other
79.21 county is available to accept delegation of adult protective services duties. If the
79.22 commissioner is notified that no other county is available, the commissioner may use the
79.23 authority under subdivision 9a to determine the county social services agency responsible
79.24 as lead investigative agency and for adult protective services.

79.25 (c) A county social services agency employee or designee must not have:

79.26 (1) a personal or family relationship with a party in the investigation or assessment;

79.27 (2) a dual relationship, as defined in Code of Federal Regulations, title 45, section
79.28 1324.401, with the vulnerable adult;

79.29 (3) a personal financial interest or financial relationship with a provider receiving referrals
79.30 from the employee; or

79.31 (4) any other appearance of conflict of interest as determined by the county social services
79.32 agency.

80.1 Sec. 62. Minnesota Statutes 2024, section 626.557, subdivision 12b, is amended to read:

80.2 Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a
80.3 lead investigative agency, the county social ~~service~~ services agency shall maintain appropriate
80.4 records. Data collected by the county social ~~service~~ services agency under this section while
80.5 providing adult protective services are welfare data under section 13.46. Investigative data
80.6 collected under this section are confidential data on individuals or protected nonpublic data
80.7 as defined under section 13.02. Notwithstanding section 13.46, subdivision 1, paragraph
80.8 (a), data under this paragraph that are inactive investigative data on an individual who is a
80.9 vendor of services are private data on individuals, as defined in section 13.02. The identity
80.10 of the reporter may only be disclosed as provided in paragraph (c).

80.11 Data maintained by the common entry point are confidential data on individuals or
80.12 protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the
80.13 common entry point shall maintain data for three calendar years after date of receipt and
80.14 then destroy the data unless otherwise directed by federal requirements.

80.15 (b) The commissioners of health and human services shall prepare an investigation
80.16 memorandum for each report alleging maltreatment investigated under this section. County
80.17 social ~~service~~ services agencies must maintain private data on individuals but are not required
80.18 to prepare an investigation memorandum. During an investigation by the commissioner of
80.19 health or the commissioner of human services, data collected under this section are
80.20 confidential data on individuals or protected nonpublic data as defined in section 13.02.
80.21 Upon completion of the investigation, the data are classified as provided in clauses (1) to
80.22 (3) and paragraph (c).

80.23 (1) The investigation memorandum must contain the following data, which are public:

80.24 (i) the name of the facility investigated;

80.25 (ii) a statement of the nature of the alleged maltreatment;

80.26 (iii) pertinent information obtained from medical or other records reviewed;

80.27 (iv) the identity of the investigator;

80.28 (v) a summary of the investigation's findings;

80.29 (vi) statement of whether the report was found to be substantiated, inconclusive, false,
80.30 or that no determination will be made;

80.31 (vii) a statement of any action taken by the facility;

80.32 (viii) a statement of any action taken by the lead investigative agency; and

81.1 (ix) when a lead investigative agency's determination has substantiated maltreatment, a
81.2 statement of whether an individual, individuals, or a facility were responsible for the
81.3 substantiated maltreatment, if known.

81.4 The investigation memorandum must be written in a manner which protects the identity
81.5 of the reporter and of the vulnerable adult and may not contain the names or, to the extent
81.6 possible, data on individuals or private data listed in clause (2).

81.7 (2) Data on individuals collected and maintained in the investigation memorandum are
81.8 private data, including:

81.9 (i) the name of the vulnerable adult;

81.10 (ii) the identity of the individual alleged to be the perpetrator;

81.11 (iii) the identity of the individual substantiated as the perpetrator; and

81.12 (iv) the identity of all individuals interviewed as part of the investigation.

81.13 (3) Other data on individuals maintained as part of an investigation under this section
81.14 are private data on individuals upon completion of the investigation.

81.15 (c) The name of the reporter must be confidential. The subject of the report may compel
81.16 disclosure of the name of the reporter only with the consent of the reporter or upon a written
81.17 finding by a court that the report was false and there is evidence that the report was made
81.18 in bad faith. This subdivision does not alter disclosure responsibilities or obligations under
81.19 the Rules of Criminal Procedure, except that where the identity of the reporter is relevant
81.20 to a criminal prosecution, the district court shall do an in-camera review prior to determining
81.21 whether to order disclosure of the identity of the reporter.

81.22 (d) Notwithstanding section 138.163, data maintained under this section by the
81.23 commissioners of health and human services and county adult protective services must be
81.24 maintained under the following schedule and then destroyed unless otherwise directed by
81.25 federal requirements:

81.26 (1) data from reports determined to be false, maintained for three years after the finding
81.27 was made for reports under the jurisdiction of the Department of Human Services or the
81.28 Department of Health and five years after the finding was made for reports under the
81.29 jurisdiction of county adult protective services;

81.30 (2) data from reports determined to be inconclusive, maintained for four years after the
81.31 finding was made for reports under the jurisdiction of the Department of Human Services

82.1 or the Department of Health and five years after the finding was made for reports under the
82.2 jurisdiction of county adult protective services;

82.3 (3) data from reports determined to be substantiated, maintained for seven years after
82.4 the finding was made; and

82.5 (4) data from reports which were not investigated by a lead investigative agency and for
82.6 which there is no final disposition, maintained for three years from the date of the report
82.7 for reports under the jurisdiction of the Department of Human Services or the Department
82.8 of Health and five years from the date of the report for reports under the jurisdiction of
82.9 county adult protective services.

82.10 (e) The commissioners of health and human services shall annually publish on their
82.11 websites the number and type of reports of alleged maltreatment involving licensed facilities
82.12 reported under this section, the number of those requiring investigation under this section,
82.13 and the resolution of those investigations.

82.14 ~~(f) Each lead investigative agency must have a record retention policy.~~

82.15 ~~(g)~~ (f) Lead investigative agencies, county agencies responsible for adult protective
82.16 services, prosecuting authorities, and law enforcement agencies may exchange not public
82.17 data, as defined in section 13.02, with a tribal agency, facility, service provider, vulnerable
82.18 adult, primary support person for a vulnerable adult, emergency management service,
82.19 financial institution, medical examiner, state licensing board, federal or state agency, the
82.20 ombudsman for long-term care, or the ombudsman for mental health and developmental
82.21 disabilities, if the agency or authority providing the data determines that the data are pertinent
82.22 and necessary to prevent further maltreatment of a vulnerable adult, to safeguard a vulnerable
82.23 adult, or for an investigation under this section. Data collected under this section must be
82.24 made available to prosecuting authorities and law enforcement officials, local county
82.25 agencies, the commissioner of human services as the state Medicaid agency, and licensing
82.26 agencies investigating the alleged maltreatment under this section. The lead investigative
82.27 agency shall exchange not public data with the vulnerable adult maltreatment review panel
82.28 established in section 256.021 if the data are pertinent and necessary for a review requested
82.29 under that section. Notwithstanding section 138.17, upon completion of the review, not
82.30 public data received by the review panel must be destroyed.

82.31 ~~(h)~~ (g) Each lead investigative agency shall keep records of the length of time it takes
82.32 to complete its investigations.

82.33 ~~(i)~~ (h) A lead investigative agency may notify other affected parties and their authorized
82.34 representative if the lead investigative agency has reason to believe maltreatment has occurred

83.1 and determines the information will safeguard the well-being of the affected parties or dispel
83.2 widespread rumor or unrest in the affected facility.

83.3 ~~(i)~~ (i) Under any notification provision of this section, where federal law specifically
83.4 prohibits the disclosure of patient identifying information, a lead investigative agency may
83.5 not provide any notice unless the vulnerable adult has consented to disclosure in a manner
83.6 which conforms to federal requirements.

83.7 (j) When a county agency acting as the lead investigative agency is aware the person
83.8 determined responsible for maltreatment is a guardian or conservator appointed under
83.9 chapter 524, the county agency must share the final determination with the Minnesota
83.10 Judicial Branch within 14 calendar days of the determination.

83.11 Sec. 63. Minnesota Statutes 2024, section 626.5572, subdivision 2, is amended to read:

83.12 Subd. 2. **Abuse.** "Abuse" means:

83.13 (a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate,
83.14 or aiding and abetting a violation of:

83.15 (1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;

83.16 (2) the use of drugs to injure or facilitate crime as defined in section 609.235;

83.17 (3) the solicitation, inducement, and promotion of prostitution as defined in section
83.18 609.322; and

83.19 (4) criminal sexual conduct in the first through fifth degrees as defined in sections
83.20 609.342 to 609.3451.

83.21 A violation includes any action that meets the elements of the crime, regardless of
83.22 whether there is a criminal proceeding or conviction.

83.23 (b) Conduct which is not an accident or therapeutic conduct as defined in this section,
83.24 which produces or could reasonably be expected to produce physical pain or injury or
83.25 emotional distress including, but not limited to, the following:

83.26 (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable
83.27 adult;

83.28 (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable
83.29 adult or the treatment of a vulnerable adult which would be considered by a reasonable
83.30 person to be disparaging, derogatory, humiliating, harassing, or threatening; or

84.1 (3) use of any aversive or deprivation procedure, unreasonable confinement, or
84.2 involuntary seclusion, including the forced separation of the vulnerable adult from other
84.3 persons against the will of the vulnerable adult or the legal representative of the vulnerable
84.4 adult unless authorized under applicable licensing requirements or Minnesota Rules, chapter
84.5 9544.

84.6 (c) Any contact with the vulnerable adult that is not therapeutic conduct and a reasonable
84.7 person would consider a sexual act or any nonconsensual sexual interaction with the
84.8 vulnerable adult, including but not limited to:

84.9 (1) making, viewing, or sharing sexual images or videos with or of the vulnerable adult;
84.10 and

84.11 (2) using oral, written, gestured, or electronic communication that is sexually harassing,
84.12 including but not limited to unwelcome sexual advances or requests for sexual favors.

84.13 ~~(e)~~ (d) Any sexual contact or penetration as defined in section 609.341, between a facility
84.14 staff person or a person providing services in the facility and a resident, patient, or client
84.15 of that facility.

84.16 ~~(d)~~ (e) The act of forcing, compelling, coercing, or enticing a vulnerable adult against
84.17 the vulnerable adult's will to perform services for the advantage of another.

84.18 ~~(e)~~ (f) For purposes of this section, a vulnerable adult is not abused for the sole reason
84.19 that the vulnerable adult or a person with authority to make health care decisions for the
84.20 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section
84.21 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority
84.22 and within the boundary of reasonable medical practice, to any therapeutic conduct, including
84.23 any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition
84.24 of the vulnerable adult or, where permitted under law, to provide nutrition and hydration
84.25 parenterally or through intubation. This paragraph does not enlarge or diminish rights
84.26 otherwise held under law by:

84.27 (1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an
84.28 involved family member, to consent to or refuse consent for therapeutic conduct; or

84.29 (2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

84.30 ~~(f)~~ (g) For purposes of this section, a vulnerable adult is not abused for the sole reason
84.31 that the vulnerable adult, a person with authority to make health care decisions for the
84.32 vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or
84.33 prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of

85.1 medical care, provided that this is consistent with the prior practice or belief of the vulnerable
85.2 adult or with the expressed intentions of the vulnerable adult.

85.3 ~~(g)~~ (h) For purposes of this section, a vulnerable adult is not abused for the sole reason
85.4 that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional
85.5 dysfunction or undue influence, engages in consensual sexual contact with:

85.6 (1) a person, including a facility staff person, when a consensual sexual personal
85.7 relationship existed prior to the caregiving relationship; or

85.8 (2) a personal care attendant, regardless of whether the consensual sexual personal
85.9 relationship existed prior to the caregiving relationship.

85.10 Sec. 64. Minnesota Statutes 2024, section 626.5572, is amended by adding a subdivision
85.11 to read:

85.12 Subd. 3a. **Adult protective services.** "Adult protective services" means an adult
85.13 protection program administered by a county social services agency under the authority of
85.14 the agency's governing body or delegated to a Tribal government by the commissioner of
85.15 human services to support adults referred for maltreatment to live safely and with dignity.

85.16 Sec. 65. Minnesota Statutes 2024, section 626.5572, is amended by adding a subdivision
85.17 to read:

85.18 Subd. 3b. **Assessment.** "Assessment" means a structured process conducted by a county
85.19 social services agency to review the safety, strengths, and needs of an adult referred as
85.20 vulnerable and maltreated and accepted by the agency for adult protective services and to
85.21 develop a service plan to stop, prevent, and reduce risk of maltreatment for the adult using
85.22 standardized tools provided by the Department of Human Services.

85.23 Sec. 66. Minnesota Statutes 2024, section 626.5572, subdivision 9, is amended to read:

85.24 Subd. 9. **Financial exploitation.** "Financial exploitation" means:

85.25 (a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent
85.26 regulations, contractual obligations, documented consent by a competent person, or the
85.27 obligations of a responsible party under section 144.6501, a person:

85.28 (1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable
85.29 adult which results or is likely to result in detriment to the vulnerable adult; or

86.1 (2) fails to use the financial resources of the vulnerable adult to provide food, clothing,
86.2 shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the
86.3 failure results or is likely to result in detriment to the vulnerable adult.

86.4 (b) In the absence of legal authority a person:

86.5 (1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

86.6 (2) obtains for the actor or another the performance of services by ~~a third person~~ the
86.7 vulnerable adult for the wrongful profit or advantage of the actor or another to the detriment
86.8 of the vulnerable adult;

86.9 (3) acquires possession or control of, or an interest in, funds or property of a vulnerable
86.10 adult through the use of undue influence, harassment, duress, deception, or fraud; or

86.11 (4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's
86.12 will to perform services for the profit or advantage of another.

86.13 (c) Nothing in this definition requires a facility or caregiver to provide financial
86.14 management or supervise financial management for a vulnerable adult except as otherwise
86.15 required by law.

86.16 Sec. 67. Minnesota Statutes 2024, section 626.5572, is amended by adding a subdivision
86.17 to read:

86.18 Subd. 12a. **Investigation.** "Investigation" means activities for fact gathering conducted
86.19 by the lead investigative agency to make a final determination of maltreatment.

86.20 Sec. 68. Minnesota Statutes 2025 Supplement, section 626.5572, subdivision 13, is amended
86.21 to read:

86.22 Subd. 13. **Lead investigative agency.** "Lead investigative agency" is the primary
86.23 administrative agency responsible for investigating reports made under section 626.557.

86.24 (a) The Department of Health is the lead investigative agency for facilities or services
86.25 licensed or required to be licensed as hospitals, home care providers, nursing homes, boarding
86.26 care homes, hospice providers, residential facilities that are also federally certified as
86.27 intermediate care facilities that serve people with developmental disabilities, or any other
86.28 facility or service not listed in this subdivision that is licensed or required to be licensed by
86.29 the Department of Health for the care of vulnerable adults. "Home care provider" has the
86.30 meaning provided in section 144A.43, subdivision 4, and applies when care or services are
86.31 delivered in the vulnerable adult's home.

87.1 (b) The Department of Human Services is the lead investigative agency for facilities or
87.2 services licensed or required to be licensed as adult day care, adult foster care, community
87.3 residential settings, programs for people with disabilities, EIDBI agencies, family adult day
87.4 services, mental health programs, mental health clinics, substance use disorder programs,
87.5 the Minnesota Sex Offender Program, or any other facility or service not listed in this
87.6 subdivision that is licensed or required to be licensed by the Department of Human Services.
87.7 The Department of Human Services is also the lead investigative agency for unlicensed
87.8 EIDBI agencies under section 256B.0949.

87.9 (c) The county social ~~service~~ services agency adult protective services or ~~its~~ the agency's
87.10 designee or a federally recognized Indian Tribe that entered into a contractual agreement
87.11 with the commissioner of human services to operate adult protective services is the lead
87.12 investigative agency for all other reports, including but not limited to reports involving
87.13 vulnerable adults receiving services from a personal care provider organization under section
87.14 256B.0659 or 256B.85.

87.15 Sec. 69. Minnesota Statutes 2024, section 626.5572, subdivision 17, is amended to read:

87.16 Subd. 17. **Neglect.** (a) "Neglect" means neglect by a caregiver or self-neglect.

87.17 (b) "Caregiver neglect" means the failure or omission by a caregiver to supply a
87.18 vulnerable adult with care or services, including but not limited to, food, clothing, shelter,
87.19 health care, or supervision which is:

87.20 (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or
87.21 mental health or safety, considering the physical and mental capacity or dysfunction of the
87.22 vulnerable adult; and

87.23 (2) which is not the result of an accident or therapeutic conduct.

87.24 (c) "Self-neglect" means neglect by a vulnerable adult of the vulnerable adult's own
87.25 food, clothing, shelter, health care, financial management, or other services that are not the
87.26 responsibility of a caregiver which a reasonable person would deem essential to obtain or
87.27 maintain the vulnerable adult's health, safety, or comfort.

