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State of Minnesota

Chapter 61 – Human Services Omnibus Budget

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Date: July 6, 2023

ARTICLE 1 – DISABILITY SERVICES

Section 1 **(179A.54, subdivision 11 – Home care orientation trust)** establishes a joint labor and management trust, the Home Care Orientation Trust, to receive contributions from the state pursuant to a collective bargaining agreement for the purposes of funding orientation training of individual providers of direct support services.

Section 2 **(245A.03, subdivision 7, paragraph (a), clause (5) – Licensing moratorium)** expands an existing moratorium exception for individuals receiving customized living to include individuals receiving customized living under the elderly waiver and extends the application deadline for this exception from June 30, 2023, to December 31, 2023.

Section 3 **(245A.11, subdivision 7 – Adult foster care; variance for alternate overnight supervision)** clarifies that the existing variance requirements for alternate overnight supervision in adult foster care settings do not apply to the proposed remote overnight supervision provisions for community residential settings licensed under chapter 245D.

Section 4 **(245A.11, subdivision 7a – Alternate overnight supervision technology; adult foster care)** clarifies that the existing requirements for alternate overnight supervision technology in adult foster care do not apply to the proposed requirements for the use of technology to provide remote overnight supervision in community residential settings licensed under chapter 245D.

Section 5 **(245D.04, subdivision 3, paragraph (c) – Applicability)** modifies the list of residential supports and services under the chapter of statutes governing home and community-based services standards to include life sharing as defined in the MA disability waiver plans.

Section 6 **[245D.261 – COMMUNITY RESIDENTIAL SETTINGS; REMOTE OVERNIGHT SUPERVISION**] creates new licensing requirements for community residential settings using remote overnight supervision.

Subdivision 1 defines "technology" and "resident."

Subdivision 2 permits the use of remote overnight supervision in a community residential setting only if a determination has been made and documented in the person's support plan or support plan addendum that a resident does not require the presence of direct support staff overnight.

Subdivision 3 establishes the requirements for using remote overnight supervision, which include notice and documentation requirements, establishing a maximum permissible response time, using a device capable of live two-way communication or engagement between a resident and direct support staff at a remote location, an evaluation of each notification that a resident needs on-site assistance, and the presence of assistance on-site with the required response time following notification of a need for the physical presence of assistance.

Subdivision 4 establishes requirements regarding written policies and procedures related to the use of remote overnight supervision and requires license holders to conduct physical presence response drills.

Subdivision 5 requires signed informed consent from the resident prior to the use of remote overnight supervision.

Section 7 **[252.54 – STATEWIDE DISABILITY EMPLOYMENT TECHNICAL ASSISTANCE CENTER]** requires the commissioner of human services to establish a statewide technical assistance center to provide resources and assistance to programs, people, and families to support individuals with disabilities to achieve meaningful and competitive employment in integrated settings. Lists the duties of the technical assistance center.

Section 8 **[252.55 – LEAD AGENCY EMPLOYMENT FIRST CAPACITY BUILDING GRANTS]** requires the commissioner of human services to establish a grant program to expand lead agency capacity to support people with disabilities to contemplate, explore, and maintain competitive, integrated employment options. Lists allowable uses of funds.

Section 9 **(256.01, subdivision 19 – Grants for supportive services to persons with HIV or AIDS)** makes changes to an existing grant program related to HIV/AIDS supportive services.

Section 10 **[256.4764 – LONG-TERM SERVICES AND SUPPORTS WORKFORCE INCENTIVE GRANTS]** establishes a grant program for long-term services and supports providers to recruit and retain employees by providing retention bonuses of up to $1,000 per year and other employee benefits and excludes the retention bonuses from income.

Section 11 **[256.4773 – TECHNOLOGY FOR HOME GRANTS]** establishes a grant program for individuals receiving home and community-based services while living in their own home and could benefit from assistive technology to receive consultations and technical assistance regarding assistive technology.

Section 12 **(256B.0659, subdivision 1, paragraph (i) – Definitions)** allows a personal care assistant (PCA) to bill medical assistance for the time the PCA spends driving a recipient. Current law allows a PCA to bill medical assistance for the time the PCA spending traveling with a recipient, but not if the PCA is driving the recipient.

Section 13 **(256B.0659, subdivision 12 – Documentation of personal care assistance services provided)** establishes new PCA time sheet documentation requirements related to a PCA traveling with or driving a recipient of personal care assistance services.

Section 14 **(256B.0659, subdivision 14a – Qualified professional; remote supervision)**, for PCA recipients with chronic health conditions or severely compromised immune systems, allows a qualified professional under certain circumstances to conduct required supervision via two-way interactive audio and visual telecommunications.

Section 15 **(256B.0659, subdivision 19 – Personal care assistance choice option; qualifications; duties)** specifies that under the PCA Choice program, the recipient must ensure that a PCA who is driving the recipient has a valid driver license and that the car being driven has valid insurance.

Section 16 **(256B.0659, subdivision 24 – Personal care assistance provider agency; general duties)** specifies that under the traditional PCA program, the provider agency must ensure that the PCA who is driving a recipient has a valid driver's license and that the car being driven has valid insurance.

Section 17 **(256B.0911, subdivision 13 – MnCHOICES assessor qualifications, training, and certification)** removes the requirement that MnCHOICES certified assessors who are not registered nurses have experience in the home and community-based services industry.

Section 18 **(256B.092, subdivision 1a – Case management services)** modifies case manager training requirements under the developmental disabilities waiver to increase the annual training requirement from ten to 20 hours and requires the training to include informed choice, cultural competency, employment planning, community living planning, self-direction option, and use of technology supports.

Section 19 **(256B.0949, subdivision 15 – EIDBI provider qualifications)** expands EIDBI level 2 and 3 providers to include individuals who are certified by a Tribal nation.

Section 20 **(256B.49, subdivision 13 – Case management)** modifies case manager training requirements under the BI, CAC, and CADI waivers to increase the annual training requirement from ten to 20 hours and requires the training to include informed choice, cultural competency, employment planning, community living planning, self-direction option, and use of technology supports.

Section 21 **(256B.4905, subdivision 4a – Informed choice in employment policy)** specifies it is the policy of this state that working-age individuals who have disabilities will be offered benefits planning assistance and supports to understand available work incentive programs and to understand the impact of work on benefits.