87.28 (d) For purposes of this section, a vulnerable adult is not neglected for the sole reason
87.29 that:

87.30 (1) the vulnerable adult or a person with authority to make health care decisions for the
87.31 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or sections
87.32 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with
87.33 that authority and within the boundary of reasonable medical practice, to any therapeutic

88.1 conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical
88.2 or mental condition of the vulnerable adult, or, where permitted under law, to provide
88.3 nutrition and hydration parenterally or through intubation; this paragraph does not enlarge
88.4 or diminish rights otherwise held under law by:

88.5 (i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an
88.6 involved family member, to consent to or refuse consent for therapeutic conduct; or

88.7 (ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or

88.8 (2) the vulnerable adult, a person with authority to make health care decisions for the
88.9 vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or
88.10 prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of
88.11 medical care, provided that this is consistent with the prior practice or belief of the vulnerable
88.12 adult or with the expressed intentions of the vulnerable adult;

88.13 (3) the vulnerable adult, who is not impaired in judgment or capacity by mental or
88.14 emotional dysfunction or undue influence, engages in consensual sexual contact with:

88.15 (i) a person including a facility staff person when a consensual sexual personal
88.16 relationship existed prior to the caregiving relationship; or

88.17 (ii) a personal care attendant, regardless of whether the consensual sexual personal
88.18 relationship existed prior to the caregiving relationship; or

88.19 (4) an individual makes an error in the provision of therapeutic conduct to a vulnerable
88.20 adult which does not result in injury or harm which reasonably requires medical or mental
88.21 health care; or

88.22 (5) an individual makes an error in the provision of therapeutic conduct to a vulnerable
88.23 adult that results in injury or harm, which reasonably requires the care of a physician, and:

88.24 (i) the necessary care is provided in a timely fashion as dictated by the condition of the
88.25 vulnerable adult;

88.26 (ii) if after receiving care, the health status of the vulnerable adult can be reasonably
88.27 expected, as determined by the attending physician, to be restored to the vulnerable adult's
88.28 preexisting condition;

88.29 (iii) the error is not part of a pattern of errors by the individual;

88.30 (iv) if in a facility, the error is immediately reported as required under section 626.557,
88.31 and recorded internally in the facility;

89.1 (v) if in a facility, the facility identifies and takes corrective action and implements
89.2 measures designed to reduce the risk of further occurrence of this error and similar errors;
89.3 and

89.4 (vi) if in a facility, the actions required under items (iv) and (v) are sufficiently
89.5 documented for review and evaluation by the facility and any applicable licensing,
89.6 certification, and ombudsman agency.

89.7 (e) Nothing in this definition requires a caregiver, if regulated, to provide services in
89.8 excess of those required by the caregiver's license, certification, registration, or other
89.9 regulation.

89.10 (f) If the findings of an investigation by a lead investigative agency result in a
89.11 determination of substantiated maltreatment for the sole reason that the actions required of
89.12 a facility under paragraph (d), clause (5), item (iv), (v), or (vi), were not taken, then the
89.13 facility is subject to a correction order. An individual will not be found to have neglected
89.14 or maltreated the vulnerable adult based solely on the facility's not having taken the actions
89.15 required under paragraph (d), clause (5), item (iv), (v), or (vi). This must not alter the lead
89.16 investigative agency's determination of mitigating factors under section 626.557, subdivision
89.17 9c, paragraph (f).

89.18 Sec. 70. Laws 2024, chapter 125, article 1, section 47, is amended to read:

89.19 Sec. 47. **DIRECTION TO COMMISSIONER; PEDIATRIC HOSPITAL-TO-HOME**
89.20 **TRANSITION PILOT PROGRAM.**

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

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

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

89.32 (2) avoidable rehospitalization days for pediatric patients;

90.1 (3) unnecessary emergency department utilization by pediatric patients following
90.2 discharge;

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

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

90.5 (c) Grant money must not be used to supplant payment rates for services covered under
90.6 Minnesota Statutes, chapter 256B.

90.7 (d) No later than December 15, ~~2026~~ 2027, the commissioner must prepare a report
90.8 summarizing the impact of the pilot program that includes but is not limited to: (1) the
90.9 number of delayed discharge days eliminated; (2) the number of rehospitalization days
90.10 eliminated; (3) the number of unnecessary emergency department admissions eliminated;
90.11 (4) the number of missed school days eliminated; and (5) an estimate of the return on
90.12 investment of the pilot program.

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

90.16 Sec. 71. **HOUSING STABILIZATION SERVICES REDESIGN.**

90.17 **Subdivision 1. Direction to the commissioner.** The commissioner of human services
90.18 must develop recommendations for establishing a program to support individuals
90.19 experiencing or at risk of homelessness to obtain and maintain safe and stable housing.

90.20 **Subd. 2. Recommendations.** In developing recommendations, the commissioner must:

90.21 (1) prioritize establishing a housing services benefit specifically for Minnesota Tribal
90.22 governments and urban Indian organizations;

90.23 (2) utilize evidence-based and promising practices to prevent and reduce homelessness;

90.24 (3) identify gaps in available housing services and supports and not duplicate any existing
90.25 programs;

90.26 (4) identify expected outcomes and measures to track effectiveness of the proposed
90.27 program;

90.28 (5) incorporate tools and system changes to protect program integrity and prevent fraud,
90.29 waste, and abuse; and

90.30 (6) include statutory changes and state appropriations to implement the proposed program.

91.1 Subd. 3. **Community engagement.** In developing recommendations, the commissioner
91.2 must consult with the legislature, other state agencies, Tribal Nations, and community
91.3 partners, including counties, providers, health plans, and people experiencing or at risk of
91.4 homelessness.

91.5 Subd. 4. **Legislative report.** By September 15, 2027, the commissioner must submit to
91.6 the chairs and ranking minority members of the legislative committees with jurisdiction
91.7 over health and human services policy and finance a report including final recommendations
91.8 to establish both a housing services benefit specifically for Tribal governments and urban
91.9 Indian organizations and a statewide housing services benefit.

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

91.11 **Sec. 72. REVISOR INSTRUCTION.**

91.12 (a) The revisor of statutes shall renumber the definitions in Minnesota Statutes, section
91.13 256B.85, subdivision 2, and the definitions in Minnesota Statutes, section 256B.851,
91.14 subdivision 2, as subdivisions in Minnesota Statutes, section 256B.8502, rearranging the
91.15 renumbered and existing definitions in Minnesota Statutes, section 256B.8502, as necessary
91.16 to place them in alphabetical order. The revisor of statutes shall revise all statutory
91.17 cross-references consistent with this recoding.

91.18 (b) If a provision of Minnesota Statutes, section 256B.85, subdivision 2, or 256B.851,
91.19 subdivision 2, are amended or repealed in the 2026 regular legislative session, the revisor
91.20 of statutes shall codify the amendment or repealer in Minnesota Statutes, section 256B.8502,
91.21 notwithstanding any other law to the contrary.

91.22 **Sec. 73. REPEALER.**

91.23 (a) Minnesota Statutes 2024, sections 256B.051, subdivisions 1, 4, and 7; 256B.5012,
91.24 subdivisions 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, and 16; and 626.557, subdivision 10, are
91.25 repealed.

91.26 (b) Minnesota Statutes 2025 Supplement, sections 245A.04, subdivision 7; and 256B.051,
91.27 subdivisions 2, 3, 5, 6, 6a, 6b, 8, 9, and 10, are repealed.

91.28 (c) Laws 2025, First Special Session chapter 3, article 18, section 3, is repealed.

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

92.1 **ARTICLE 3**

92.2 **BEHAVIOR HEALTH POLICY**

92.3 Section 1. Minnesota Statutes 2024, section 245F.02, subdivision 17, is amended to read:

92.4 Subd. 17. **Peer recovery support services.** "Peer recovery support services" means
92.5 services provided according to section ~~245F.08, subdivision 3~~ 254B.052.

92.6 Sec. 2. Minnesota Statutes 2025 Supplement, section 245F.08, subdivision 3, is amended
92.7 to read:

92.8 Subd. 3. **Peer recovery support services.** Peer recovery support services must meet the
92.9 requirements in section ~~245G.07, subdivision 2a, paragraph (b), clause (2)~~ 254B.052, and
92.10 must be provided by a person who is qualified according to the requirements in section
92.11 ~~245F.15, subdivision 7~~ 245I.04, subdivisions 18 and 19.

92.12 Sec. 3. Minnesota Statutes 2024, section 245F.15, subdivision 7, is amended to read:

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

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

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

92.17 Sec. 4. Minnesota Statutes 2025 Supplement, section 245G.11, subdivision 7, is amended
92.18 to read:

92.19 Subd. 7. **Treatment coordination provider qualifications.** (a) Treatment coordination
92.20 must be provided by qualified staff. An individual is qualified to provide treatment
92.21 coordination if the individual meets the qualifications of an alcohol and drug counselor
92.22 under subdivision 5 or if the individual:

92.23 (1) is skilled in the process of identifying and assessing a wide range of client needs;

92.24 (2) is knowledgeable about local community resources and how to use those resources
92.25 for the benefit of the client;

92.26 (3) has completed 15 hours of education or training on substance use disorder,
92.27 co-occurring conditions, and care coordination for individuals with substance use disorder
92.28 or co-occurring conditions that is consistent with national evidence-based standards;

92.29 (4) meets one of the following criteria:

- 93.1 ~~(i) has a bachelor's degree in one of the behavioral sciences or related fields;~~
 93.2 ~~(ii) (i) has a high school diploma or equivalent; or~~
 93.3 ~~(iii) (ii) is a mental health practitioner who meets the qualifications under section 245I.04,~~
 93.4 ~~subdivision 4; and~~

93.5 (5) either has at least 1,000 hours of supervised experience working with individuals
 93.6 with substance use disorder or co-occurring conditions or receives treatment supervision at
 93.7 least once per week until obtaining 1,000 hours of supervised experience working with
 93.8 individuals with substance use disorder or co-occurring conditions.

93.9 (b) A treatment coordinator must receive the following levels of supervision from an
 93.10 alcohol and drug counselor or a mental health professional whose scope of practice includes
 93.11 substance use disorder treatment and assessments:

93.12 (1) for a treatment coordinator that has not obtained 1,000 hours of supervised experience
 93.13 under paragraph (a), clause (5), at least one hour of supervision per week; or

93.14 (2) for a treatment coordinator that has obtained at least 1,000 hours of supervised
 93.15 experience under paragraph (a), clause (5), at least one hour of supervision per month.

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

93.17 Sec. 5. Minnesota Statutes 2024, section 245G.11, subdivision 8, is amended to read:

93.18 Subd. 8. **Recovery peer qualifications.** A recovery peer must:

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

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

93.22 Sec. 6. Minnesota Statutes 2025 Supplement, section 254A.03, subdivision 3, is amended
 93.23 to read:

93.24 Subd. 3. **Rules for substance use disorder care.** (a) An eligible vendor of comprehensive
 93.25 assessments under section 254B.0501 may determine the appropriate level of substance use
 93.26 disorder treatment for a recipient of public assistance. The process for determining an
 93.27 individual's financial eligibility for the behavioral health fund or determining an individual's
 93.28 enrollment in or eligibility for a publicly subsidized health plan is not affected by the
 93.29 individual's choice to access a comprehensive assessment for placement.

94.1 ~~(b) The commissioner shall develop and implement a utilization review process for~~
94.2 ~~publicly funded treatment placements to monitor and review the clinical appropriateness~~
94.3 ~~and timeliness of all publicly funded placements in treatment.~~

94.4 ~~(e)~~ (b) If a screen result is positive for alcohol or substance misuse, a brief screening for
94.5 alcohol or substance use disorder that is provided to a recipient of public assistance within
94.6 a primary care clinic, hospital, or other medical setting or school setting establishes medical
94.7 necessity and approval for an initial set of substance use disorder services identified in
94.8 section 254B.0505. The initial set of services approved for a recipient whose screen result
94.9 is positive may include any combination of up to four hours of individual or group substance
94.10 use disorder treatment, two hours of substance use disorder treatment coordination, or two
94.11 hours of substance use disorder peer support services provided by a qualified individual
94.12 according to chapter 245G. A recipient must obtain an assessment pursuant to paragraph
94.13 (a) to be approved for additional treatment services. A comprehensive assessment pursuant
94.14 to section 245G.05 is not required to receive the initial set of services allowed under this
94.15 subdivision. A positive screen result establishes eligibility for the initial set of services
94.16 allowed under this subdivision.

94.17 ~~(d)~~ (c) An individual may choose to obtain a comprehensive assessment as provided in
94.18 section 245G.05. Individuals obtaining a comprehensive assessment may access any enrolled
94.19 provider that is licensed to provide the level of service authorized pursuant to section
94.20 254A.19, subdivision 3. If the individual is enrolled in a prepaid health plan, the individual
94.21 must comply with any provider network requirements or limitations.

94.22 Sec. 7. Minnesota Statutes 2025 Supplement, section 254B.0501, subdivision 6, is amended
94.23 to read:

94.24 **Subd. 6. Recovery community organizations.** (a) A recovery community organization
94.25 that meets the requirements of clauses (1) to (15), complies with the training requirements
94.26 in section 254B.052, subdivision 4, and meets certification requirements of the Minnesota
94.27 Alliance of Recovery Community Organizations or another Minnesota statewide recovery
94.28 organization identified by the commissioner is an eligible vendor of peer recovery support
94.29 services. If the commissioner does not identify another statewide recovery organization, or
94.30 the Minnesota Alliance of Recovery Community Organizations or the statewide recovery
94.31 organization identified by the commissioner is not reasonably positioned to certify vendors,
94.32 the commissioner must determine the eligibility of a vendor of peer recovery support services.
94.33 A Minnesota statewide recovery organization identified by the commissioner must update
94.34 recovery community organization applicants for certification on the status of the application

95.1 within 45 days of receipt. If the approved statewide recovery organization denies an
95.2 application, it must provide a written explanation for the denial to the recovery community
95.3 organization. Eligible vendors under this paragraph must:

95.4 (1) be nonprofit organizations under section 501(c)(3) of the Internal Revenue Code, be
95.5 free from conflicting self-interests, and be autonomous in decision-making, program
95.6 development, peer recovery support services provided, and advocacy efforts for the purpose
95.7 of supporting the recovery community organization's mission;

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

95.11 (3) have a mission statement and conduct corresponding activities indicating that the
95.12 organization's primary purpose is to support recovery from substance use disorder;

95.13 (4) demonstrate ongoing community engagement with the identified primary region and
95.14 population served by the organization, including individuals in recovery and their families,
95.15 friends, and recovery allies;

95.16 (5) be accountable to the recovery community through documented priority-setting and
95.17 participatory decision-making processes that promote the engagement of, and consultation
95.18 with, people in recovery and their families, friends, and recovery allies;

95.19 (6) provide nonclinical peer recovery support services, including but not limited to
95.20 recovery support groups, recovery coaching, telephone recovery support, skill-building,
95.21 and harm-reduction activities, and provide recovery public education and advocacy;

95.22 (7) have written policies that allow for and support opportunities for all paths toward
95.23 recovery and refrain from excluding anyone based on their chosen recovery path, which
95.24 may include but is not limited to harm reduction paths, faith-based paths, and nonfaith-based
95.25 paths;

95.26 (8) maintain organizational practices to meet the needs of Black, Indigenous, and people
95.27 of color communities, LGBTQ+ communities, and other underrepresented or marginalized
95.28 communities. Organizational practices may include board and staff training, service offerings,
95.29 advocacy efforts, and culturally informed outreach and services;

95.30 (9) use recovery-friendly language in all media and written materials that is supportive
95.31 of and promotes recovery across diverse geographical and cultural contexts and reduces
95.32 stigma;

96.1 (10) establish and maintain a publicly available recovery community organization code
96.2 of ethics and grievance policy and procedures;

96.3 (11) not classify or treat any recovery peer hired on or after July 1, 2024, as an
96.4 independent contractor;

96.5 (12) not classify or treat any recovery peer as an independent contractor on or after
96.6 January 1, 2025;

96.7 (13) provide an orientation for recovery peers that includes an overview of the consumer
96.8 advocacy services provided by the Ombudsman for Mental Health and Developmental
96.9 Disabilities and other relevant advocacy services;

96.10 (14) provide notice to peer recovery support services participants that includes the
96.11 following statement: "If you have a complaint about the provider or the person providing
96.12 your peer recovery support services, you may contact the Minnesota Alliance of Recovery
96.13 Community Organizations. You may also contact the Office of Ombudsman for Mental
96.14 Health and Developmental Disabilities." The statement must also include:

96.15 (i) the telephone number, website address, email address, and mailing address of the
96.16 Minnesota Alliance of Recovery Community Organizations and the Office of Ombudsman
96.17 for Mental Health and Developmental Disabilities;

96.18 (ii) the recovery community organization's name, address, email, telephone number, and
96.19 name or title of the person at the recovery community organization to whom problems or
96.20 complaints may be directed; and

96.21 (iii) a statement that the recovery community organization will not retaliate against a
96.22 peer recovery support services participant because of a complaint; and

96.23 (15) comply with the requirements of section 245A.04, subdivision 15a.

96.24 (b) A recovery community organization approved by the commissioner before June 30,
96.25 2023, must have begun the application process as required by an approved certifying or
96.26 accrediting entity and have begun the process to meet the requirements under paragraph (a)
96.27 by September 1, 2024, in order to be considered as an eligible vendor of peer recovery
96.28 support services.

96.29 (c) A recovery community organization that is aggrieved by a certification determination
96.30 and believes it meets the requirements under paragraph (a) may appeal the determination
96.31 under section 256.045, subdivision 3, paragraph (a), clause (14), for reconsideration as an
96.32 eligible vendor. If the human services judge determines that the recovery community
96.33 organization meets the requirements under paragraph (a), the recovery community

97.1 organization is an eligible vendor of peer recovery support services for up to two years from
 97.2 the date of the determination. After two years, the recovery community organization must
 97.3 apply for certification under paragraph (a) to continue to be an eligible vendor of peer
 97.4 recovery support services.

97.5 (d) All recovery community organizations must be certified by an entity listed in
 97.6 paragraph (a) by June 30, ~~2027~~ 2026.

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

97.8 Sec. 8. Minnesota Statutes 2025 Supplement, section 254B.0505, subdivision 8, is amended
 97.9 to read:

97.10 Subd. 8. ~~Peer recovery support services~~ **Utilization review requirements.** Eligible
 97.11 vendors of ~~peer recovery support services~~ in subdivision 1, clauses (1) to (10), must:

97.12 ~~(1) submit to a review by the commissioner of up to ten percent of all medical assistance~~
 97.13 ~~and behavioral health fund claims to determine the medical necessity of peer recovery~~
 97.14 ~~support services for entities billing for peer recovery support services individually and not~~
 97.15 ~~receiving a daily rate; and~~

97.16 ~~(2) limit an individual client to 14 hours per week for peer recovery support services~~
 97.17 ~~from an individual provider of peer recovery support services.~~

97.18 Sec. 9. Minnesota Statutes 2025 Supplement, section 254B.0505, is amended by adding
 97.19 a subdivision to read:

97.20 Subd. 9. **Monetary recovery.** Reimbursement for services authorized under this chapter
 97.21 that are not provided in accordance with this chapter are subject to monetary recovery under
 97.22 section 256B.064 as money improperly paid.

97.23 Sec. 10. Minnesota Statutes 2024, section 254B.052, subdivision 1, is amended to read:

97.24 Subdivision 1. **Peer recovery support services; service requirements.** (a) Peer recovery
 97.25 support services are face-to-face interactions between a recovery peer and a client, on a
 97.26 one-on-one basis, in which specific goals identified in an individual recovery plan, treatment
 97.27 plan, or stabilization plan are discussed and addressed. Peer recovery support services are
 97.28 provided to promote a client's recovery goals, self-sufficiency, self-advocacy, and
 97.29 development of natural supports and to support maintenance of a client's recovery.

97.30 (b) Peer recovery support services must be provided according to (1) an individual
 97.31 recovery plan if provided by a recovery community organization or county, a treatment plan

98.1 if provided in either a substance use disorder treatment program under chapter 245G; or a
98.2 Tribally licensed substance use disorder treatment program, or (2) a stabilization plan if
98.3 provided by a withdrawal management program under chapter 245F.

98.4 (c) A client receiving peer recovery support services must participate in the services
98.5 voluntarily. Any program that incorporates peer recovery support services must provide
98.6 written notice to the client that peer recovery support services will be provided.

98.7 (d) Peer recovery support services may not be provided to a client residing with or
98.8 employed by a recovery peer from whom ~~they receive~~ the client receives services.

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

98.10 Sec. 11. Minnesota Statutes 2024, section 254B.052, is amended by adding a subdivision
98.11 to read:

98.12 **Subd. 7. Billing limits.** Eligible vendors of peer recovery support services must limit
98.13 an individual client to 14 hours per week for peer recovery support services from an
98.14 individual provider of peer recovery support services.

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

98.16 Sec. 12. Minnesota Statutes 2024, section 256B.0759, subdivision 3, is amended to read:

98.17 **Subd. 3. Provider standards.** ~~(a) The commissioner must establish requirements for~~
98.18 ~~participating providers that are consistent with the federal requirements of the demonstration~~
98.19 ~~project.~~ The following programs that receive payment for substance use disorder treatment
98.20 services under section 256B.0625 must enroll as a Minnesota Health Care Programs provider,
98.21 meet the requirements established by the commissioner, and certify that the program meets
98.22 the applicable American Society of Addiction Medicine (ASAM) levels of care according
98.23 to section 254B.19:

98.24 (1) nonresidential substance use disorder treatment programs and residential treatment
98.25 programs licensed under chapter 245G as licensed substance use disorder treatment facilities;

98.26 (2) withdrawal management programs licensed under chapter 245F; and

98.27 (3) out-of-state residential substance use disorder treatment programs.

98.28 Programs that do not meet the requirements of this paragraph are ineligible for payment for
98.29 services provided under section 256B.0625.

98.30 ~~(b) A participating residential provider must obtain applicable licensure under chapter~~
98.31 ~~245F or 245G or other applicable standards for the services provided and must:~~

99.1 ~~(1) deliver services in accordance with standards published by the commissioner pursuant~~
99.2 ~~to paragraph (d);~~

99.3 ~~(2) maintain formal patient referral arrangements with providers delivering step-up or~~
99.4 ~~step-down levels of care in accordance with ASAM standards; and~~

99.5 ~~(3) offer substance use disorder treatment services with medications for opioid use~~
99.6 ~~disorder on site or facilitate access to substance use disorder treatment services with~~
99.7 ~~medications for opioid use disorder off site.~~

99.8 ~~(e) A participating outpatient provider must obtain applicable licensure under chapter~~
99.9 ~~245G or other applicable standards for the services provided and must:~~

99.10 ~~(1) deliver services in accordance with standards published by the commissioner pursuant~~
99.11 ~~to paragraph (d); and~~

99.12 ~~(2) maintain formal patient referral arrangements with providers delivering step-up or~~
99.13 ~~step-down levels of care in accordance with ASAM standards.~~

99.14 ~~(d) If the provider standards under chapter 245G or other applicable standards conflict~~
99.15 ~~or are duplicative, the commissioner may grant variances to the standards if the variances~~
99.16 ~~do not conflict with federal requirements. The commissioner must publish service~~
99.17 ~~components, service standards, and staffing requirements for participating providers that~~
99.18 ~~are consistent with ASAM standards and federal requirements by October 1, 2020.~~

99.19 (b) Programs licensed by the Department of Human Services as residential treatment
99.20 programs according to section 245G.21 that (1) receive payment under this chapter, (2) are
99.21 licensed as a hospital under sections 144.50 to 144.581, and (3) provide only ASAM level
99.22 3.7 medically monitored inpatient level of care are not required to certify the ASAM 3.7
99.23 level of care. If a program described in this paragraph provides any additional ASAM levels
99.24 of care, the program must certify those levels of care according to section 254B.19. Programs
99.25 meeting the criteria in this paragraph must submit evidence of providing the required level
99.26 of care to the commissioner to be exempt from enrolling in the demonstration.

99.27 (c) Tribally licensed programs that otherwise meet the requirements of subdivision 3
99.28 may elect to participate in the demonstration project. The Department of Human Services
99.29 must consult with Tribal Nations to discuss participation in the substance use disorder
99.30 demonstration project.

99.31 (d) Programs subject to this section must:

99.32 (1) deliver services in accordance with section 254B.19; and

100.1 (2) offer substance use disorder treatment services with medications for opioid use
100.2 disorder on site or facilitate timely access to medications for opioid use disorder off site.

100.3 Sec. 13. Minnesota Statutes 2025 Supplement, section 256B.0759, subdivision 4, is
100.4 amended to read:

100.5 Subd. 4. **Provider payment rates.** ~~(a) Payment rates for participating Providers must~~
100.6 ~~be increased for services provided to medical assistance enrollees. To receive a rate increase,~~
100.7 ~~participating providers must meet demonstration project requirements and provide evidence~~
100.8 ~~of formal referral arrangements with providers delivering step-up or step-down levels of~~
100.9 ~~care. Providers that have enrolled in the demonstration project but have not met the provider~~
100.10 ~~standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under~~
100.11 ~~this subdivision until the date that the provider meets the provider standards in subdivision~~
100.12 ~~3. Services provided from July 1, 2022, to the date that the provider meets the provider~~
100.13 ~~standards under subdivision 3 shall be reimbursed at rates according to section 254B.0505,~~
100.14 ~~subdivision 1. Rate increases paid under this subdivision to a provider for services provided~~
100.15 ~~between July 1, 2021, and July 1, 2022, are not subject to recoupment when the provider~~
100.16 ~~is taking meaningful steps to meet demonstration project requirements that are not otherwise~~
100.17 ~~required by law, and the provider provides documentation to the commissioner, upon request,~~
100.18 ~~of the steps being taken.~~

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

100.23 ~~(c) For outpatient individual and group substance use disorder services under section~~
100.24 ~~254B.0505, subdivision 1, clause (1), and adolescent treatment programs that are licensed~~
100.25 ~~as outpatient treatment programs according to sections 245G.01 to 245G.18, provided on~~
100.26 ~~or after January 1, 2021, payment rates must be increased by 20 percent over the rates in~~
100.27 ~~effect on December 31, 2020.~~

100.28 ~~(d)~~ (b) Effective January 1, 2021, and contingent on annual federal approval, managed
100.29 care plans and county-based purchasing plans must reimburse providers of the substance
100.30 use disorder services meeting the ~~criteria described in paragraph (a) who~~ requirements of
100.31 section 254B.19 that are employed by or under contract with the plan an amount that is at
100.32 least equal to the fee-for-service base rate payment for the substance use disorder services
100.33 described in paragraph ~~(e)~~ (a). The commissioner must monitor the effect of this requirement
100.34 on the rate of access to substance use disorder services and residential substance use disorder

101.1 rates. Capitation rates paid to managed care organizations and county-based purchasing
 101.2 plans must reflect the impact of this requirement. This paragraph expires if federal approval
 101.3 is not received at any time as required under this paragraph.

101.4 ~~(e)~~ (c) Effective July 1, 2021, contracts between managed care plans and county-based
 101.5 purchasing plans and providers to whom paragraph ~~(d)~~ (b) applies must allow recovery of
 101.6 payments from those providers if, for any contract year, federal approval for the provisions
 101.7 of paragraph ~~(d)~~ (b) is not received, and capitation rates are adjusted as a result. Payment
 101.8 recoveries must not exceed the amount equal to any decrease in rates that results from this
 101.9 provision.

101.10 ~~(f)~~ (d) For substance use disorder services with medications for opioid use disorder under
 101.11 section 254B.0505, subdivision 1, clause (7), provided on or after January 1, 2021, payment
 101.12 rates must be increased by 20 percent over the rates in effect on December 31, 2020. Upon
 101.13 implementation of new rates according to section 254B.121, the 20 percent increase will
 101.14 no longer apply.

101.15 Sec. 14. **REPEALER.**

101.16 (a) Minnesota Statutes 2024, section 256B.0759, subdivisions 2 and 5, are repealed.

101.17 (b) Minnesota Statutes 2025 Supplement, section 254B.052, subdivision 6, is repealed.

101.18 **ARTICLE 4**

101.19 **DIRECT CARE AND TREATMENT**

101.20 Section 1. Minnesota Statutes 2024, section 3.7381, is amended to read:

101.21 **3.7381 LOSS, DAMAGE, OR DESTRUCTION OF PROPERTY; STATE** 101.22 **INSTITUTIONS; CORRECTIONAL FACILITIES.**

101.23 (a) The commissioners of ~~human services~~, veterans affairs, or corrections or the Direct
 101.24 Care and Treatment executive board, as appropriate, shall determine, adjust, and settle, at
 101.25 any time, claims and demands of \$7,000 or less arising from negligent loss, damage, or
 101.26 destruction of property of a patient of a state institution under the control of the Direct Care
 101.27 and Treatment executive board or the commissioner of veterans affairs or an inmate of a
 101.28 state correctional facility.

101.29 (b) A claim of more than \$7,000, or a claim that was not paid by the appropriate
 101.30 department or agency may be presented to, heard, and determined by the appropriate
 101.31 committees of the senate and the house of representatives and, if approved, shall be paid
 101.32 pursuant to legislative claims procedure.

102.1 (c) The procedure established by this section is exclusive of all other legal, equitable,
102.2 and statutory remedies.

102.3 Sec. 2. Minnesota Statutes 2024, section 13.04, subdivision 4a, is amended to read:

102.4 Subd. 4a. **Sex offender program data; challenges.** Notwithstanding subdivision 4,
102.5 challenges to the accuracy or completeness of data maintained by the Direct Care and
102.6 Treatment sex offender program about a civilly committed sex offender as defined in section
102.7 246B.01, subdivision 1a, must be submitted in writing to the data practices compliance
102.8 official of Direct Care and Treatment or a designee. The data practices compliance official
102.9 or a designee must respond to the challenge as provided in this section.

102.10 Sec. 3. Minnesota Statutes 2024, section 13.384, subdivision 1, is amended to read:

102.11 Subdivision 1. ~~Definition~~ **Definitions.** As used in this section:

102.12 (a) "Directory information" means name of the patient, date admitted, and general
102.13 condition.

102.14 (b) "Medical data" are data collected because an individual was or is a patient or client
102.15 of a hospital, nursing home, medical center, clinic, health or nursing agency operated by a
102.16 government entity including business and financial records, data provided by private health
102.17 care facilities, and data provided by or about relatives of the individual. Medical data does
102.18 not include data collected, maintained, used, or disseminated by Direct Care and Treatment.

102.19 Sec. 4. Minnesota Statutes 2024, section 13.46, subdivision 1, is amended to read:

102.20 Subdivision 1. **Definitions.** As used in this section:

102.21 (a) "Individual" means an individual according to section 13.02, subdivision 8, but does
102.22 not include a vendor of services.

102.23 (b) "Program" includes all programs for which authority is vested in a component of the
102.24 welfare system according to statute or federal law, including but not limited to Native
102.25 American Tribe programs that provide a service component of the welfare system, the
102.26 Minnesota family investment program, medical assistance, general assistance, general
102.27 assistance medical care formerly codified in chapter 256D, the child care assistance program,
102.28 and child support collections.

102.29 (c) "Welfare system" includes the Department of Human Services; Direct Care and
102.30 Treatment; the Department of Children, Youth, and Families; local social services agencies;
102.31 county welfare agencies; county public health agencies; county veteran services agencies;

103.1 county housing agencies; private licensing agencies; the public authority responsible for
103.2 child support enforcement; human services boards; community mental health center boards,
103.3 state hospitals, state nursing homes, the ombudsman for mental health and developmental
103.4 disabilities; Native American Tribes to the extent a Tribe provides a service component of
103.5 the welfare system; and persons, agencies, institutions, organizations, and other entities
103.6 under contract to any of the above agencies to the extent specified in the contract.

103.7 (d) "Mental health data" means data on individual clients and patients of community
103.8 mental health centers, established under section 245.62, mental health divisions of counties
103.9 and other providers under contract to deliver mental health services, ~~Direct Care and~~
103.10 ~~Treatment mental health services~~, or the ombudsman for mental health and developmental
103.11 disabilities.

103.12 (e) "Fugitive felon" means a person who has been convicted of a felony and who has
103.13 escaped from confinement or violated the terms of probation or parole for that offense.

103.14 (f) "Private licensing agency" means an agency licensed by the commissioner of children,
103.15 youth, and families under chapter 142B to perform the duties under section 142B.30.