Section 22 **(256B.4906 – SUBMINIMUM WAGE IN HOME AND COMMUNITY-BASED SERVICES REPORTING)** requires providers of waiver services who paid a subminimum wage on or after August 1, 2023, to report specified personally identifiable information to the commissioner; requires the commissioner to analyze the submitted data annually and track employment and community and life engagement outcomes.

Section 23 **(256B.4911, subdivision 6 – Services provided by parents and spouses)** increases the total number of hours in a week for which parents of a minor or a spouse may be paid to provide personal assistance services under consumer-directed community supports (CDCS) from 40 total hours to 80 hours when more than one parent is providing service (provided no single parent provides more than 40 hours), 60 hours when only one parent is providing service, and 60 hours for a spouse.

Section 24 **(256B.4912, subdivision 1b – Direct support professional annual labor market survey)** establishes a direct support professional annual labor market survey.

Section 25 **(256B.4912, subdivision 1c – Annual labor market report)** requires the commissioner to publish annual reports on provider and state-level labor market data.

Section 26 **(256B.4912, subdivision 16 – Rates established by the commissioner)** requires the commissioner to establish rates for various homemaker services that are equal to the corresponding homemaker service rates established under the elderly waiver rate framework as amended in this act.

Section 27 **(256B.4914, subdivision 3 – Applicable services)** adds life sharing to DWRS effective January 1, 2026, and removes respite services effective January 1, 2024, from DWRS resulting in a market rate for respite services.

Section 28 **(256B.4914, subdivision 4 – Data collection for rate determination)** is a conforming change related to setting respite service rates at a market rate.

Section 29 **(256B.4914, subdivision 5 – Base wage index; establishment and updates)** modifies the timing of future scheduled updates to the disability waiver rate setting framework's base wage index. The next scheduled update is moved forward ten months to January 1, 2024. Subsequent updates will be every two years.

Section 30 **(256B.4914, subdivision 5a – Base wage index; calculations)** corrects a drafting error; increases rates for positive supports; increases rates for employment exploration services, and makes a conforming change related to respite services. Also removes the base wage calculation for asleep-overnight staff for family residential services under DWRS effective January 1, 2026.

Section 31 **(256B.4914, subdivision 5b – Standard component value adjustments)** makes a conforming change related to respite and modifies the timing of future scheduled inflation adjustments to select component values of the disability waiver rate setting framework. The next scheduled adjustment is moved forward ten months to January 1, 2024. Subsequent updates will be every two years. Also applies inflation adjustment to certain life sharing services cost components effective January 1, 2026.

Section 32 **(256B.4914, subdivision 6 – Residential support services; generally)** removes family residential services from residential support services. Family residential services are moved to a new subdivision 19.

Section 33 to 40 **(256B.4914, subdivisions 6a, 6b, 6c, 7a, 7b, 7c, 8, and 9)** increase by two percentage points the competitive workforce factor for community residential services, family resident services, integrated community supports, adult day services, day support services, prevocational services, unit-based services with programming, and unit-based services without programming from 4.7 to 6.7.

Section 39 **(256B.4914, subdivision 8 – Unit-based services with programming; component values and calculation of payment rates)** increases from two to three the number of recipients who may share individualized home supports with training and individualized home supports with family training and permits two recipients to share night supervision.

Section 40 **(256B.4914, subdivision 9 – Unit-based services without programming; component values and calculation of payment rates)** increases from two to three the number of recipients who may share individualized home support without training.

Section 41 **(256B.4914, subdivision 10 – Evaluation of information and data)** makes a conforming change related to respite services.

Section 42 **(256B.4914, subdivision 10a – Reporting and analysis of cost data)** makes a conforming change related to respite services; requires the commissioner beginning January 1, 2025, to: (1) analyze DWRS cost documentation and provide recommendations for adjustments to cost components; (2) use collected data to determine compliance with staff compensation requirements; and (3) identify providers who do not meet the staff compensation requirements on the Department of Human Services (DHS) website for the year for which the providers reported their costs.

Section 43 **(256B.4914, subdivision 10c – Reporting and analysis of competitive workforce factor (CWF))** modifies the existing requirement that the commissioner of human services submit a biennial report on the CWF to the legislature by removing the requirement that the report contain recommendations concerning updating the CWF.

Section 44 **(256B.4914, subdivision 10d – Direct care staff; compensation)** beginning January 1, 2025, requires providers reimbursed under DWRS to use a specified minimum amount of the revenue received through DWRS rates for direct care staff compensation. Lists the items included in compensation.

Section 45 **(256B.4914, subdivision 12 – Customization of rates for individuals)** makes a conforming change related to respite services.

Section 46 **(256B.4914, subdivision 14 – Exceptions)** makes a conforming change related to respite services; beginning January 1, 2026, excludes family residential services and life sharing from eligibility for DWRS rate exceptions.

Section 47 **(256B.4914, subdivision 19 – Payments for family residential and life sharing services)** requires the commissioner to establish rates for family residential services and life sharing services based on a person's assessed need. Requires rates for life sharing services to be ten percent higher than the corresponding family residential services rate.

Section 48 **(256B.5012, subdivision 19 – ICF/DD rate increase effective July 1, 2023)** increases ICF/DD rates for both class A and class B facilities by $40 per resident per day.

Section 49 **(256B.5012, subdivision 20 – ICF/DD minimum daily operating payment rates)** sets a per resident per day rate floor of $275 for class A facilities and $316 for class B facilities.

Section 50 **(256B.5012, subdivision 21 – ICF/DD rate increases after January 1, 2025)** effective January 1, 2025, requires ICF/DD rates to be updated for inflation annually.

Section 51 **(256B.85, subdivision 7 – Community first services and supports; covered services)** makes a conforming change related to CFSS services provided by parents and spouses.

Section 52 **(256B.85, subdivision 7b – Services provided by parents and spouses)** increases the total number of hours in a week for which parents of a minor or a spouse may be paid to provide community first services and supports from 40 total hours to 80 hours when more than one parent is providing service (provided no single parent provides more than 40 hours), 60 hours when only one parent is providing service, and 60 hours for a spouse

Section 53 **(256B.851, subdivision 3 – Payment rates; base wage index)** modifies the data to be used to establish the base wages for CFSS and PCA reimbursement rates.