103.16 Sec. 5. Minnesota Statutes 2025 Supplement, section 13.46, subdivision 2, is amended to
103.17 read:

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

103.20 (1) according to section 13.05;

103.21 (2) according to court order;

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

103.23 (4) to an agent or investigator acting on behalf of a county, the state, or the federal
103.24 government, including a law enforcement person or attorney in the investigation or
103.25 prosecution of a criminal, civil, or administrative proceeding relating to the administration
103.26 of a program;

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

103.32 (6) to administer federal funds or programs;

- 104.1 (7) between personnel of the welfare system working in the same program;
- 104.2 (8) to the Department of Revenue to administer and evaluate tax refund or tax credit
104.3 programs and to identify individuals who may benefit from these programs, and prepare
104.4 the databases for reports required under section 270C.13 and Laws 2008, chapter 366, article
104.5 17, section 6. The following information may be disclosed under this paragraph: an
104.6 individual's and their dependent's names, dates of birth, Social Security or individual taxpayer
104.7 identification numbers, income, addresses, and other data as required, upon request by the
104.8 Department of Revenue. Disclosures by the commissioner of revenue to the commissioner
104.9 of human services for the purposes described in this clause are governed by section 270B.14,
104.10 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
104.11 care credit under section 290.067, the Minnesota working family credit under section
104.12 290.0671, the property tax refund under section 290A.04, and the Minnesota education
104.13 credit under section 290.0674;
- 104.14 (9) between the Department of Human Services; the Department of Employment and
104.15 Economic Development; the Department of Children, Youth, and Families; Direct Care and
104.16 Treatment; and, when applicable, the Department of Education, for the following purposes:
- 104.17 (i) to monitor the eligibility of the data subject for unemployment benefits, for any
104.18 employment or training program administered, supervised, or certified by that agency;
- 104.19 (ii) to administer any rehabilitation program or child care assistance program, whether
104.20 alone or in conjunction with the welfare system;
- 104.21 (iii) to monitor and evaluate the Minnesota family investment program or the child care
104.22 assistance program by exchanging data on recipients and former recipients of Supplemental
104.23 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 142F, 256D,
104.24 256J, or 256K, child care assistance under chapter 142E, medical programs under chapter
104.25 256B or 256L; and
- 104.26 (iv) to analyze public assistance employment services and program utilization, cost,
104.27 effectiveness, and outcomes as implemented under the authority established in Title II,
104.28 Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999.
104.29 Health records governed by sections 144.291 to 144.298 and "protected health information"
104.30 as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code
104.31 of Federal Regulations, title 45, parts 160-164, including health care claims utilization
104.32 information, must not be exchanged under this clause;

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

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

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

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

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

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

105.23 (i) the participant:

105.24 (A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after
105.25 conviction, for a crime or attempt to commit a crime that is a felony under the laws of the
105.26 jurisdiction from which the individual is fleeing; or

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

105.28 (ii) the location or apprehension of the felon is within the law enforcement officer's
105.29 official duties; and

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

106.1 (16) the current address of a recipient of general assistance may be disclosed to probation
106.2 officers and corrections agents who are supervising the recipient and to law enforcement
106.3 officers who are investigating the recipient in connection with a felony level offense;

106.4 (17) information obtained from a SNAP applicant or recipient households may be
106.5 disclosed to local, state, or federal law enforcement officials, upon their written request, for
106.6 the purpose of investigating an alleged violation of the Food and Nutrition Act, according
106.7 to Code of Federal Regulations, title 7, section 272.1(c);

106.8 (18) the address, Social Security or individual taxpayer identification number, and, if
106.9 available, photograph of any member of a household receiving SNAP benefits shall be made
106.10 available, on request, to a local, state, or federal law enforcement officer if the officer
106.11 furnishes the agency with the name of the member and notifies the agency that:

106.12 (i) the member:

106.13 (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a
106.14 crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

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

106.17 (C) has information that is necessary for the officer to conduct an official duty related
106.18 to conduct described in subitem (A) or (B);

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

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

106.21 (19) the current address of a recipient of Minnesota family investment program, general
106.22 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,
106.23 provide the name of the recipient and notify the agency that the recipient is a person required
106.24 to register under section 243.166, but is not residing at the address at which the recipient is
106.25 registered under section 243.166;

106.26 (20) certain information regarding child support obligors who are in arrears may be
106.27 made public according to section 518A.74;

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

107.1 (22) data in the work reporting system may be disclosed under section 142A.29,
107.2 subdivision 7;

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

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

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

107.18 (26) to personnel of public assistance programs as defined in section 518A.81, for access
107.19 to the child support system database for the purpose of administration, including monitoring
107.20 and evaluation of those public assistance programs;

107.21 (27) to monitor and evaluate the Minnesota family investment program by exchanging
107.22 data between the Departments of Human Services; Children, Youth, and Families; and
107.23 Education, on recipients and former recipients of SNAP benefits, cash assistance under
107.24 chapter 142F, 256D, 256J, or 256K, child care assistance under chapter 142E, medical
107.25 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
107.26 256D;

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

108.1 (29) counties and the Department of Children, Youth, and Families operating child care
108.2 assistance programs under chapter 142E may disseminate data on program participants,
108.3 applicants, and providers to the commissioner of education;

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

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

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

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

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

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

108.20 (ii) to provide for reimbursement of special transportation service provided under section
108.21 473.386.

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

108.25 (b) Information on persons who have been treated for substance use disorder may only
108.26 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
108.27 2.1 to 2.67.

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

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

109.3 (e) For the purposes of this subdivision, a request ~~will be~~ is deemed to be made in writing
109.4 if made through a computer interface system.

109.5 (f) Direct Care and Treatment may disclose data pursuant to this subdivision regardless
109.6 of any restrictions on disclosure of that data under sections 144.291 to 144.298.

109.7 (g) Notwithstanding section 144.2925, Direct Care and Treatment may disclose data as
109.8 permitted by law.

109.9 (h) Direct Care and Treatment may disclose welfare system data held by the agency to
109.10 facilitate coordination of guardianship services for Direct Care and Treatment clients,
109.11 including but not limited to making disclosures in guardianship proceedings, identifying
109.12 potential guardians, communicating with guardianship legal representation, and reporting
109.13 complaints to the Minnesota Judicial Branch or the Office of Ombudsman for Mental Health
109.14 and Developmental Disabilities. Direct Care and Treatment must obtain the client's consent
109.15 to the disclosure except when the client:

109.16 (1) lacks capacity to provide the consent; or

109.17 (2) has a current legal guardian who is unavailable, is nonresponsive, or refuses to
109.18 authorize the disclosure in relation to complaints to the Minnesota Judicial Branch or Office
109.19 of Ombudsman for Mental Health and Developmental Disabilities.

109.20 Sec. 6. Minnesota Statutes 2024, section 182.6545, is amended to read:

109.21 **182.6545 RIGHTS OF NEXT OF KIN UPON DEATH.**

109.22 In the case of a death of an employee, the department shall make reasonable efforts to
109.23 locate the employee's next of kin and shall mail to them copies of the following:

109.24 (1) citations and notification of penalty;

109.25 (2) notices of hearings;

109.26 (3) complaints and answers;

109.27 (4) settlement agreements;

109.28 (5) orders and decisions; and

109.29 (6) notices of appeals.

110.1 In addition, the next of kin shall have the right to request a consultation with the
 110.2 department regarding citations and notification of penalties issued as a result of the
 110.3 investigation of the employee's death. For the purposes of this section, "next of kin" refers
 110.4 to the nearest proper relative as that term is defined by section 253B.03, subdivision 6,
 110.5 paragraph (b), clause ~~(3)~~ (10).

110.6 **Sec. 7. [246C.051] CLASSIFICATION ALIGNMENT FOR DIRECT CARE AND**
 110.7 **TREATMENT EMPLOYEES.**

110.8 (a) Notwithstanding section 43A.08; Minnesota Rules, part 3900.1300; or any other law
 110.9 to the contrary, Direct Care and Treatment may, with approval from Minnesota Management
 110.10 and Budget, convert employees deemed unclassified pursuant to pilot authority of the
 110.11 Department of Human Services under Laws 1997, chapter 97, section 18, into the classified
 110.12 service.

110.13 (b) Employees converted to the classified service pursuant to this section are subject to
 110.14 the terms and conditions of employment applicable to positions in the classified service
 110.15 pursuant to statute, rule, bargaining unit or compensation plan, and agency policy, including
 110.16 but not limited to required probationary periods and mandatory training requirements.

110.17 (c) Employees converted to the classified service pursuant to this section must not receive
 110.18 a reduction in salary at the time of the conversion.

110.19 Sec. 8. Minnesota Statutes 2024, section 253B.03, subdivision 6, is amended to read:

110.20 **Subd. 6. Consent for medical procedure.** (a) A patient has the right to give prior consent
 110.21 to any medical ~~or surgical~~ treatment, including but not limited to surgery, other than treatment
 110.22 for chemical dependency or nonintrusive treatment for mental illness. For purposes of this
 110.23 subdivision only, "patient" includes a person committed under chapter 253D who is in a
 110.24 state-operated treatment program.

110.25 (b) The following procedures shall be used to obtain consent for any treatment necessary
 110.26 to preserve the life or health of any committed patient:

110.27 (1) the written, informed consent of a competent adult patient for the treatment is
 110.28 sufficient;

110.29 (2) if the patient is subject to guardianship which includes the provision of medical care,
 110.30 the written, informed consent of the guardian for the treatment is sufficient;

110.31 (3) for a patient in a treatment facility, if the head of the treatment facility ~~or~~
 110.32 state-operated treatment program determines that the patient is not competent to consent to

111.1 the treatment and the patient has not been adjudicated incompetent, written, informed consent
111.2 for the ~~surgery~~ or medical treatment shall be obtained from the person appointed the health
111.3 care power of attorney, the patient's agent under the health care directive, or the nearest
111.4 proper relative. ~~For this purpose, the following persons are proper relatives, in the order~~
111.5 ~~listed: the patient's spouse, parent, adult child, or adult sibling.~~ If the nearest proper relatives
111.6 relative cannot be located, ~~refuse~~ refuses to consent to the procedure, or ~~are~~ is unable to
111.7 consent, the head of the treatment facility ~~or state-operated treatment program~~ or an interested
111.8 person, as defined by section 524.5-102, subdivision 7, may petition the committing court
111.9 for approval for the treatment or may petition a court of competent jurisdiction for the
111.10 appointment of a guardian. The determination that the patient is not competent, and the
111.11 reasons for the determination, shall be documented in the patient's clinical record;

111.12 (4) for patients in a state-operated treatment program, if (i) the patient does not have a
111.13 health care power of attorney or an agent under a health care directive or the patient's health
111.14 care agent is not reasonably available to make the necessary health care decision for the
111.15 patient, and (ii) the patient's treating physician determines that the patient lacks
111.16 decision-making capacity to consent to the medical treatment, the state-operated treatment
111.17 program must make a good faith attempt to locate the patient's nearest proper relative to
111.18 obtain written informed consent for the medical treatment;

111.19 (5) if the state-operated treatment program is unable to reasonably locate a proper relative,
111.20 the executive medical director has decision-making authority for the health care decision
111.21 for the patient;

111.22 (6) any health care decision made by the executive medical director under clause (5)
111.23 must be consistent with any documented patient health care directive and with reasonable
111.24 medical practice and applicable law;

111.25 (7) if the state-operated treatment program consults with the patient's nearest proper
111.26 relative under clause (4) and the patient's nearest proper relative and the patient's treating
111.27 physician are not in agreement with respect to a medical treatment decision, the state-operated
111.28 treatment program or an interested person may petition the committing court for approval
111.29 of the treatment. The state-operated program may also petition a court of competent
111.30 jurisdiction for the appointment of a guardian at any time. If a court determines that a patient
111.31 is not competent, the determination and the reasons for the determination must be documented
111.32 in the patient's clinical record;

111.33 (8) before proceeding with treatment under clause (5), a state-operated treatment program
111.34 must inform the patient of the determination, the proposed treatment, and the right to request

112.1 review. Upon the request of the patient or an interested person a second physician not directly
112.2 involved in the patient's current treatment must review the incapacity determination. The
112.3 executive medical director must review the proposed treatment decision and the second
112.4 physician's review and make an updated determination. A state-operated treatment program
112.5 may proceed with treatment of the patient while a review under this clause is pending;

112.6 (9) if a patient or interested person is dissatisfied with the outcome of the review under
112.7 clause (8), the patient or interested person may petition the committing court under section
112.8 253B.17 for review of the determination made under clause (8). Filing a petition under
112.9 section 253B.17 does not stay treatment under this subdivision unless otherwise ordered by
112.10 the court. In reviewing the executive medical director's decision under clause (8) and issuing
112.11 a determination, the court must determine if the patient lacks capacity. If the patient lacks
112.12 capacity, the court must determine if the patient clearly stated what the patient would choose
112.13 to do in the situation when the patient had the capacity to make a reasoned decision. Evidence
112.14 of the patient's wishes may include written instruments, including a durable power of attorney
112.15 for health care under chapter 145C or a declaration under section 253B.03, subdivision 6d.
112.16 If the court finds that the patient clearly stated what the patient would choose to do in the
112.17 situation, the patient's wishes must be followed. If the court determines that the evidence
112.18 of the patient's wishes regarding the situation is conflicting or lacking, the court must make
112.19 a decision based on what a reasonable person would do, taking into consideration:

112.20 (i) the patient's family, community, moral, religious, and social values;

112.21 (ii) the medical risks, benefits, and alternatives to the proposed treatment;

112.22 (iii) past efficacy and any extenuating circumstances of past experience with the particular
112.23 medical treatment; and

112.24 (iv) any other relevant factors;

112.25 (10) for purposes of this subdivision, the following persons are proper relatives, in the
112.26 order listed: the patient's spouse, parent, adult child, or adult sibling;

112.27 ~~(4)~~ (11) consent to treatment of any minor patient shall be secured in accordance with
112.28 sections 144.341 to 144.346. A minor 16 years of age or older may consent to hospitalization,
112.29 routine diagnostic evaluation, and emergency or short-term acute care; and

112.30 ~~(5)~~ (12) in the case of an emergency when the persons ordinarily qualified to give consent
112.31 cannot be located in sufficient time to address the emergency need, the head of the treatment
112.32 facility or state-operated treatment program may give consent.

113.1 (c) No person who consents to treatment pursuant to the provisions of this subdivision
113.2 shall be civilly or criminally liable for the performance or the manner of performing the
113.3 treatment. No person shall be liable for performing treatment without consent if written,
113.4 informed consent was given pursuant to this subdivision. This provision shall not affect any
113.5 other liability which may result from the manner in which the treatment is performed.

113.6 (d) When a determination is made under paragraph (b), clauses (5) and (8), the
113.7 state-operated treatment program must document the following information in the patient's
113.8 clinical record:

113.9 (1) the determination of incapacity and the clinical basis for the determination;

113.10 (2) the specific treatment authorized;

113.11 (3) the person who provided consent or who made the determination allowing the
113.12 treatment;

113.13 (4) the efforts made to locate and consult with a health care agent or nearest proper
113.14 relative; and

113.15 (5) the patient's expressed preferences regarding the treatment, if known, and how the
113.16 preferences were considered.

113.17 (e) The executive medical director must review a determination that a patient lacks
113.18 capacity periodically as medically appropriate, but not less than every six months. The
113.19 outcome of a review under this paragraph must be documented in the patient's clinical
113.20 record.

113.21 Sec. 9. Minnesota Statutes 2025 Supplement, section 253B.18, subdivision 6, is amended
113.22 to read:

113.23 Subd. 6. **Transfer.** (a) A patient who is a person who has a mental illness and is
113.24 dangerous to the public shall not be transferred out of a secure treatment facility unless it
113.25 appears to the satisfaction of the executive board, after a hearing and favorable
113.26 recommendation by a majority of the special review board, that the transfer is appropriate.
113.27 Transfer may be to another state-operated treatment program. In those instances where a
113.28 commitment also exists to the Department of Corrections, transfer may be to a facility
113.29 designated by the commissioner of corrections.

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

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

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

114.2 (3) the need for continued institutionalization;

114.3 (4) which facility can best meet the person's needs; and

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

114.6 (c) If a committed person has been transferred out of a secure treatment facility pursuant
114.7 to this subdivision, that committed person may voluntarily return to a secure treatment
114.8 facility ~~for a period of up to 60 days~~ with the consent of the head of the treatment facility;
114.9 for a period of up to:

114.10 (1) 90 days if due to a psychiatric medical condition; or

114.11 (2) six months if due to a nonpsychiatric medical condition.

114.12 (d) If the committed person is not returned to the original, nonsecure transfer facility
114.13 within ~~60~~ 90 days of being readmitted to a secure treatment facility if due to a psychiatric
114.14 medical condition or within six months of being readmitted to a secure treatment facility if
114.15 due to a nonpsychiatric medical condition, the transfer is revoked and the committed person
114.16 must remain in a secure treatment facility. The committed person must immediately be
114.17 notified in writing of the revocation.

114.18 (e) Within 15 days of receiving notice of the revocation, the committed person may
114.19 petition the special review board for a review of the revocation. The special review board
114.20 shall review the circumstances of the revocation and shall recommend to the executive
114.21 board whether or not the revocation should be upheld. The special review board may also
114.22 recommend a new transfer at the time of the revocation hearing.