Section 54 **(256B.851, subdivision 5 – Payment rates; component values)** increases PCA and CFSS rates.

Paragraph (b) increases the CFSS framework implementation factor for calendar year 2024.

Paragraph (c) further increases the CFSS framework implementation factor for calendar year 2025.

Paragraph (d) establishes worker retention components which will increase CFSS rates on a sliding scale from zero percent to nearly 11 percent for CFSS provided by support workers of varying levels of experience.

Paragraph (e) specifies how the commissioner will determine the appropriate worker retention component to apply to CFSS rates.

Section 55 **(256B.851, subdivision 6 – Payment rates; rate determination)** specifies how the commissioner must apply worker retention components to CFSS rates.

Section 56 **(256D.425, subdivision 1 – Persons entitled to receive aid)** allows a person who is receiving MSA benefits in the month prior to becoming eligible for continuing Medicaid coverage to be eligible for MSA payments while they remain in continuing Medicaid coverage status.

Section 57 **(256S.2101, subdivision 1 – Phase-in for disability waiver customized living rates)** modifies the phase-in of new rates for customized living provided under the brain injury (BI) and community access for disability inclusion (CADI) waivers. The rates for customized living under these waivers are determined according to the elderly waiver (EW) methodology, not DWRS. Current EW rates are a blend of a recently enacted elderly waiver framework rate and the older commissioner-established rates. The amendments in this section interact with the amendments in article 2 related to elderly waiver rates.

Section 58 **(268.19, subdivision 1 – Use of data)** adds to an existing list of exemptions to a prohibition against disclosing data collected under the Minnesota Unemployment Insurance Law. The exemption allows the commissioner of human services to use the data to evaluate medical assistance services and supporting program improvements.

Section 59 **[PROVIDER CAPACITY GRANTS FOR RURAL AND UNDERSERVED COMMUNITIES]** establishes a temporary grant program for building organization capacity to provide and be reimbursed for state-funded home and community-based services. The grant program must prioritize awarding grants to organizations providing culturally specific and culturally responsive services or that serve historically underserved communities.

Section 60 **[NEW AMERICAN LEGAL, SOCIAL SERVICES, AND LONG-TERM CARE WORKFORCE GRANT PROGRAM]** establishes a temporary grant program for the provisions of legal services and social services to new Americans, and specialized activities to support connection and recruitment of new Americans by long-term services and supports providers.

Section 61 **[SUPPORTED-DECISION-MAKING PROGRAMS]** establishes a temporary grant program for general operation grants to public and private nonprofit organizations, counties, and Tribes to provide and promote supported decision making.

Section 62 **[APPROVAL OF CORPORATE FOSTER CARE MORATORIUM EXCEPTIONS]** authorizes the commissioner under specified circumstances to approve or deny a corporate foster care moratorium exception prior to the providers HCBS license under 245D.

Section 63 **[EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI) LICENSURE STUDY]** requires the commissioner of human services to: (1) review the MA EIDBI service and evaluate the need for licensure or other regulatory modifications; (2) consult with interested stakeholders; and (3) convene stakeholder meetings to obtain feedback on licensure or regulatory recommendations. Lists the items that must be included in the evaluation.

Section 64 **(MEMORANDUMS OF UNDERSTANDING)** ratifies the memorandums of understanding between the state and SEIU.

Section 65 **(SELF-DIRECTED WORKER CONTRACT RATIFICATION)** ratifies the labor agreement between the state and SEIU.

Section 66 **(BUDGET INCREASE FOR CONSUMER-DIRECTED COMMUNITY SUPPORTS)** increases CDCS budgets in both 2024 and 2025 to comply with the labor agreement between the state and SEIU.

Section 67 **(DIRECT CARE SERVICE CORPS PILOT PROJECT)** establishes a sole source grant to Metropolitan Center for Independent Living to continue a pilot program to enlist college students in a direct care service corps.

Section 68 **(RATE INCREASE FOR CERTAIN HOME CARE SERVICES)** increases rates for home health agency services by 14.99 percent and home care nursing by 25 percent.

Section 69 **(SPECIALIZED EQUIPMENT AND SUPPLIES LIMIT INCREASE)** increases to $10,000 the annual limit for specialized equipment and supplies available under the home and community-based service waiver plans, alternative care, and essential community supports.

Section 70 **(DIRECTION TO COMMISSIONER; APPLICATION OF INTERMEDIATE CARE FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES RATE INCREASES)** requires the commissioner to apply the ICF/DD rate increase of $50 per resident per day before applying the rate floor.

Section 71 **[RATE INCREASE FOR CERTAIN DISABILITY WAIVER SERVICES]** increases by 14.99 percent rates for chore services and home-delivered meals under the disability waivers.

Section 72 **[RATE INCREASE FOR EARLY INTENSIVE DEVELPMENTAL AND BEHAVIORAL INTERVENTION SERVICES]** increases by 14.99 percent the rates for EIDBI services.

Section 73 **[RATE INCREASE FOR ICF/DD DAY TRAINING AND HABILITATION SERVICES]** increases by 14.99 percent the rates for day training and habilitation services provided under chapter 252.

Section 74 **(STUDY TO EXPAND ACCESS TO SERVICES FOR PEOPLE WITH CO-OCCURRING BEHAVIORAL HEALTH CONDITIONS AND DISABILITIES)** requires the commissioner and stakeholders to study options for expanding services for people with co-occurring behavioral health issues currently available only under the HCBS waivers.

Section 75 **(TEMPORARY GRANT FOR SMALL CUSTOMIZED LIVING PROVIDERS)** establishes a temporary grant program to aid customized living providers of up to $50,000 to transition to community residential setting or integrated community supports licensure.

Section 76 **(DIRECTION TO COMMISSIONER; SUPPORTED-DECISION-MAKING REIMBURSEMENT STUDY)** requires the commissioner in consultation with stakeholders to issue a report detailing available options for receiving federal participation in the provision of supported decision-making to medical assistance enrollees and specifying the provider and service requirements for funding.

Section 77 **(DIRECTION TO COMMISSIONER; SHARED SERVICES)** requires the commissioner to: (1) seek federal approval to expand the range of medical assistance waiver services that may be shared and increase the number of individuals who may share a service; and (2) issue guidance regarding implementation of existing shared services.

Section 78 **(DIRECTION TO COMMISSIONER; DISABILITY WAIVER SHARED SERVICES RATES)** requires the commissioner to establish a rate system for shared homemaker and shared chore services provided under the disability waivers.

Section 79 **(INTERAGENCY EMPLOYMENT SUPPORTS ALIGNMENT STUDY**) requires the commissioners of human services, employment and economic development, and education to conduct an interagency alignment study on employment supports for people with disabilities. Lists the topics the study must evaluate.

Section 80 **(MONITORING EMPLOYMENT OUTCOMES)**, by January 15, 2025, requires DHS, DEED, and MDE to provide the chairs and ranking minority members of the legislative committees with jurisdiction over health, human services, and labor with a plan for tracking employment outcomes for people with disabilities served by programs administered by those agencies. Requires the plan to include any needed changes to state law to track supports received and outcomes across programs.

Section 81 **(STUDY ON PRESUMPTIVE ELIGIBILITY FOR LONG-TERM SERVICES AND SUPPORTS)** requires the commissioner of human services to study presumptive functional eligibility for people with disabilities and older adults for MA, alternative care, essential community supports, and home and community-based services. Lists the topics that must be evaluated in the presumptive eligibility study. Requires the commissioner to report recommendations and draft legislation to the legislature by January 1, 2025.

Section 82 **(ACUTE CARE TRANSITIONS ADVISORY COUNCIL)** requires the commissioner to convene an acute care transition advisory council to: (1) assist in establishing a statewide vision and systemic approach to transition patients from acute care setting to more appropriate nonacute settings in Minnesota; and (2) develop by October 1, 2024, an action plan and any legislative recommendations to implement the transition plan.

Section 83 **(OVERPAYMENTS FOR DISABILITY WAIVER CUSTOMIZED LIVING SERVICES)** requires the commissioner to pay the entire state share of any overpayments to CADI and BI customized living providers attributable to payments made between January 11, 2021, and July 1, 2023, in violation of the age restrictions for these settings.

Section 84 **(PERSONAL CARE ASSISTANCE COMPENSATION FOR SERVICES PROVIDED BY A PARENT OR SPOUSE)** requires the commissioner to allow parents of minor

children and spouses to provide PCA services to their minor child or spouse and be compensated for providing PCA services between May 12, 2023, and either November 11, 2023, or expiration of federal approval, whichever is later.

Section 85 **(REPEALER)** repeals the respite service rate calculation from statute effective January 1, 2024; repeals existing family residential services payment rates from statute effective January 1, 2026.

ARTICLE 2 - AGING SERVICES

Section 1 **(256.975, subdivision 6 – Native American elders coordinator position)** modifies the statutes governing the Minnesota Board on Aging's Indian elders position by clarifying terminology and specifying that the service system for Native American elders is a Tribal-based system.

Section 2 **(256.9754 – LIVE WELL AT HOME GRANTS**) recodifies existing caregiver support and respite care project, core home and community-based services project, and community services grants, and integrates them into the expanded live well at home grants to create new and expanded low-cost high impact services to delay or prevent older adults from having to access more expensive services, and allows for previously successful grantees to apply for additional funding.

Section 3 **[256.9756 – CAREGIVER RESPITE SERVICES GRANTS]** establishes a grant program to train respite caregivers on how to care for people with dementia and to provide free or subsidized respite services.

Section 4 **(256B.0913, subdivision 4 – Eligibility for funding for services for nonmedical assistance recipients)** specifies the monthly service limit for individuals participating in consumer-directed community supports (CDCS) under alternative care, eliminating the different treatment of service limits for alternative care recipients who do and do not utilize the consumer directed community support option.

Section 5 **(256B.0913, subdivision 5 – Services covered under alternative care)** makes a conforming change related to the monthly service limits for individuals participating in CDCS under alternative care.

Section 6 **(256B.0917, subdivision 1b – Definitions)** makes conforming changes related to the recodification of the Live Well at Home grants.

Section 7 **(256M.42 – ADULT PROTECTION GRANT ALLOCATIONS)** modifies the allocation formula for state appropriations to counties and Tribes for vulnerable adult protection services and modifies the requirements imposed on counties that receive the funding.

> **Subdivision 1** requires an initial allocation to Tribal Nations that establish vulnerable adult protection programs and a minimal award to counties as determined by the commissioner.
>
> **Subdivision 3** clarifies the permitted uses of funding by citing the counties' role under the vulnerable adults act.
>
> **Subdivision 4** modifies the requirement that counties and Tribes not use the state allocation for vulnerable adult protection to supplant the counties' and Tribes' 2023 level

of spending, but this requirement expires on July 1, 2027, at which point counties and Tribes may begin to use state funding to supplant the 2023 levels of spending.

Subdivision 5 requires the commissioner to develop and implement vulnerable adult protection performance measures to which counties will be required to meet or implement a performance improvement plan developed by the commissioner.

Subdivision 6 requires Tribes to establish vulnerable adult protection measures and standards and report to the commissioner on the outcomes of those measures.

Section 8 **(256R.17, subdivision 2 – Case mix indices)** modifies a cross-reference related case-mix classification to refer to the existing statute giving the commissioner of health authority to establish case mix classifications.

Section 9 **(256R.25 – EXTERNAL FIXED COSTS PAYMENT RATE)** makes a conforming change related to the modified critical access nursing facility rate adjustment.

Section 10 **(256R.47 – RATE ADJUSTMENT FOR CRITICAL ACCESS NURSING FACILITIES)** establishes a new version of currently obsolete rate adjustment for certain critical access nursing facilities by authorizing the commissioner to enter into a memorandum of understanding with nursing facilities that the commissioner determines require temporary supplemental payments to maintain access to nursing home services.

Section 11 **(256R.53, subdivision 3 – Nursing facility in Red Wing)** requires the commissioner between July 1, 2023, and June 30, 2025, to pay an operating payment rate for a facility in Red Wing without application of the facility's total care-related limit or limiting its other operating cost per day.

Section 12 **[256R.55 – FINANCIALLY DISTRESSED NURSING FACILITY LOAN PROGRAM]** establishes a temporary competitive operating loan program for nursing homes that demonstrate that the facility's revenue does not cover its operating expenses, it is at risk of closure, and continued operation of the facility is necessary to maintain access to nursing home services within the community or to support residents with complex, high-acuity support needs.