114.23 (f) No action by the special review board is required if the transfer has not been revoked
114.24 and the committed person is returned to the original, nonsecure transfer facility with no
114.25 substantive change to the conditions of the transfer ordered under this subdivision.

114.26 (g) The head of the treatment facility may revoke a transfer made under this subdivision
114.27 and require a committed person to return to a secure treatment facility if:

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

114.30 (2) the committed person has regressed clinically and the facility to which the committed
114.31 person was transferred does not meet the committed person's needs.

115.1 (h) Upon the revocation of the transfer, the committed person must be immediately
115.2 returned to a secure treatment facility. A report documenting the reasons for revocation
115.3 must be issued by the head of the treatment facility within seven days after the committed
115.4 person is returned to the secure treatment facility. Advance notice to the committed person
115.5 of the revocation is not required.

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

115.11 (j) If a committed person's transfer is revoked, the committed person may re-petition for
115.12 transfer according to subdivision 5.

115.13 (k) A committed person aggrieved by a transfer revocation decision may petition the
115.14 special review board within seven business days after receipt of the revocation report for a
115.15 review of the revocation. The matter must be scheduled within 30 days. The special review
115.16 board shall review the circumstances leading to the revocation and, after considering the
115.17 factors in paragraph (b), shall recommend to the executive board whether or not the
115.18 revocation shall be upheld. The special review board may also recommend a new transfer
115.19 out of a secure treatment facility at the time of the revocation hearing.

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

115.21 Sec. 10. Minnesota Statutes 2024, section 253B.18, subdivision 14, is amended to read:

115.22 Subd. 14. **Voluntary readmission.** (a) With the consent of the head of the treatment
115.23 facility or state-operated treatment program, a patient may voluntarily return from provisional
115.24 discharge with the consent of the designated agency for a period of up to:

115.25 (1) 30 days; ~~or;~~

115.26 (2) ~~up to 60 90 days with the consent of the designated agency.~~ if due to a psychiatric
115.27 medical condition; or

115.28 (3) six months if due to a nonpsychiatric medical condition.

115.29 (b) If the patient is not returned to provisional discharge status within ~~60 90~~ 90 days of
115.30 being readmitted if due to a psychiatric medical condition or within six months of being
115.31 readmitted if due to a nonpsychiatric medical condition, the provisional discharge is revoked.
115.32 Within 15 days of receiving notice of the change in status, the patient may request a review

116.1 of the matter before the special review board. The special review board may recommend a
116.2 return to a provisional discharge status.

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

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

116.9 ARTICLE 5

116.10 LONG-TERM CARE POLICY

116.11 Section 1. Minnesota Statutes 2024, section 144.56, subdivision 2b, is amended to read:

116.12 Subd. 2b. **Boarding care homes.** The commissioner shall not adopt or enforce any rule
116.13 that limits:

116.14 (1) a certified boarding care home from providing nursing services in accordance with
116.15 the home's Medicaid certification; or

116.16 (2) a noncertified boarding care home ~~registered under chapter 144D~~ from providing
116.17 home care services in accordance with the home's registration.

116.18 Sec. 2. Minnesota Statutes 2024, section 144.586, subdivision 2, is amended to read:

116.19 Subd. 2. **Postacute care discharge planning.** (a) Each hospital, including hospitals
116.20 designated as critical access hospitals, must comply with the federal hospital requirements
116.21 for discharge planning, which include:

116.22 (1) conducting a discharge planning evaluation that includes an evaluation of:

116.23 (i) the likelihood of the patient needing posthospital services and of the availability of
116.24 those services; and

116.25 (ii) the patient's capacity for self-care or the possibility of the patient being cared for in
116.26 the environment from which the patient entered the hospital;

116.27 (2) timely completion of the discharge planning evaluation under clause (1) by hospital
116.28 personnel so that appropriate arrangements for posthospital care are made before discharge,
116.29 and to avoid unnecessary delays in discharge;

117.1 (3) including the discharge planning evaluation under clause (1) in the patient's medical
117.2 record for use in establishing an appropriate discharge plan. The hospital must discuss the
117.3 results of the evaluation with the patient or individual acting on behalf of the patient. The
117.4 hospital must reassess the patient's discharge plan if the hospital determines that there are
117.5 factors that may affect continuing care needs or the appropriateness of the discharge plan;
117.6 and

117.7 (4) providing counseling, as needed, for the patient and family members or interested
117.8 persons to prepare them for posthospital care. The hospital must provide a list of available
117.9 Medicare-eligible home care agencies or skilled nursing facilities that serve the patient's
117.10 geographic area, or other area requested by the patient if such care or placement is indicated
117.11 and appropriate. Once the patient has designated their preferred providers, the hospital will
117.12 assist the patient in securing care covered by their health plan or within the care network.
117.13 The hospital must not specify or otherwise limit the qualified providers that are available
117.14 to the patient. The hospital must document in the patient's record that the list was presented
117.15 to the patient or to the individual acting on the patient's behalf.

117.16 (b) Each hospital, including hospitals designated as critical access hospitals, must
117.17 document in the patient's discharge plan instances when a restraint was used to manage the
117.18 patient's behavior prior to discharge, including the type of restraint, duration, and frequency.
117.19 In cases where the patient is transferred to a licensed or registered provider, the hospital
117.20 must notify the provider of the type, duration, and frequency of the restraint. "Restraint"
117.21 has the meaning given in section 144G.08, subdivision 61a.

117.22 Sec. 3. Minnesota Statutes 2024, section 144.6502, subdivision 1, is amended to read:

117.23 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this
117.24 subdivision have the meanings given.

117.25 (b) "Commissioner" means the commissioner of health.

117.26 (c) "Department" means the Department of Health.

117.27 (d) "Electronic monitoring" means the placement and use of an electronic monitoring
117.28 device in the resident's room or private living unit in accordance with this section.

117.29 (e) "Electronic monitoring device" means a camera or other device that captures, records,
117.30 or broadcasts audio, video, or both, that is placed in a resident's room or private living unit
117.31 and is used to monitor the resident or activities in the room or private living unit.

117.32 (f) "Facility" means a facility that is:

- 118.1 (1) licensed as a nursing home under chapter 144A;
- 118.2 (2) licensed as a boarding care home under sections 144.50 to 144.56; or
- 118.3 ~~(3) until August 1, 2021, a housing with services establishment registered under chapter~~
- 118.4 ~~144D that is either subject to chapter 144G or has a disclosed special unit under section~~
- 118.5 ~~325F.72; or~~
- 118.6 ~~(4) on or after August 1, 2021,~~ (3) licensed as an assisted living facility under chapter
- 118.7 144G.

118.8 (g) "Resident" means a person 18 years of age or older residing in a facility.

118.9 (h) "Resident representative" means one of the following in the order of priority listed,

118.10 to the extent the person may reasonably be identified and located:

118.11 (1) a court-appointed guardian;

118.12 (2) a health care agent as defined in section 145C.01, subdivision 2; or

118.13 (3) a person who is not an agent of a facility or of a home care provider designated in

118.14 writing by the resident and maintained in the resident's records on file with the facility.

118.15 **Sec. 4. [144A.082] AUTOMATIC EXTERNAL DEFIBRILLATOR.**

118.16 (a) For purposes of this section, "automatic external defibrillator" has the meaning given

118.17 in section 403.51, subdivision 1.

118.18 (b) A nursing home must:

118.19 (1) maintain an automatic external defibrillator in each building on the nursing home

118.20 campus where residents may be present;

118.21 (2) ensure each of its automatic external defibrillators is maintained and regularly tested

118.22 according to the manufacturer's recommendations; and

118.23 (3) as part of initial orientation and annually thereafter, ensure all nursing home personnel

118.24 receive training in cardiopulmonary resuscitation, the use of automatic external defibrillators,

118.25 the nursing home's process for checking a resident's code status before initiating lifesaving

118.26 measures, and requesting emergency medical assistance as soon as practicable after an

118.27 automatic external defibrillator is used.

118.28 **EFFECTIVE DATE.** This section is effective August 1, 2026.

119.1 Sec. 5. **[144A.104] PROHIBITED CONDITION FOR ADMISSION OR CONTINUED**
119.2 **RESIDENCE.**

119.3 A nursing home is prohibited from requiring a current or prospective resident to have
119.4 or obtain a guardian or conservator as a condition of admission to or continued residence
119.5 in the nursing home.

119.6 **EFFECTIVE DATE.** This section is effective August 1, 2026.

119.7 Sec. 6. Minnesota Statutes 2024, section 144A.161, subdivision 1a, is amended to read:

119.8 Subd. 1a. **Scope.** Where a facility is undertaking a closure, reduction, or change in
119.9 operations, ~~or where a housing with services unit registered under chapter 144D is closed~~
119.10 ~~because the space that it occupies is being replaced by a nursing facility bed that is being~~
119.11 ~~reactivated from layaway status,~~ the facility and the county social services agency must
119.12 comply with the requirements of this section.

119.13 Sec. 7. Minnesota Statutes 2024, section 144A.472, subdivision 5, is amended to read:

119.14 Subd. 5. **Changes in ownership.** (a) A home care license issued by the commissioner
119.15 may not be transferred to another party. Before acquiring ownership of or a controlling
119.16 interest in a home care provider business, a prospective owner must apply for a new license.
119.17 A change of ownership is a transfer of operational control of the home care provider business
119.18 and includes:

119.19 (1) transfer of the business to a different or new corporation;

119.20 (2) in the case of a partnership, the dissolution or termination of the partnership under
119.21 chapter 323A, with the business continuing by a successor partnership or other entity;

119.22 (3) relinquishment of control of the provider to another party, including to a contract
119.23 management firm that is not under the control of the owner of the business' assets;

119.24 (4) transfer of the business by a sole proprietor to another party or entity; or

119.25 (5) transfer of ownership or control of 50 percent or more of the controlling interest of
119.26 a home care provider business not covered by clauses (1) to (4).

119.27 (b) An employee who was employed by the previous owner of the home care provider
119.28 business prior to the effective date of a change in ownership under paragraph (a), and who
119.29 will be employed by the new owner in the same or a similar capacity, shall be treated as if
119.30 no change in employer occurred, with respect to orientation, training, tuberculosis testing,

120.1 background studies, and competency testing and training on the policies identified in
120.2 subdivision 1, clause (14), and subdivision 2, if applicable.

120.3 (c) Notwithstanding paragraph (b), a new owner of a home care provider business must
120.4 ensure that employees of the provider receive and complete training and testing on any
120.5 provisions of policies that differ from those of the previous owner within 90 days after the
120.6 date of the change in ownership.

120.7 (d) After a change of ownership, the new licensee is responsible for any outstanding
120.8 finances and any fines assessed following the effective date of the change of ownership.
120.9 Additionally, the new licensee is responsible for bringing the facility into compliance with
120.10 all existing ordered, imposed, or agreed-upon corrections and conditions.

120.11 Sec. 8. Minnesota Statutes 2025 Supplement, section 144A.474, subdivision 11, is amended
120.12 to read:

120.13 Subd. 11. **Fines.** (a) Fines and enforcement actions under this subdivision may be assessed
120.14 based on the level and scope of the violations described in paragraph (b) and imposed
120.15 immediately with no opportunity to correct the violation first as follows:

120.16 (1) Level 1, no fines or enforcement;

120.17 (2) Level 2, a fine of \$500 per violation, in addition to any of the enforcement
120.18 mechanisms authorized in section 144A.475;

120.19 (3) Level 3, a fine of \$1,000 per incident, in addition to any of the enforcement
120.20 mechanisms authorized in section 144A.475;

120.21 (4) Level 4, a fine of \$3,000 per incident, in addition to any of the enforcement
120.22 mechanisms authorized in section 144A.475;

120.23 (5) Level 5, a fine of \$5,000 per violation, in addition to any enforcement mechanism
120.24 authorized in section 144A.475; and

120.25 (6) for maltreatment violations for which the licensee was determined to be responsible
120.26 for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of \$1,000.
120.27 A fine of \$5,000 may be imposed if the commissioner determines the licensee is responsible
120.28 for maltreatment consisting of sexual assault, death, or abuse resulting in serious injury.

120.29 The fines in clauses (1) to (5) are increased and immediate fine imposition is authorized
120.30 for both surveys and investigations conducted.

120.31 When a fine is assessed against a facility for substantiated maltreatment, the commissioner
120.32 shall not also impose an immediate fine under this chapter for the same circumstance.

121.1 (b) Correction orders for violations are categorized by both level and scope and fines
121.2 shall be assessed as follows:

121.3 (1) level of violation:

121.4 (i) Level 1 is a violation that will cause only minimal impact on the client and does not
121.5 affect health or safety;

121.6 (ii) Level 2 is a violation that did not harm a client's health or safety but had the potential
121.7 to have harmed a client's health or safety, but was not likely to cause serious injury,
121.8 impairment, or death;

121.9 (iii) Level 3 is a violation that harmed a client's health or safety, or a violation that had
121.10 the potential to cause more than minimal harm to the client;

121.11 (iv) Level 4 is a violation that harmed a client's health or safety, not including serious
121.12 injury or death, or a violation that was likely to lead to serious injury or death; and

121.13 (v) Level 5 is a violation that results in serious injury or death; and

121.14 (2) scope of violation:

121.15 (i) isolated, when one or a limited number of clients are affected or one or a limited
121.16 number of staff are involved or the situation has occurred only occasionally;

121.17 (ii) pattern, when more than a limited number of clients are affected, more than a limited
121.18 number of staff are involved, or the situation has occurred repeatedly but is not found to be
121.19 pervasive; and

121.20 (iii) widespread, when problems are pervasive or represent a systemic failure that has
121.21 affected or has the potential to affect a large portion or all of the clients.

121.22 (c) If the commissioner finds that the applicant or a home care provider has not corrected
121.23 violations by the date specified in the correction order or conditional license resulting from
121.24 a survey or complaint investigation, the commissioner shall provide a notice of
121.25 noncompliance with a correction order by email to the applicant's or provider's last known
121.26 email address. The noncompliance notice must list the violations not corrected.

121.27 (d) For every violation identified by the commissioner, the commissioner shall issue an
121.28 immediate fine pursuant to paragraph (a). The license holder must still correct the violation
121.29 in the time specified. The issuance of an immediate fine can occur in addition to any
121.30 enforcement mechanism authorized under section 144A.475. The immediate fine may be
121.31 appealed as allowed under this subdivision.

122.1 (e) The license holder must pay the fines assessed on or before the payment date specified.
122.2 If the license holder fails to fully comply with the order, the commissioner may issue a
122.3 second fine or suspend the license until the license holder complies by paying the fine. A
122.4 timely appeal shall stay payment of the fine until the commissioner issues a final order.

122.5 (f) A license holder shall promptly notify the commissioner in writing when a violation
122.6 specified in the order is corrected. If upon reinspection the commissioner determines that
122.7 a violation has not been corrected as indicated by the order, the commissioner may issue a
122.8 second fine. The commissioner shall notify the license holder by mail to the last known
122.9 address in the licensing record that a second fine has been assessed. The license holder may
122.10 appeal the second fine as provided under this subdivision.

122.11 (g) A home care provider that has been assessed a fine under this subdivision has a right
122.12 to a reconsideration or a hearing under this section and chapter 14.

122.13 (h) When a fine has been assessed, the license holder may not avoid payment by closing,
122.14 ~~selling, or otherwise transferring the licensed program to a third party~~ the license. In such
122.15 an event, the license holder shall be liable for payment of the fine. In the event of a change
122.16 of ownership, the new licensee is responsible for any outstanding fines and any fines assessed
122.17 following the effective date of the change of ownership regardless of the date of the violation.

122.18 (i) In addition to any fine imposed under this section, the commissioner may assess a
122.19 penalty amount based on costs related to an investigation that results in a final order assessing
122.20 a fine or other enforcement action authorized by this chapter.

122.21 (j) Fines collected under paragraph (a) shall be deposited in a dedicated special revenue
122.22 account. On an annual basis, the balance in the special revenue account shall be appropriated
122.23 to the commissioner to implement the recommendations of the advisory council established
122.24 in section 144A.4799. The commissioner must publish on the department's website an annual
122.25 report on the fines assessed and collected, and how the appropriated money was allocated.

122.26 Sec. 9. Minnesota Statutes 2024, section 144A.72, subdivision 2, is amended to read:

122.27 Subd. 2. **Penalties.** (a) Failure to comply with this section shall subject the supplemental
122.28 nursing services agency to revocation or nonrenewal of its registration. Violations of section
122.29 144A.74 are subject to a fine equal to 200 percent of the amount billed or received in excess
122.30 of the maximum permitted under that section.