Section 13 **(256S.15, subdivision 2 – Foster care limit)** makes a conforming change related to the CDCS parity proposal.

Section 14 **(256S.18, subdivision 3a – Monthly case mix budget caps for consumer-directed community)** specifies the monthly budget limits for individuals participating in CDCS under elderly waiver, eliminating the different treatment of budget caps for elderly waiver recipients who do and do not utilize the consumer directed community support option.

Section 15 **(256S.19, subdivision 3 – Calculation of monthly conversion budget caps)** makes conforming changes related to the CDCS parity proposal.

Sections 16 to 34 modify the rate setting framework for elderly waiver services, alternative care, essential community services, and BI and CADI customized living services.

Section 16 **(256S.21 – RATE SETTING; APPLICATION; EVALUATION)** requires the commissioner every two years to evaluate the inputs of the elderly waiver rate framework and submit a report to the legislature on the results of this evaluations; requires providers at least once every five years to submit cost data to the commissioner to aid in the evaluation of the elements of the framework.

Section 17 **(256S.211 – RATE SETTING; UPDATING RATES; SPENDING REQUIREMENTS)**

Subdivision 1 (Establishing rates) makes a conforming change related to the biennial update of elderly waiver rates.

Subdivision 2 (Updating rates), beginning January 1, 2024, requires the commissioner to update elderly waiver rates.

Subdivision 3 (Updating home-delivered meals rate) requires the commissioner to recalculate annually the rate for home-delivered meals by the percent increase in the nursing facility dietary per diem.

Subdivision 4 (Spending requirements) establishes a requirement that elderly waiver services providers, except home-delivered meals providers and designated disproportionate share facilities, must spend 80 percent of the marginal increase in medical assistance revenue attributable to a rate increase under this section on compensation related costs; defines compensation related costs and requires a publicly posted distribution plan.

Section 18 **(256S.212 – RATE SETTING; BASE WAGE INDEX)** makes various changes to the base wage index for most elderly waiver services. The base wage index provides one of the inputs into the framework for calculating the rates.

Section 19 **(256S.213 – RATE SETTING; FACTORS)** modifies and establishes various inputs of the framework that are related to overhead, program costs, and supervision of unlicensed staff.

Section 20 **(256S.214 – RATE SETTING; ADJUSTED BASE WAGE)** modifies an initial calculation in the framework, the adjusted base wage, which is subsequently used as an input in further calculations; requires all positions' the base wage, which is an input into the calculation for the adjusted base wage, to be at least $16.68. This base wage floor is only for the purposes of the rate calculation – it is <u>not</u> a minimum wage for employees of providers.

Section 21 **(256S.215, subdivision 2 – Home management and support services component rate)** specifies the calculation of a service rate.

Section 22 **(256S.215, subdivision 3 – Home care aide services component rate)** specifies the calculation of a service rate.

Section 23 **(256S.215, subdivision 4 – Home health aide services component rate)** specifies the calculation of a service rate.

Section 24 **(256S.215, subdivision 7 – Chore services rate)** specifies the calculation of a service rate.

Section 25 **(256S.215, subdivision 8 – Companion services rate)** specifies the calculation of a service rate.

Section 26 **(256S.215, subdivision 9 – Homemaker assistance with personal care rate)** specifies the calculation of a service rate.

Section 27 **(256S.215, subdivision 10 – Homemaker cleaning rate)** specifies the calculation of a service rate.

Section 28 **(256S.215, subdivision 11 – Homemaker home management rate)** specifies the calculation of a service rate.

Section 29 **(256S.215, subdivision 12 – In-home respite care services rates)** specifies the calculation of a service rate.

Section 30 **(256S.215, subdivision 13 – Out-of-home respite care services rates)** specifies the calculation of a service rate.

Section 31 **(256S.215, subdivision 14 – Individual community living support rate)** specifies the calculation of a service rate.

Section 32 **(256S.215, subdivision 15 – Home-delivered meals rate)** specifies the calculation of a service rate.

Section 33 **(256S.215, subdivision 16 – Adult day services rate)** specifies the calculation of a service rate.

Section 34 **(256S.215, subdivision 17 – Adult day services bath rate)** specifies the calculation of a service rate.

Sections 35 and 36 **(GOVERNOR'S COUNCIL ON AN AGE-FRIENDLY MINNESOTA)** extends the expiration of the Governor's Council on an Age-Friendly Minnesota until June 30, 2027.

Section 37 **(DIRECTION TO COMMISSIONER; FUTURE PACE IMPLEMENTATION FUNDING)** directs the commissioner to undertake an actuarial analysis of the program and administrative costs for nursing home eligible recipients of medical assistance for the purposes of establishing a capitation rate for a program for all-inclusive care for the elderly (PACE); requires the commissioner to provide a legislative report on the analysis and proposed capitation rate by March 1, 2024, and a update the legislature by September 1, 2024, of the commissioner's progress on developing a payment mechanism for PACE.

Section 38 **(DIRECTION TO COMMISSIONER OF HUMAN SERVICES; CAREGIVER RESPITE SERVICES GRANTS)** authorizes the commissioner to begin implementing a newly established grant program to allow for a more seamless transition from an existing temporary grant program to a newly established permanent program.

Section 39 **(DIRECTION TO COMMISSIONERS OF HUMAN SERVICES AND HEALTH; SMALL PROVIDER REGULATORY RELIEF)** requires the commissioner to human services to consult with small assisted living providers who provide customized living to develop recommendations to reduce the regulatory burdens on these providers.

Section 40 **(RATE INCREASE FOR CERTAIN HOME AND COMMUNITY-BASED SERVICES)** requires the commissioner to increase by 14.99 percent payment rates for community living assistance and family caregiver services provided under alternative care, essential community supports, and elderly waiver.

Section 41 **(NURSING HOME RATE STUDY)** requires the commissioner to contract with an independent party to conduct a study of Minnesota's value-based reimbursement methodology for nursing homes, including comparisons to rates paid by other midwestern states; requires a report to the legislature containing the results of the study by January 1, 2025.

Section 42 **(REVISOR INSTRUCTION)** is a conforming change related to the Live Well at Home grant proposal.

Section 43 **(REPEALER)**

Paragraph (a) is a conforming change related to the Live Well at Home grant proposal.

Paragraph (b) makes a conforming change related to the CDCS budget parity proposal; and repeals the phase-in of the elderly waiver rate framework for elderly waiver services (but not for BI and CADI customized living).

ARTICLE 3- HEALTH CARE

Section 1 **(252.27, subdivision 2a – Contribution amount)** eliminates the requirement that parents of children with disabilities or a chronic disease who access medical assistance through the Tax Equity and Fiscal Responsibility Act (TEFRA) option do not need to contribute to the cost of publicly funded medical care. The contribution to care is often referred to as "TEFRA fees."

Section 2 **(256B.04, subdivision 26 – Notice of employed persons with disabilities program)** requires the commissioner to ensure that all medical assistances enrollees who indicate they have a disability be informed annually about the medical assistance for employed people with disabilities program.

Section 3 **(256B.056, subdivision 3 – Asset limitations for certain individuals)** strikes language disapproved by CMS regarding the disregard of a spouse's income when an enrollee transitions from MA-EPD to MA as a person aged 65 or older or who is blind or disabled (MA-ABD), and makes a conforming change related to the elimination of asset limits for MA-EPD enrollees.

Section 4 **(256B.057, subdivision 9 – Employed persons with disabilities)** modifies the MA-EPD program by: (1) eliminating the asset limit; and (2) authorizes DHS to correct and refund MA-EPD premiums billed and collected in error.

Section 5 **(256B.0625, subdivision 17 – Transportation costs)** increases rates for nonemergency medical transportation.

Paragraph (m) increases the base rate and milage rates for unassisted transport, assisted transport. and ramp- or lift-equipped transport by approximately 10%.

Paragraph (r) establishes a monthly fuel cost adjustor for NEMT reimbursement rates, pegged to $3.00 per gallon.

Section 6 **(256B.0625, subdivision 17a – Payment for ambulance services)** establishes a monthly fuel cost adjustor for ambulance services reimbursement rates, pegged to $3.00 per gallon.

Section 7 **(256B.0625, subdivision 17b – Documentation required)** modifies and clarifies the NEMT documentation requirements.

Section 8 **(256B.0625, subdivision 18h – Nonemergency medical transportation provisions related to managed care**) requires managed care plans and county-based purchasing plans to provide a rate adjustment for the fuel adjustments.

Section 9 **(256B.0625, subdivision 22 – Hospice care)** is a clarifying change related to the residential hospice and hospice respite for children proposal.

Section 10 **(256B.0625, subdivision 22a – Residential hospice facility; hospice respite and end-of-life care for children)** establishes a new covered medical assistance benefit for hospice respite and end-of-life care for children when provided in a licensed residential hospice facility and specifies a reimbursement rate to be paid with state-only funds if federal participation is not available.

Section 11 **(256B.073, subdivision 3 – Requirements)** modifies provisions related to the electronic visit verification system.

> **Paragraph (e)** requires the commissioner to publish on the department's website the name and contact information of the vendor of the state-selected electronic visit verification system.

Section 12 **(256B.073, subdivision 5 – Vendor requirements)** requires the vendor of the state-selected electronic visit verification system or any of the vendor's affiliates to disclose to prospective clients certain information about the vendor's products or its affiliates' products and to refrain from using nonpublic information received through its contract with the state to market its or its affiliates' fee-based products.

Section 13 **(256B.14, subdivision 2 – Actions to obtain payment)** clarifies that the commissioner's authority to require responsible relatives to contribute to the cost of care of medical assistance recipients does not apply to the parents of children accessing medical assistance thought the TEFRA option.

Section 14 **(256B.766 – REIMBURSEMENT FOR BASIC CARE SERVICES)** establishes a new medical assistance reimbursement calculation for enteral nutrition and supplies.

ARTICLE 4 – BEHAVIORAL HEALTH

Section 1 **(4.046, subdivision 6 – Office of addiction and recovery; director)** modifies the role of the addiction and recovery director by establishing an Office of Addiction and Recovery at the Department of Management and Budget; expands the office's responsibilities to include youth; and makes the director the administrator of the office.

Section 2 **(4.046, subdivision 7 – Staff and administrative support)** transfers the administrative role of the director of addiction and recovery and the office from the commissioner of human services to the commissioner of management and budget.

Section 3 **(245.91, subdivision 4 – Facility or program)** modifies the definition of "facility" or "program" for the purposes of the DHS licensing statutes to include sober homes.

Section 4 **(245G.02, subdivision 2 – Exemption from license requirement)** exempts a license holder providing the initial set of substance use disorder services to an individual referred to a licensed nonresidential substance use disorder treatment program after a positive screen for alcohol or substance misuse from the requirements to create an individual treatment plan.

Section 5 **(245G.09, subdivision 3 – Contents)** is a conforming change related to the repeal of the assessment summary requirements and corrects a cross-reference.

Section 6 **(245G.22, subdivision 15 – Nonmedication treatment services; documentation)** modifies an effective date.

Section 7 **(253B.10, subdivision 1 – Administrative requirements)** temporarily modifies "48-hour rule" requirements by specifying that the requirement for admission to state-operated treatment programs within 48 hours following begins when a medically appropriate bed is available.

Section 8 **(254.01, subdivision 10 – Sober home)** adds a definition of "sober home" to the SUD treatment chapter of statutes.

Section 9 **(254B.05, subdivision 1 – Licensure required)** specifies that counties are eligible vendors of peer recovery support services.

Section 10 **(254B.05, subdivision 5 – Rate requirements)** modifies the descriptions of services and service enhancements eligible for payments under this section by removing rates for SUD treatment services with medication for opioid use disorder. New rates are established in section 11.

Section 11 **[254B.121 – RATE METHODOLOGY; SUBSTANCE USE DISORDER TREATMENT SERVICES WITH MEDICATION FOR OPIOID USE DISORDER]** establishes a reimbursement rate for substance use disorder treatment services with medication for opioid use disorder equal to the comparable Medicare rate; establishes limits for the annual nondrug weekly bundle charges permitted.

Section 12 **[254B.17 – WITHDRAWAL MANAGEMENT START-UP AND CAPACITY-BUILDING GRANTS]** establishes a new grant program for new or prospective licensed withdrawal management services providers and specifies eligible uses of the grant funds.