122.31 (b) The commissioner may request and must be given access to relevant information,
122.32 records, incident reports, or other documents in the possession of a registered supplemental

123.1 nursing services agency if they are considered necessary by the commissioner for verification
123.2 purposes. If access is denied, The commissioner may bring enforcement action.

123.3 Sec. 10. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision
123.4 to read:

123.5 Subd. 26a. **Imminent risk.** "Imminent risk" means an immediate and impending threat
123.6 to the health, safety, or rights of an individual.

123.7 **EFFECTIVE DATE.** This section is effective January 1, 2027.

123.8 Sec. 11. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision
123.9 to read:

123.10 Subd. 54a. **Prone restraint.** "Prone restraint" means the use of manual restraint that
123.11 places a resident in a face-down position. Prone restraint does not include the brief physical
123.12 holding of a resident who, during an emergency use of a manual restraint, rolls into a prone
123.13 position and as quickly as possible the resident is restored to a standing, sitting, or side-lying
123.14 position.

123.15 **EFFECTIVE DATE.** This section is effective January 1, 2027.

123.16 Sec. 12. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision
123.17 to read:

123.18 Subd. 61a. **Restraint.** "Restraint" means:

123.19 (1) chemical restraint, as defined in section 245D.02, subdivision 3b;

123.20 (2) manual restraint, as defined in section 245D.02, subdivision 15a;

123.21 (3) mechanical restraint, as defined in section 245D.02, subdivision 15b; or

123.22 (4) any other form of restraint that limits the free and normal movement of body or
123.23 limbs.

123.24 **EFFECTIVE DATE.** This section is effective January 1, 2027.

123.25 Sec. 13. Minnesota Statutes 2024, section 144G.15, is amended to read:

123.26 **144G.15 CONSIDERATION OF APPLICATIONS.**

123.27 Subdivision 1. **Consideration.** (a) Before issuing a provisional license or license or
123.28 renewing a license, the commissioner shall consider an applicant's compliance history in
123.29 providing care in this state or any other state in a facility that provides care to children, the

124.1 elderly, ill individuals, or individuals with disabilities. Before issuing a provisional license
124.2 or a new license for an assisted living facility with a licensed resident capacity of six or
124.3 fewer, the commissioner shall also consider the facility's proximity to other assisted living
124.4 facilities and residential programs as specified in subdivision 3.

124.5 (b) The applicant's compliance history shall include repeat violation, rule violations, and
124.6 any license or certification involuntarily suspended or terminated during an enforcement
124.7 process.

124.8 **Subd. 2. Grounds for licensing action.** (e) The commissioner may deny, revoke, suspend,
124.9 restrict, or refuse to renew the license or impose conditions if:

124.10 (1) the applicant fails to provide complete and accurate information on the application
124.11 and the commissioner concludes that the missing or corrected information is needed to
124.12 determine if a license shall be granted;

124.13 (2) the applicant, knowingly or with reason to know, made a false statement of a material
124.14 fact in an application for the license or any data attached to the application or in any matter
124.15 under investigation by the department;

124.16 (3) the applicant refused to allow agents of the commissioner to inspect its books, records,
124.17 and files related to the license application, or any portion of the premises;

124.18 (4) the applicant willfully prevented, interfered with, or attempted to impede in any way:
124.19 (i) the work of any authorized representative of the commissioner, the ombudsman for
124.20 long-term care, or the ombudsman for mental health and developmental disabilities; or (ii)
124.21 the duties of the commissioner, local law enforcement, city or county attorneys, adult
124.22 protection, county case managers, or other local government personnel;

124.23 (5) the applicant, owner, controlling individual, managerial official, or assisted living
124.24 director for the facility has a history of noncompliance with federal or state regulations that
124.25 were detrimental to the health, welfare, or safety of a resident or a client; or

124.26 (6) the applicant violates any requirement in this chapter.

124.27 **Subd. 3. Proximity to other licensed facilities.** (a) The commissioner must not grant
124.28 a provisional license or a new license for an assisted living facility with a licensed resident
124.29 capacity of six or fewer that will be located within 650 feet of an existing assisted living
124.30 facility with a licensed resident capacity of six or fewer or an existing residential program
124.31 licensed under chapter 245A.

124.32 (b) Notwithstanding paragraph (a), the commissioner may grant a provisional license
124.33 or a new license for an assisted living facility with a licensed resident capacity of six or

125.1 fewer that will be located within 650 feet of an existing assisted living facility with a licensed
125.2 resident capacity of six or fewer or an existing residential program licensed under chapter
125.3 245A if:

125.4 (1) the existing residential program is located in a hospital licensed by the commissioner;

125.5 (2) the town, municipality, or county zoning authority grants the assisted living facility
125.6 an interim use or special use permit; or

125.7 (3) the assisted living facility submits an application for certificate of need developed
125.8 by the commissioner and the commissioner approves the certificate of need.

125.9 Subd. 4. **Reconsideration rights.** ~~(d)~~ If a license is denied, the applicant has the
125.10 reconsideration rights available under section 144G.16, subdivision 4.

125.11 **EFFECTIVE DATE.** This section is effective January 1, 2027, and applies to
125.12 applications for a provisional license or a new license submitted on or after that date.

125.13 Sec. 14. Minnesota Statutes 2024, section 144G.16, is amended by adding a subdivision
125.14 to read:

125.15 Subd. 8. **Notice to affected municipality.** (a) No later than ten calendar days after
125.16 issuing a provisional license or a new facility license to an assisted living facility with a
125.17 licensed resident capacity of six or fewer, the commissioner must provide the following
125.18 information about the provisional licensee or licensee and the facility to the affected
125.19 municipality or other political subdivision:

125.20 (1) business name of the provisional licensee or licensee;

125.21 (2) street address of the facility;

125.22 (3) license category;

125.23 (4) licensed resident capacity; and

125.24 (5) contact information for an authorized agent of the provisional licensee or licensee.

125.25 (b) The commissioner may provide notice through electronic communication or by
125.26 submitting a written document to the official address of the municipality or other political
125.27 subdivision.

125.28 **EFFECTIVE DATE.** This section is effective July 1, 2026, and applies to provisional
125.29 licenses and facility licenses issued on or after that date.

126.1 Sec. 15. Minnesota Statutes 2024, section 144G.19, is amended by adding a subdivision
126.2 to read:

126.3 Subd. 6. **Correction orders and fines.** After a change of ownership, the new licensee
126.4 is responsible for any outstanding fines and any fines assessed following the effective date
126.5 of the change of ownership regardless of the date of the violation. Additionally, the new
126.6 licensee is responsible for bringing the facility into compliance with all existing ordered,
126.7 imposed or agreed-upon corrections and conditions.

126.8 Sec. 16. Minnesota Statutes 2024, section 144G.195, subdivision 1, is amended to read:

126.9 Subdivision 1. **New license not required.** (a) ~~Beginning March 15, 2025,~~ An assisted
126.10 living facility with a licensed resident capacity of five residents or fewer may operate under
126.11 the licensee's current license if the facility is relocated with the approval of the commissioner
126.12 of health during the period the current license is valid.

126.13 (b) A licensee is not required to apply for a new license solely because the licensee
126.14 receives approval to relocate a facility. The licensee's license for the relocated facility
126.15 remains valid until the expiration date specified on the existing license. The commissioner
126.16 of health must apply the licensing and survey cycle previously established for the facility's
126.17 prior location to the facility's new location.

126.18 (c) A licensee must notify the commissioner of health, on a form developed by the
126.19 commissioner, of the licensee's intent to relocate the licensee's facility and submit a
126.20 nonrefundable relocation fee of \$3,905. The commissioner must deposit all relocation fees
126.21 in the state treasury to be credited to the state government special revenue fund.

126.22 (d) The licensee must obtain plan review approval for the building to which the licensee
126.23 intends to relocate the facility and a certificate of occupancy from the commissioner of labor
126.24 and industry or the commissioner of labor and industry's delegated authority for the building.
126.25 Upon issuance of a certificate of occupancy, the commissioner of health must review and
126.26 inspect the building to which the licensee intends to relocate the facility and approve or
126.27 deny the license relocation within 30 calendar days.

126.28 (e) A licensee ~~may only relocate a facility within the geographic boundaries of the~~
126.29 ~~municipality in which the facility is currently located or within the geographic boundaries~~
126.30 ~~of a contiguous municipality~~ located in the seven-county metropolitan area may not relocate
126.31 outside of the seven-county metropolitan area. Assisted living facilities located outside of
126.32 the seven-county metropolitan area may not relocate more than two hours or 120 miles from
126.33 the previous licensed facilities location.

127.1 (f) A licensee may only relocate one time in any three-year period, except that the
127.2 commissioner may approve an additional relocation within a three-year period upon a
127.3 licensee's demonstration of an extenuating circumstance, including but not limited to the
127.4 criteria outlined in section 256B.49, subdivision 28a, paragraph (c).

127.5 (g) A licensee that receives approval from the commissioner to relocate a facility must
127.6 provide each resident with a new assisted living contract and comply with the coordinated
127.7 move requirements under section 144G.55.

127.8 (h) A licensee denied approval by the commissioner of health to relocate a facility may
127.9 continue to operate the facility in its current location, follow the requirements in section
127.10 144G.57 and close the facility, or notify the commissioner of health of the licensee's intent
127.11 to relocate the facility to an alternative new location. If the licensee notifies the commissioner
127.12 of the licensee's intent to relocate the facility to an alternative new location, paragraph (c)
127.13 applies, including the timelines for approving or denying the license relocation for the
127.14 alternative new location.

127.15 Sec. 17. Minnesota Statutes 2024, section 144G.31, subdivision 6, is amended to read:

127.16 Subd. 6. **Payment of fines required.** When a fine has been assessed, the licensee may
127.17 not avoid payment by closing, ~~selling, or otherwise transferring the license to a third party~~
127.18 the license. In such an event, the licensee shall be liable for payment of the fine. In the event
127.19 of a change of ownership, the new licensee is responsible for any outstanding fines and any
127.20 fines assessed following the effective date of the change of ownership regardless of the date
127.21 of the violation.

127.22 Sec. 18. Minnesota Statutes 2024, section 144G.40, subdivision 2, is amended to read:

127.23 Subd. 2. **Uniform checklist disclosure of information and services.** (a) All assisted
127.24 living facilities must provide to prospective residents:

127.25 (1) a disclosure of the categories of assisted living licenses available and the category
127.26 of license held by the facility;

127.27 (2) a written checklist listing all services permitted under the facility's license, identifying
127.28 all services the facility offers to provide under the assisted living facility contract, and
127.29 identifying all services allowed under the license that the facility does not provide; ~~and~~

127.30 (3) an oral explanation of the services offered under the contract;

127.31 (4) a copy of the most recent Department of Health survey of the facility;

128.1 (5) a list of all correction orders issued against and fines imposed on the facility in the
128.2 previous three years and the results of all complaint investigations concerning the facility
128.3 in the previous three years; and

128.4 (6) the website for the Department of Human Services and Board on Aging assisted
128.5 living report card.

128.6 (b) The requirements of paragraph (a) must be completed prior to the execution of the
128.7 assisted living contract.

128.8 (c) The commissioner must, in consultation with all interested stakeholders, design the
128.9 uniform checklist disclosure form for use as provided under paragraph (a).

128.10 **EFFECTIVE DATE.** This section is effective August 1, 2026.

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

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

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

128.14 (2) provide services in a manner that complies with the Nurse Practice Act in sections
128.15 148.171 to 148.285;

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

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

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

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

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

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

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

129.1 (10) notify the resident of the resident's right to have and use a lockable door to the
129.2 resident's unit. The licensee shall provide the locks on the unit. Only a staff member with
129.3 a specific need to enter the unit shall have keys, and advance notice must be given to the
129.4 resident before entrance, when possible. An assisted living facility must not lock a resident
129.5 in the resident's unit;

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

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

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

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

129.15 (12) ensure that one or more persons are available 24 hours per day, seven days per
129.16 week, who are responsible for responding to the requests of residents for assistance with
129.17 health or safety needs. Such persons must be:

129.18 (i) awake;

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

129.21 (iii) capable of communicating with residents;

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

129.23 (v) capable of following directions; and

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

129.26 (14) ensure a plan to immediately attend to resident needs in an emergency; and

129.27 (15) ensure that a person trained in emergency response is on site 24 hours per day,
129.28 seven days per week.

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

130.1 Sec. 20. Minnesota Statutes 2024, section 144G.41, subdivision 2, is amended to read:

130.2 Subd. 2. **Policies and procedures.** (a) Each assisted living facility must have policies
130.3 and procedures in place to address the following ~~and keep them current~~:

130.4 (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults;

130.5 (2) conducting and handling background studies on employees;

130.6 (3) orientation, training, and competency evaluations of staff, and a process for evaluating
130.7 staff performance;

130.8 (4) handling complaints regarding staff or services provided by staff;

130.9 (5) conducting initial evaluations of residents' needs and the providers' ability to provide
130.10 those services;

130.11 (6) conducting initial and ongoing resident evaluations and assessments of resident
130.12 needs, including assessments by a registered nurse or appropriate licensed health professional,
130.13 and how changes in a resident's condition are identified, managed, and communicated to
130.14 staff and other health care providers as appropriate;

130.15 (7) orientation to and implementation of the assisted living bill of rights;

130.16 (8) infection control practices;

130.17 (9) reminders for medications, treatments, or exercises, if provided;

130.18 (10) conducting appropriate screenings, or documentation of prior screenings, to show
130.19 that staff are free of tuberculosis, consistent with current United States Centers for Disease
130.20 Control and Prevention standards;

130.21 (11) ensuring that nurses and licensed health professionals have current and valid licenses
130.22 to practice;

130.23 (12) medication and treatment management;

130.24 (13) delegation of tasks by registered nurses or licensed health professionals;

130.25 (14) supervision of registered nurses and licensed health professionals; ~~and~~

130.26 (15) supervision of unlicensed personnel performing delegated tasks; and

130.27 (16) emergency procedures initiated when a resident is experiencing an emergency event,
130.28 including but not limited to a resident falling, having a heart event, having difficulty
130.29 breathing, bleeding, or choking.

131.1 (b) Each assisted living facility must keep all policies and procedures current and make
131.2 them available to a resident or the resident's representative upon request. Policies and
131.3 procedures covering emergency situations must be provided to prospective residents before
131.4 admission to an assisted living facility and provided to current residents at the time of a
131.5 nursing assessment as required under section 144G.70, subdivision 2.

131.6 Sec. 21. Minnesota Statutes 2024, section 144G.41, is amended by adding a subdivision
131.7 to read:

131.8 Subd. 9. **Automatic external defibrillator.** (a) For purposes of this subdivision,
131.9 "automatic external defibrillator" has the meaning given in section 403.51, subdivision 1.

131.10 (b) A facility must:

131.11 (1) maintain an automatic external defibrillator in each building on the assisted living
131.12 facility campus where residents may be present; and

131.13 (2) ensure each of its automatic external defibrillators is maintained and regularly tested
131.14 according to the manufacturer's recommendations.

131.15 **EFFECTIVE DATE.** This section is effective August 1, 2026.

131.16 Sec. 22. Minnesota Statutes 2024, section 144G.45, subdivision 3, is amended to read:

131.17 Subd. 3. **Local laws apply; delegating inspection authority.** (a) Assisted living facilities
131.18 shall comply with all applicable state and local governing laws, regulations, standards,
131.19 ordinances, and codes for fire safety, building, and zoning requirements, except a facility
131.20 with a licensed resident capacity of six or fewer is exempt from rental licensing regulations
131.21 imposed by any town, municipality, or county.

131.22 (b) At the request of a county or local unit of government, the commissioner may delegate
131.23 authority to a county agency or local unit of government to inspect an existing assisted
131.24 living facility with a licensed resident capacity of six or fewer that is in the jurisdiction of
131.25 the county or local unit of government for compliance with applicable building codes, fire
131.26 and safety codes, and zoning ordinances. A county agency or local unit of government
131.27 conducting an inspection must notify the commissioner of any violations or concerns within
131.28 ten working days of the inspection. A county agency or local unit of government that
131.29 conducts inspections under this subdivision must not inspect an assisted living facility more
131.30 frequently than every six months.

131.31 (c) The commissioner must ensure that laws, rules, and codes are uniformly enforced
131.32 throughout the state by reviewing each county agency and local unit of government

132.1 conducting inspections under this subdivision for compliance with this subdivision and
132.2 other applicable laws and rules at least every four years.

132.3 **EFFECTIVE DATE.** This section is effective January 1, 2027.

132.4 Sec. 23. **[144G.505] PROHIBITED CONDITION OF ADMISSION OR CONTINUED**
132.5 **RESIDENCE.**

132.6 An assisted living facility is prohibited from requiring a current or prospective resident
132.7 to have or obtain a guardian or conservator as a condition of admission to or continued
132.8 residence in the assisted living facility.