Section 13 **[256B.18 – SAFE RECOVERY SITES START-UP AND CAPACITY-BUILDING GRANTS]** establishes a new grant program for current or prospective harm reduction organizations and specifies eligible uses of grant funds.

Section 14 **[256B.181 – SOBER HOMES]** establishes requirements for sober homes, establishes a bill of rights for residents of sober homes, authorizes the ombudsperson for mental health and developmental disabilities to investigate violations, and permits a private right action to recover damages resulting from a violation of this section.

Section 15 **[254B.191 – EVIDENCE-BASED TRAINING]** requires the commissioner to establish ongoing training opportunities for SUD treatment providers related to ASAM criteria and best practices related to SUD treatment services.

Section 16 **(256B.0759, subdivision 2 – Provider participation)** requires nonresidential and residential substance use disorder programs to enroll in the medical assistance substance use disorder demonstration project by January 1, 2025, to continue to receive medical assistance reimbursement.

Section 17 **(256I.05, subdivision 1s – Supplemental rate; Douglas County)** authorizes Douglas County to negotiate a supplementary rate not to exceed $750 for a housing support provider in that county.

Section 18 **(256I.05, subdivision 1t – Supplemental rate; Crow Wing County)** authorizes Crow Wing County to negotiate a supplementary rate not to exceed $750 for a housing support provider in that county.

Section 19 **(256I.05, subdivision 1u – Supplemental rate; Douglas County)** authorizes Douglas County to negotiate a supplementary rate not to exceed $750 for a housing support provider in that county.

Section 20 **[325F.725 – SOBER HOME TITLE PROTECTION]** creates a new consumer protection provision prohibiting the use of "sober home" unless the user of term meets certain statutory requirements.

Section 21 **(CULTURALLY RESPONSIVE RECOVERY COMMUNITY GRANTS)** establishes a new temporary grant program for prospective or new recovery community organizations serving or intending to serve culturally specific or population-specific recovery communities.

Section 22 **(FAMILY TREATMENT START-UP AND CAPACITY-BUILDING GRANTS)** establishes a new temporary grant program for prospective or new substance use disorder treatment programs that serve parents with their children.

Section 23 **(MEDICAL ASSISTANCE BEHAVIORAL HEALTH SYSTEM TRANSFORMATION STUDY)** establishes a study on traditional healing, behavioral health services in correctional facilities, and contingency management.

Section 24 **(OPIOID TREATMENT PROGRAM WORK GROUP)** requires the commissioner to convene a work group of community partners to evaluate the opioid treatment program model and make recommendations; requires a report to the legislature on the recommendations by January 15, 2024.

Section 25 **(ENROLLMENT AND REQUIREMENTS FOR PEER RECOVERY SUPPORT SERVICES VENDORS)** requires the commissioner to convene a work group to develop recommendations related to additional enrollment and oversight requirements for entities seeking medical assistance reimbursement for peer recovery support services; requires a report to the legislature on the recommendations by February 1, 2024.

Section 26 **(SOBER HOME SCAN)** requires the commissioner to conduct a survey related to entities in the state commonly understood to be sober homes.

Section 27 **(REVISOR INSTRUCTION)** requires the revisor of statutes to renumber section 245G.01, subdivision 20b, as section 245G.01, subdivision 20d, and make any necessary changes to cross references.

Section 28 **(REPEALER)**

> **Paragraph (a)** repeals the requirements for an assessment summary following initiation of SUD services and as a conforming change repeals a section describing treatment plan contents; and repeals base payment rate for the medium intensity residential SUD treatment programs.
>
> **Paragraph (b)** repeals requirements revenue generated by certain state-operated SUD treatment programs be credited to the behavioral health fund.

ARTICLE 5 - SUBSTANCE USE DISORDER

Section 1 **[121A.224 – OPIATE ANTAGONISTS]** requires schools to maintain two doses of nasal naloxone on site and requires the commissioner of health to develop a naloxone administration training video.

Section 2 **(241.021, subdivision 1 – Correctional facilities; inspection; licensing)** requires the minimum standards for licensed correctional facilities to include a requirement that facilities have procedures for handling opioid overdose emergencies.

Section 3 **(241.31, subdivision 5 – Minimum standards)** requires community corrections programs to maintain two doses of nasal naloxone on site.

Section 4 **(241.415 – RELEASE PLANS; SUBSTANCE ABUSE)** requires the commissioner of corrections to ensure that individuals with known or stated opioid use disorder are provided with emergency opiate antagonist rescue kits upon release from prison.

Section 5 **[245.891 – OVERDOSE SURGE ALERT SYSTEM]** requires the commissioner of human services to establish a statewide overdose surge text message alert system.

Section 6 **[245A.242 – EMERGENCY OVERDOSE TREATMENT]** establishes an additional licensing requirement related to emergency overdose treatment for SUD treatment programs, children's residential facility SUD treatment programs, detoxification programs, withdrawal management programs, and intensive residential treatment services, and residential crisis stabilization

Section 7 **(245G.08, subdivision 3 – Emergency overdose treatment)** requires licensed substance use disorder treatment programs to maintain a supply of opiate antagonists.

Section 8 **(256.042, subdivision 1 – Establishment of the advisory council)** modifies the duties of the Opiate Epidemic Response Advisory Council (OERAC) by requiring the council to meet individually on an annual basis with each of the 11 federally recognized Minnesota Tribal Nations.

Section 9 **(256.042, subdivision 1 – Membership)** modifies OERAC provisions to increase membership from 19 to 20 by adding one member representing urban American Indian populations, and to reduce the proportion of members that must reside outside of the seven-county metropolitan area from one-half to one-third.

Section 10 **(256.043, subdivision 3 – Appropriations from registration and license fee account)** provides statutory appropriations for ongoing funding of the overdose prevention grant, the traditional healing grant, a Project ECHO grant, administrative funding for OERAC, safe recovery site grants, and the opioid surge alert system; clarifies existing administrative funding for OERAC; and specifies duration of appropriation availability.

Section 11 **(256.043, subdivision 3a – Appropriations from settlement account)** extends to three years the availability of settlement account funding for: (1) Tribal social service agency initiative projects to provide child protection services to children and families who are affected by addiction; and (2) grants awarded by OERAC.

Section 12 **[256I.052 – OPIATE ANTAGONISTS]** requires housing support providers to maintain a supply of opiate antagonists.