132.9 **EFFECTIVE DATE.** This section is effective August 1, 2026.

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

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

132.13 (1) documentation requirements for all services provided;

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

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

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

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

132.19 (i) hair care and bathing;

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

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

132.22 (iv) dressing and assisting with toileting;

132.23 (6) training on the prevention of falls;

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

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

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

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

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

133.3 (12) awareness of confidentiality and privacy;

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

133.6 (14) procedures to use in handling various emergency situations, including but not limited
133.7 to a resident falling, having a heart event, having difficulty breathing, bleeding, or choking;
133.8 and

133.9 (15) awareness of commonly used health technology equipment and assistive devices.

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

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

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

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

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

133.17 (5) safe transfer techniques and ambulation;

133.18 (6) range of motioning and positioning; and

133.19 (7) administering medications or treatments as required.

133.20 Sec. 25. Minnesota Statutes 2024, section 144G.63, subdivision 2, is amended to read:

133.21 Subd. 2. **Content of required orientation.** (a) The orientation must contain the following
133.22 topics:

133.23 (1) an overview of this chapter;

133.24 (2) an introduction and review of the facility's policies and procedures related to the
133.25 provision of assisted living services by the individual staff person;

133.26 (3) handling of emergencies and use of emergency services;

133.27 (4) compliance with and reporting of the maltreatment of vulnerable adults under section
133.28 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);

134.1 (5) the assisted living bill of rights and staff responsibilities related to ensuring the
134.2 exercise and protection of those rights;

134.3 (6) the principles of person-centered planning and service delivery and how they apply
134.4 to direct support services provided by the staff person;

134.5 (7) handling of residents' complaints, reporting of complaints, and where to report
134.6 complaints, including information on the Office of Health Facility Complaints;

134.7 (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care,
134.8 Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care
134.9 Ombudsman at the Department of Human Services, county-managed care advocates, or
134.10 other relevant advocacy services; ~~and~~

134.11 (9) a review of the types of assisted living services the staff member will be providing
134.12 and the facility's category of licensure; and

134.13 (10) cardiopulmonary resuscitation, the use of automatic external defibrillators, the
134.14 facility's process for checking a resident's code status before initiating lifesaving measures,
134.15 and requesting emergency medical assistance as soon as practicable after an automatic
134.16 external defibrillator is used.

134.17 (b) In addition to the topics in paragraph (a), orientation may also contain training on
134.18 providing services to residents with hearing loss. Any training on hearing loss provided
134.19 under this subdivision must be high quality and research based, may include online training,
134.20 and must include training on one or more of the following topics:

134.21 (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence,
134.22 and the challenges it poses to communication;

134.23 (2) health impacts related to untreated age-related hearing loss, such as increased
134.24 incidence of dementia, falls, hospitalizations, isolation, and depression; or

134.25 (3) information about strategies and technology that may enhance communication and
134.26 involvement, including communication strategies, assistive listening devices, hearing aids,
134.27 visual and tactile alerting devices, communication access in real time, and closed captions.

134.28 **EFFECTIVE DATE.** This section is effective August 1, 2026.

134.29 Sec. 26. Minnesota Statutes 2024, section 144G.63, subdivision 5, is amended to read:

134.30 Subd. 5. **Required annual training.** (a) All staff that perform direct services must
134.31 complete at least eight hours of annual training for each 12 months of employment. The

135.1 training may be obtained from the facility or another source and must include topics relevant
135.2 to the provision of assisted living services. The annual training must include:

135.3 (1) training on reporting of maltreatment of vulnerable adults under section 626.557;

135.4 (2) review of the assisted living bill of rights and staff responsibilities related to ensuring
135.5 the exercise and protection of those rights;

135.6 (3) review of infection control techniques used in the home and implementation of
135.7 infection control standards including a review of hand washing techniques; the need for and
135.8 use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials
135.9 and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable
135.10 equipment; disinfecting environmental surfaces; and reporting communicable diseases;

135.11 (4) effective approaches to use to problem solve when working with a resident's
135.12 challenging behaviors, and how to communicate with residents who have dementia,
135.13 Alzheimer's disease, or related disorders;

135.14 (5) review of the facility's policies and procedures relating to the provision of assisted
135.15 living services and how to implement those policies and procedures; ~~and~~

135.16 (6) the principles of person-centered planning and service delivery and how they apply
135.17 to direct support services provided by the staff person; and

135.18 (7) cardiopulmonary resuscitation, the use of automatic external defibrillators, the
135.19 facility's process for checking a resident's code status before initiating lifesaving measures,
135.20 and requesting emergency medical assistance as soon as practicable after an automatic
135.21 external defibrillator is used.

135.22 (b) In addition to the topics in paragraph (a), annual training may also contain training
135.23 on providing services to residents with hearing loss. Any training on hearing loss provided
135.24 under this subdivision must be high quality and research based, may include online training,
135.25 and must include training on one or more of the following topics:

135.26 (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence,
135.27 and challenges it poses to communication;

135.28 (2) the health impacts related to untreated age-related hearing loss, such as increased
135.29 incidence of dementia, falls, hospitalizations, isolation, and depression; or

135.30 (3) information about strategies and technology that may enhance communication and
135.31 involvement, including communication strategies, assistive listening devices, hearing aids,
135.32 visual and tactile alerting devices, communication access in real time, and closed captions.

136.1 **EFFECTIVE DATE.** This section is effective August 1, 2026.

136.2 Sec. 27. Minnesota Statutes 2024, section 144G.63, is amended by adding a subdivision
136.3 to read:

136.4 Subd. 5a. **Orientation and annual training; other staff.** (a) All staff who are not subject
136.5 to the orientation requirements in subdivisions 1 and 2 must complete an orientation on the
136.6 topics specified under paragraph (b) within 160 hours of the employment start date. All
136.7 staff who are not subject to the annual training requirements in subdivision 5 must complete
136.8 annual training on the topics specified under paragraph (b).

136.9 (b) The orientation and annual training must include training on cardiopulmonary
136.10 resuscitation, the use of automatic external defibrillators, the facility's process for checking
136.11 a resident's code status before initiating lifesaving measures, and requesting emergency
136.12 medical assistance as soon as practicable after an automatic external defibrillator is used.

136.13 **EFFECTIVE DATE.** This section is effective August 1, 2026.

136.14 Sec. 28. **[144G.65] TRAINING IN EMERGENCY MANUAL RESTRAINTS.**

136.15 Subdivision 1. **Training.** A licensee must ensure that staff who are authorized to apply
136.16 an emergency use of a manual restraint complete a minimum of four hours of training from
136.17 a qualified individual prior to assuming these responsibilities. Training must include:

136.18 (1) types of behaviors, de-escalation techniques and their value;

136.19 (2) principles of person-centered planning and service delivery as identified in section
136.20 245D.07, subdivision 1a, paragraph (b);

136.21 (3) what constitutes the use of a restraint;

136.22 (4) staff responsibilities related to: (i) prohibited procedures under section 144G.85; (ii)
136.23 why prohibited procedures are not effective for reducing or eliminating symptoms or
136.24 interfering behavior; and (iii) why prohibited procedures are not safe;

136.25 (5) the situations when staff must contact 911 services in response to an imminent risk
136.26 of harm to the resident or others; and

136.27 (6) strategies for respecting and supporting each resident's cultural preferences.

136.28 Subd. 2. **Annual refresher training.** The licensee must ensure that staff who apply an
136.29 emergency use of a manual restraint complete two hours of refresher training on an annual
136.30 basis covering each of the training areas listed in subdivision 1.

137.1 Subd. 3. **Implementation.** The assisted living facility must implement all orientation
137.2 and training topics covered in this section.

137.3 Subd. 4. **Verification and documentation of orientation and training.** For staff who
137.4 are authorized to apply an emergency use of a manual restraint, the assisted living facility
137.5 must retain evidence in the employee record of each staff person having completed the
137.6 orientation and training under this section.

137.7 Subd. 5. **Exemption.** This section does not apply to licensees who have a policy
137.8 prohibiting the use of restraints.

137.9 **EFFECTIVE DATE.** This section is effective January 1, 2027.

137.10 Sec. 29. [144G.85] **USE OF RESTRAINTS.**

137.11 Subdivision 1. **Use of restraints prohibited.** Restraints are prohibited except as described
137.12 in subdivisions 2 and 4.

137.13 Subd. 2. **Exception.** Emergency use of a manual restraint is permitted only when
137.14 immediate intervention is needed to protect the resident or others from imminent risk of
137.15 physical harm and is the least restrictive intervention to address the risk. The restraint must
137.16 be imposed for the least amount of time necessary and removed when there is no longer
137.17 imminent risk of physical harm to the resident or other persons in the facility. The use of
137.18 restraint under this subdivision must:

137.19 (1) take into consideration the rights, health, and welfare of the resident;

137.20 (2) not apply pressure to the back or chest while a resident is in a prone, supine, or
137.21 side-lying position; and

137.22 (3) allow the resident to be free from prone restraint.

137.23 Subd. 3. **Documentation and notification.** (a) The resident's legal representative must
137.24 be notified within 24 hours of any use of an emergency use of a manual restraint and of the
137.25 circumstances that prompted the use. Notification and the use of an emergency use of a
137.26 manual restraint must be documented. If known, the advanced practice registered nurse,
137.27 physician, or physician assistant must be notified within 24 hours of any use of an emergency
137.28 use of a manual restraint.

137.29 (b) On a form developed by the commissioner, the facility must notify the commissioner
137.30 and the ombudsman for long-term care within seven calendar days of the use of any
137.31 emergency use of a manual restraint, including when any restraint is first applied or ordered.

- 138.1 The commissioner will monitor reported uses to detect overuse or unauthorized,
138.2 inappropriate, or ineffective use of the restraint. The form must include:
- 138.3 (1) the name and date of birth of the resident;
138.4 (2) the date and time of the use of the restraint;
138.5 (3) the names of staff and any residents who were involved in the incident leading up
138.6 to the emergency use of a manual restraint;
138.7 (4) a description of the incident, including the length of time the restraint was applied
138.8 and who was present before and during the incident leading up to the emergency use of a
138.9 manual restraint;
138.10 (5) a description of what less restrictive alternative measures were attempted to de-escalate
138.11 the incident and maintain safety that identifies when, how, and for how long the alternative
138.12 measures were attempted before the emergency use of a manual restraint was implemented;
138.13 (6) a description of the mental, physical, and emotional condition of the resident who
138.14 was restrained and of other persons involved in the incident leading up to, during, and
138.15 following the emergency use of a manual restraint;
138.16 (7) whether there was any injury to the resident who was restrained or other persons
138.17 involved in the incident, including staff, before or as a result of the emergency use of a
138.18 manual restraint; and
138.19 (8) whether there was a debriefing following the incident with the staff, and, if not
138.20 contraindicated, with the resident who was restrained and other persons who were involved
138.21 in or who witnessed the emergency use of a manual restraint, and the outcome of the
138.22 debriefing. If the debriefing was not conducted at the time the incident report was made,
138.23 the form should identify whether a debriefing is planned and a plan for mitigating use of
138.24 restraints in the future.
- 138.25 (c) A copy of the form submitted under paragraph (b) must be maintained in the resident's
138.26 record.
- 138.27 (d) A copy of the form submitted under paragraph (b) must be sent to the resident's
138.28 waiver case manager within seven calendar days of the use of emergency use of manual
138.29 restraints. Any use of emergency use of manual restraints on people served under section
138.30 256B.49 and chapter 256S must be documented by the case manager in the resident's support
138.31 plan, as defined in sections 256B.49, subdivision 15, and 256S.10.

139.1 (e) The use of restraints by law enforcement officers or other emergency personnel acting
139.2 in a licensed capacity does not require the facility to comply with the requirements of this
139.3 subdivision.

139.4 Subd. 4. **Ordered treatment.** Any use of a restraint, other than the use of an emergency
139.5 use of a manual restraint to address an imminent risk, must be the least restrictive option
139.6 and comply with the requirements for an ordered treatment under section 144G.72.

139.7 **EFFECTIVE DATE.** This section is effective January 1, 2027.

139.8 Sec. 30. Minnesota Statutes 2025 Supplement, section 145D.40, is amended by adding a
139.9 subdivision to read:

139.10 Subd. 5. **Health care professional.** "Health care professional" means an individual who
139.11 is licensed or registered by the state to provide health care services within the professional's
139.12 scope of practice and in accordance with state law.

139.13 Sec. 31. Minnesota Statutes 2025 Supplement, section 145D.41, subdivision 1, is amended
139.14 to read:

139.15 **Subdivision 1. Notice.** At least 120 days prior to the transfer of ownership or control of
139.16 a nonprofit nursing home or nonprofit assisted living facility to a for-profit entity, the nursing
139.17 home or assisted living facility must provide written notice to the attorney general, the
139.18 commissioner of health, and the commissioner of human services of its intent to transfer
139.19 ownership or control to a for-profit entity.

139.20 Sec. 32. Minnesota Statutes 2025 Supplement, section 145D.41, subdivision 2, is amended
139.21 to read:

139.22 **Subd. 2. Information.** Together with the notice, the for-profit entity seeking to acquire
139.23 ownership or control of the nonprofit nursing home or nonprofit assisted living facility must
139.24 provide to the attorney general, commissioner of health, and commissioner of human services:

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

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

139.28 (3) the names of each individual holding an interest in, and the percentage of interest
139.29 held in, any affiliate, subsidiary, or otherwise related entity that the for-profit entity has a
139.30 contract to provide goods or services for the operation or maintenance of the nursing home
139.31 or assisted living facility or has a contract for goods and services to be provided to residents,

- 140.1 including any real estate investment trusts if permitted under section 145D.42, subdivision
140.2 1;
- 140.3 (4) for the previous five years, any filings required to be made to any federal or state
140.4 agency;
- 140.5 (5) the for-profit entity's current balance sheet;
- 140.6 (6) all application materials required under section 144A.03 or 144G.12, as applicable;
- 140.7 (7) a description of the condition of the buildings the for-profit entity seeks to acquire
140.8 or manage, identifying any cooling problems, electric medical devices present, recent exterior
140.9 additions and replacements, external building conditions, recent flush toilet breakdowns,
140.10 foreclosure status in the previous 12 months, heat risk, heating problems, indoor air quality,
140.11 recent interior additions and replacements, and mold, as those terms are defined and described
140.12 in Appendix A of the American Housing Survey for the United States: 2023;
- 140.13 (8) an affidavit and evidence; and
- 140.14 (9) other information required by the attorney general, commissioner of health, and
140.15 commissioner of human services.

140.16 Sec. 33. Minnesota Statutes 2025 Supplement, section 145D.41, is amended by adding a
140.17 subdivision to read:

140.18 Subd. 3. **Affidavit and evidence.** In addition to the notice required under subdivision
140.19 1, a for-profit entity seeking to acquire ownership or control of a nonprofit nursing home
140.20 or nonprofit assisted living facility must submit to the attorney general an affidavit and
140.21 evidence sufficient to demonstrate that:

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

140.27 (2) neither the for-profit entity nor any of its owners, managerial officials, or managers
140.28 have committed a crime listed in, or been found civilly liable for an offense listed in, section
140.29 144A.03, subdivision 1, clause (13), or 144G.12, subdivision 1, clause (13), as applicable;

140.30 (3) in the preceding ten years, there have been no judgments and no filed, pending, or
140.31 completed public or private litigations, tax liens, written complaints, administrative actions,

141.1 or investigations by a government agency against the for-profit entity or any of its owners,
141.2 managerial officials, or managers;

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

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

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

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

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

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

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

141.25 **Sec. 34. [145D.42] PROHIBITED PRACTICES.**

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

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

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

142.4 (3) engaging in any act, practice, or course of business that would strip an asset from an
142.5 acquired nursing home or assisted living facility or that would otherwise undermine the
142.6 quality of, safety of, or access to care and services provided by the nursing home or assisted
142.7 living facility;

142.8 (4) engaging in self-dealing;

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

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

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

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

142.22 (9) for a nursing home:

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

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

142.27 **Sec. 35. [145D.43] ENFORCEMENT AND REMEDIES; NURSING HOMES AND**
142.28 **ASSISTED LIVING FACILITIES.**

142.29 Subdivision 1. **Equitable remedies.** (a) In addition to other remedies provided by law,
142.30 the attorney general may bring an action in district court to enjoin or unwind a transaction
142.31 or seek other equitable relief if a nonprofit assisted living facility, nonprofit nursing home,
142.32 or for-profit entity violates sections 145D.41 to 145D.42.

143.1 (b) In seeking injunctive relief under this section, the attorney general is not required to
143.2 establish irreparable harm but must instead establish that a violation of sections 145D.41
143.3 to 145D.42 occurred.

143.4 Subd. 2. **Failure to provide information.** Failure of the entities involved in a transaction
143.5 subject to sections 145D.41 to 145D.42 to provide timely information as required by the
143.6 attorney general or the commissioner of health or the commissioner of human services is
143.7 an independent and sufficient ground for a court to enjoin or unwind the transaction or
143.8 provide other equitable relief, provided the attorney general notifies the entities of the
143.9 inadequacy of the information provided and provides the entities with a reasonable
143.10 opportunity to remedy the inadequacy.

143.11 Subd. 3. **Enforcement.** In addition to the remedies provided under this section or other
143.12 law, the attorney general may enforce sections 145D.41 to 145D.42 pursuant to section
143.13 8.31.

143.14 Subd. 4. **Civil penalties; attorney fees.** (a) An officer, director, or other executive found
143.15 to have violated sections 145D.41 to 145D.42 shall be subject to a civil penalty of up to
143.16 \$50,000 for each violation. A nonprofit assisted living facility, nonprofit nursing home, or
143.17 for-profit entity that is a party to or materially participated in a transaction found to have
143.18 violated sections 145D.41 to 145D.42 shall be subject to a civil penalty of up to \$500,000.

143.19 (b) A court may also award reasonable attorney fees and costs of investigation and
143.20 litigation for an action brought under this section.

143.21 **EFFECTIVE DATE.** This section is effective August 1, 2025, and applies to violations
143.22 occurring on or after that date.

143.23 Sec. 36. Minnesota Statutes 2024, section 157.17, subdivision 2, is amended to read:

143.24 Subd. 2. **Registration.** At the time of licensure or license renewal, a boarding and lodging
143.25 establishment or a lodging establishment that provides supportive services or health
143.26 supervision services must be registered with the commissioner, and must register annually
143.27 thereafter. The registration must include the name, address, and telephone number of the
143.28 establishment, the name of the operator, the types of services that are being provided, a
143.29 description of the residents being served, the type and qualifications of staff in the facility,
143.30 and other information that is necessary to identify the needs of the residents and the types
143.31 of services that are being provided. The commissioner shall develop and furnish to the
143.32 boarding and lodging establishment or lodging establishment the necessary form for
143.33 submitting the registration.

144.1 ~~Housing with services establishments registered under chapter 144D shall be considered~~
144.2 ~~registered under this section for all purposes except that:~~

144.3 ~~(1) the establishments shall operate under the requirements of chapter 144D; and~~

144.4 ~~(2) the criminal background check requirements of sections 299C.66 to 299C.71 apply.~~

144.5 ~~The criminal background check requirements of section 144.057 apply only to personnel~~
144.6 ~~providing home care services under sections 144A.43 to 144A.47 and personnel providing~~
144.7 ~~hospice care under sections 144A.75 to 144A.755.~~

144.8 Sec. 37. Minnesota Statutes 2024, section 157.17, subdivision 5, is amended to read:

144.9 Subd. 5. **Services that may not be provided in a boarding and lodging establishment**
144.10 **or lodging establishment.** ~~Except those facilities registered under chapter 144D,~~ A boarding
144.11 and lodging establishment or lodging establishment may not admit or retain individuals
144.12 who:

144.13 (1) would require assistance from establishment staff because of the following needs:
144.14 bowel incontinence, catheter care, use of injectable or parenteral medications, wound care,
144.15 or dressing changes or irrigations of any kind; or

144.16 (2) require a level of care and supervision beyond supportive services or health
144.17 supervision services.

144.18 Sec. 38. Minnesota Statutes 2024, section 295.50, subdivision 4, is amended to read:

144.19 Subd. 4. **Health care provider.** (a) "Health care provider" means:

144.20 (1) a person whose health care occupation is regulated or required to be regulated by
144.21 the state of Minnesota furnishing any or all of the following goods or services directly to a
144.22 patient or consumer: medical, surgical, optical, visual, dental, hearing, nursing services,
144.23 drugs, laboratory, diagnostic or therapeutic services;

144.24 (2) a person who provides goods and services not listed in clause (1) that qualify for
144.25 reimbursement under the medical assistance program provided under chapter 256B;

144.26 (3) a staff model health plan company;

144.27 (4) an ambulance service required to be licensed;

144.28 (5) a person who sells or repairs hearing aids and related equipment or prescription
144.29 eyewear; or

145.1 (6) a person providing patient services, who does not otherwise meet the definition of
145.2 health care provider and is not specifically excluded in clause (b), who employs or contracts
145.3 with a health care provider as defined in clauses (1) to (5) to perform, supervise, otherwise
145.4 oversee, or consult with regarding patient services.

145.5 (b) Health care provider does not include:

145.6 (1) hospitals; medical supplies distributors, except as specified under paragraph (a),
145.7 clause (5); nursing homes licensed under chapter 144A or licensed in any other jurisdiction;
145.8 wholesale drug distributors; pharmacies; surgical centers; bus and taxicab transportation,
145.9 or any other providers of transportation services other than ambulance services required to
145.10 be licensed; supervised living facilities for persons with developmental disabilities, licensed
145.11 under Minnesota Rules, parts 4665.0100 to 4665.9900; ~~housing with services establishments~~
145.12 ~~required to be registered under chapter 144D~~; board and lodging establishments providing
145.13 only custodial services that are licensed under chapter 157 and registered under section
145.14 157.17 to provide supportive services or health supervision services; adult foster homes as
145.15 defined in Minnesota Rules, part 9555.5105; day training and habilitation services for adults
145.16 with developmental disabilities as defined in section 252.41, subdivision 3; boarding care
145.17 homes, as defined in Minnesota Rules, part 4655.0100; and adult day care centers as defined
145.18 in Minnesota Rules, part 9555.9600;

145.19 (2) home health agencies as defined in Minnesota Rules, part 9505.0175, subpart 15; a
145.20 person providing personal care assistance services and supervision of personal care assistance
145.21 services as defined in ~~Minnesota Rules, part 9505.0335~~ section 256B.0625, subdivision
145.22 19a; a person providing home care nursing services as defined in Minnesota Rules, part
145.23 9505.0360; and home care providers required to be licensed under chapter 144A for home
145.24 care services provided under chapter 144A;

145.25 (3) a person who employs health care providers solely for the purpose of providing
145.26 patient services to its employees;

145.27 (4) an educational institution that employs health care providers solely for the purpose
145.28 of providing patient services to its students if the institution does not receive fee for service
145.29 payments or payments for extended coverage; and

145.30 (5) a person who receives all payments for patient services from health care providers,
145.31 surgical centers, or hospitals for goods and services that are taxable to the paying health
145.32 care providers, surgical centers, or hospitals, as provided under section 295.53, subdivision
145.33 1, paragraph (b), clause (3) or (4), or from a source of funds that is excluded or exempt from
145.34 tax under sections 295.50 to 295.59.

146.1 Sec. 39. Minnesota Statutes 2025 Supplement, section 295.50, subdivision 9b, is amended
146.2 to read:

146.3 Subd. 9b. **Patient services.** (a) "Patient services" means inpatient and outpatient services
146.4 and other goods and services provided by hospitals, surgical centers, or health care providers.

146.5 They include the following health care goods and services provided to a patient or consumer:

146.6 (1) bed and board;

146.7 (2) nursing services and other related services;

146.8 (3) use of hospitals, surgical centers, or health care provider facilities;

146.9 (4) medical social services;

146.10 (5) drugs, biologicals, supplies, appliances, and equipment;

146.11 (6) other diagnostic or therapeutic items or services;

146.12 (7) medical or surgical services;

146.13 (8) items and services furnished to ambulatory patients not requiring emergency care;

146.14 and

146.15 (9) emergency services.

146.16 (b) "Patient services" does not include:

146.17 (1) services provided to nursing homes licensed under chapter 144A;

146.18 (2) examinations for purposes of utilization reviews, insurance claims or eligibility,
146.19 litigation, and employment, including reviews of medical records for those purposes;

146.20 (3) services provided to and by community residential mental health facilities licensed
146.21 under section 245I.23 or Minnesota Rules, parts 9520.0500 to 9520.0670, and to and by
146.22 residential treatment programs for children with a serious mental illness licensed or certified
146.23 under chapter 245A;

146.24 (4) services provided under the following programs: day treatment services as defined
146.25 in section 245.462, subdivision 8; assertive community treatment as described in section
146.26 256B.0622; adult rehabilitative mental health services as described in section 256B.0623;
146.27 crisis response services as described in section 256B.0624; and children's therapeutic services
146.28 and supports as described in section 256B.0943;

146.29 (5) services provided to and by community mental health centers as defined in section
146.30 245.62, subdivision 2;

147.1 (6) services provided to and by assisted living programs and congregate housing
147.2 programs;

147.3 (7) hospice care services;

147.4 (8) home and community-based waived services under chapter 256S and sections
147.5 256B.49 and 256B.501;

147.6 (9) targeted case management services under sections 256B.0621; 256B.0625,
147.7 subdivisions 20, 20a, 33, and 44; and 256B.094; and

147.8 (10) services provided to the following: supervised living facilities for persons with
147.9 developmental disabilities licensed under Minnesota Rules, parts 4665.0100 to 4665.9900;
147.10 ~~housing with services establishments required to be registered under chapter 144D;~~ board
147.11 and lodging establishments providing only custodial services that are licensed under chapter
147.12 157 and registered under section 157.17 to provide supportive services or health supervision
147.13 services; adult foster homes as defined in Minnesota Rules, part 9555.5105; day training
147.14 and habilitation services for adults with developmental disabilities as defined in section
147.15 252.41, subdivision 3; boarding care homes as defined in Minnesota Rules, part 4655.0100;
147.16 adult day care services as defined in section 245A.02, subdivision 2a; and home health
147.17 agencies as defined in Minnesota Rules, part 9505.0175, subpart 15, or licensed under
147.18 chapter 144A.

147.19 **Sec. 40. [340A.4015] NURSING HOMES, BOARDING CARE HOMES, AND**
147.20 **ASSISTED LIVING FACILITIES; WHEN LICENSE NOT REQUIRED.**

147.21 (a) A nursing home as defined in section 144A.01, subdivision 5, a boarding care home
147.22 as defined in Minnesota Rules, chapter 4655, or an assisted living facility as defined in
147.23 section 144G.08, subdivision 7, collectively known as "facility" or "facilities", is not required
147.24 to obtain a license or permit under this chapter for the service of intoxicating liquor on its
147.25 premise, subject to the following:

147.26 (1) the facility must submit notice to the commissioner of its intent to allow the service
147.27 of intoxicating liquor under this section;

147.28 (2) the facility must hold the license or licenses required by the commissioner of health
147.29 to be a valid licensed facility;

147.30 (3) intoxicating liquor may only be served to or by the residents of the facility and their
147.31 guests, when the guests are physically accompanied by a resident for the entirety of the
147.32 service;

148.1 (4) the service of intoxicating liquor may only occur at activities or events conducted
 148.2 primarily for residents of the facility and their invited guests, and only within the licensed
 148.3 facility or on its property;

148.4 (5) intoxicating liquor may not be sold, offered for sale, or otherwise provided for any
 148.5 form of consideration; and

148.6 (6) facilities are subject to all other provisions and requirements of this chapter and its
 148.7 applicable rules, not inconsistent with this section.

148.8 (b) A facility allowing the service of intoxicating liquor under this section is open for
 148.9 inspection by the commissioner and the commissioner's representative and by peace officers,
 148.10 who may enter and inspect during reasonable hours.

148.11 (c) Facilities operating under this section are subject to the requirements and penalties
 148.12 outlined in section 340A.415 in the same manner as if they were a license or permit holder.

148.13 (d) The commissioner may take enforcement action as provided in section 340A.415
 148.14 against any facility operating under this section for any violation of this section and any
 148.15 other provision of this chapter and Minnesota Rules, chapter 7515, not inconsistent with
 148.16 this section, including service to an obviously intoxicated person, unlawful furnishing,
 148.17 underage access or consumption, unlawful possession, unlawful storage, or other
 148.18 alcohol-related violations.

148.19 (e) The commissioner may prohibit service and require corrective action plans or
 148.20 mandatory training for staff prior to a facility resuming operation under this section.

148.21 (f) The commissioner may refer any pattern of unsafe service, health risk associated
 148.22 with alcohol service or storage, or failure to comply with this section to the commissioner
 148.23 of health for investigation.

148.24 (g) Nothing in this section limits or otherwise affects criminal enforcement under this
 148.25 chapter or any other law against a facility or any person."

148.26 Delete the title and insert:

148.27 "A bill for an act

148.28 relating to human services;; amending Minnesota Statutes 2024, sections
 148.29 3.7381; 13.04, subdivision 4a; 13.384, subdivision 1; 13.46, subdivision 1; 144.56,
 148.30 subdivision 2b; 144.586, subdivision 2; 144.6502, subdivision 1; 144A.161,
 148.31 subdivision 1a; 144A.472, subdivision 5; 144A.72, subdivision 2; 144G.08, by
 148.32 adding subdivisions; 144G.15; 144G.16, by adding a subdivision; 144G.19, by
 148.33 adding a subdivision; 144G.195, subdivision 1; 144G.31, subdivision 6; 144G.40,
 148.34 subdivision 2; 144G.41, subdivisions 1, 2, by adding a subdivision; 144G.45,
 148.35 subdivision 3; 144G.61, subdivision 2; 144G.63, subdivisions 2, 5, by adding a
 148.36 subdivision; 157.17, subdivisions 2, 5; 182.6545; 245A.03, by adding subdivisions;
 148.37 245A.04, subdivisions 2, 2a; 245A.11, subdivision 4; 245D.09, subdivision 5;

149.1 245D.095, subdivision 3; 245D.10, subdivision 3; 245F.02, subdivision 17;
149.2 245F.15, subdivision 7; 245G.11, subdivision 8; 253B.03, subdivision 6; 253B.18,
149.3 subdivision 14; 254B.052, subdivision 1, by adding a subdivision; 256.9752, as
149.4 amended; 256B.04, subdivision 24, by adding a subdivision; 256B.0625, by adding
149.5 a subdivision; 256B.064, subdivision 2; 256B.0658; 256B.0659, subdivisions 12,
149.6 16, 17, 19; 256B.0759, subdivision 3; 256B.0911, subdivision 32; 256B.0924,
149.7 subdivisions 3, 5, 7, by adding a subdivision; 256B.0949, by adding a subdivision;
149.8 256B.4905, subdivision 2a; 256B.492, subdivisions 1, 3; 256B.85, by adding
149.9 subdivisions; 256B.851, subdivision 8; 256L.03, subdivision 1; 256S.21,
149.10 subdivision 3; 295.50, subdivision 4; 626.557, subdivisions 9, 9a, 9c, 12b, by
149.11 adding subdivisions; 626.5572, subdivisions 2, 9, 17, by adding subdivisions;
149.12 Minnesota Statutes 2025 Supplement, sections 13.46, subdivision 2; 144A.474,
149.13 subdivision 11; 145D.40, by adding a subdivision; 145D.41, subdivisions 1, 2, by
149.14 adding a subdivision; 245C.03, subdivision 6; 245C.04, subdivision 6; 245C.10,
149.15 subdivision 6; 245D.091, subdivisions 2, 3; 245D.10, subdivision 3a; 245F.08,
149.16 subdivision 3; 245G.11, subdivision 7; 253B.18, subdivision 6; 254A.03,
149.17 subdivision 3; 254B.0501, subdivision 6; 254B.0505, subdivision 8, by adding a
149.18 subdivision; 256B.04, subdivision 21; 256B.0701, subdivision 9; 256B.0759,
149.19 subdivision 4; 256B.0911, subdivision 13; 256B.0924, subdivision 6; 256B.0949,
149.20 subdivisions 2, 16; 256B.4914, subdivisions 8, 10a, 14a; 256B.85, subdivision 7;
149.21 295.50, subdivision 9b; 626.5572, subdivision 13; Laws 2024, chapter 125, article
149.22 1, section 47; proposing coding for new law in Minnesota Statutes, chapters 144A;
149.23 144G; 145D; 245D; 246C; 256B; 340A; repealing Minnesota Statutes 2024,
149.24 sections 256B.051, subdivisions 1, 4, 7; 256B.0759, subdivisions 2, 5; 256B.5012,
149.25 subdivisions 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16; 626.557, subdivision 10;
149.26 Minnesota Statutes 2025 Supplement, sections 245A.04, subdivision 7; 254B.052,
149.27 subdivision 6; 256B.051, subdivisions 2, 3, 5, 6, 6a, 6b, 8, 9, 10; Laws 2025, First
149.28 Special Session chapter 3, article 18, section 3."