Section 13 **(Laws 2019, chapter 63, article 3, section 1, as amended by Laws 2020, chapter 115, article 3, section 35, and Laws 2022, chapter 53, section 12 – APPROPRIATIONS)** cancels temporary funding for administrative funding for OERAC, opioid overdose prevention grants, and traditional healing grants.

Section 14 **(PUBLIC AWARENESS CAMPAIGN)** requires the commissioner of human services to establish a public awareness campaign to prevent substance use disorder, reduce stigma, and ensure people know how to access treatment, recovery, and harm reduction services.

Section 15 **(HARM REDUCTION AND CULTURALLY SPECIFIC GRANTS)** establishes four grant programs for Tribal nations and culturally specific organizations to address the opioid epidemic: harm-reduction grants; organizational capacity grants; culturally specific services grants; and training grant funds.

ARTICLE 6 - OPIOID PRESCRIBING IMPROVEMENT PROGRAM

Section 1 **(256B.0638, subdivision 1 – Program established)** adds as an additional purpose of the opioid prescribing improvement program the support of patient-centered compassionate care for Minnesotans who require treatment with opioid analgesics.

Section 2 **(256B.0638, subdivision 2 – Definitions)** makes technical changes to the definition of opioid disenrollment standards and opioid prescriber for the purposes of the opioid prescribing improvement program.

Section 3 **(256B.0638, subdivision 4 – Program components)** modifies the opioid prescribing protocols recommended by the opioid prescribing working group by exempting from the protocols opioids prescribed to palliative care patients.

Section 4 **(256B.0638, subdivision 5 – Program implementation)** requires the opioid prescribing quality improvement program to support patient-centered care that is consistent with community standards; discourage unsafe tapering practices; discourage patient abandonment by providers; not require prescribers treating patients who are on chronic, high doses of opioids to show measurable changes in chronic pain prescribing thresholds within a certain period; and dismiss a prescriber from participating in the opioid prescribing quality improvement program when the prescriber demonstrates that their practices are patient-centered and reflect community standards. This section also removes the commissioner's duty to disenroll from all Minnesota health care programs any prescribers whose prescribing practices fall within the applicable opioid disenrollment standards, and instead allows the commissioner to investigate such providers.

Section 5 **(256B.0638, subdivision 6a – Waiver for certain provider groups)** requires the commissioner to develop criteria for a waiver from opioid prescribing improvement program requirements for provider groups with expertise related to treating chronic pain, and to provide waivers beginning July 1, 2023.

Section 6 **(DIRECTION TO COMMISSIONER OF HUMAN SERVICES; OPIOID PRESCRIBING IMPROVEMENT PROGRAM SUNSET)** requires the commissioner to recommend criteria to provide for a sunset of the opioid prescribing improvement program; lists stakeholders with whom the commissioner must consult; requires the commissioner to submit recommended criteria to the legislature by January 15, 2024; specifies a sunset date for the opioid

prescribing improvement program of December 31, 2024, or the date the recommended criteria are met, whichever is sooner.

ARTICLE 7 – LICENSING

Section 1 **(245A.04, subdivision. 7 – Grant of license; license extension)** modifies the circumstances under which the commissioner cannot issue a license under chapter 245A by extending existing ineligible criteria to affiliated controlling individuals and affiliated licenses; and grants the commissioner authority under limited circumstances to issue, renew, or not revoke licenses that would otherwise be subject to nonissue, nonrenewal or revocation.

Section 2 **(245A.07, subdivision 2b – Immediate suspension of residential programs)** modifies the process for suspending residential program licenses to provide for the continuity of care of recipients of the programs.

Section 3 **(245A.07, subdivision 2c – Immediate suspension for programs with multiple licensed service sites)** clarifies that orders of license suspension must specify the license and service site to which the order applies if the license holder has multiple licenses or operates multiple service sites.

Section 4 **(245A.10, subd. 6 – License not issued until license or certification fee is paid)** prohibits the commissioner from reissuing a license or certification until a license or certification fee is paid.

Section 5 **(245A.10, subdivision 9 – License not reissued until outstanding debt is paid)** prohibits the commissioner from reissuing a license or certification until the license holder has paid all outstanding debts related to licensing fines or settlement agreements; outlines notice requirements and expiration provisions.

Section 6 **(245A.13, subdivision 1 – Application)** modifies requirements for the commissioner's petition in district court related to receivership of a program; lists circumstances that must be proven by affidavit.

Section 7 **(245A.13, subdivision 2 – Appointment of receiver)** adds list of prohibited conduct by a managing agent of a program in receivership. Requires the commissioner to establish and maintain a list of qualified potential managing agents with experience in delivering services and with winding down licensed programs.

Section 8 **(245A.13, subdivision 3 – Powers and duties of receiver)** requires an appointed receiver to determine within 18 months after the receivership order whether to close the program or keep it open. Specifies requirements related to program closure and transfer of individuals served, corrective steps that must be made during the receivership, managing agent contracting and expenses, and other authority and requirements related to activities during receivership.

Section 9 **(245A.13, subdivision 5 – Termination)** shortens from 36 to 18 months the maximum duration of an involuntary receivership.

Section 10 **(245A.13, subdivision 6 – Emergency procedure)** shortens timeline from five to two days for a court to order a temporary order for appointment of a receiver. Specifies notice and hearing timelines and requirements.

Section 11 **(245A.13, subdivision 7 – Rate recommendation)** makes clarifying change.

Section 12 **(245A.13, subdivision 9 – Receivership accounting)** allows the commissioner to adjust Medicaid rates and to use of Medicaid funds and waiver funds for specified purposes, within the approved Medicaid state plan; adds receivership administrative fees to allowable purposes.

ARTICLE 8 – DEPARTMENT OF DIRECT CARE AND TREATMENT

Section 1 to 3 **(15.01, 15.06, and 43A.08 – DEPARTMENTS OF THE STATE)** add the Department of Direct Care and Treatment to a list of agencies designated as departments of the state government.

Section 4 **(245.037 – MONEY COLLECTED AS RENT; STATE PROPERTY)** authorizes the commissioner to lease out any building or land acquired by the Department.

Section 5 **(246.54, subdivision 1a – Anoka-Metro Regional Treatment Center)** temporarily eliminates the county share for the cost of care provided at Anoka-Metro Regional Treatment Center for a person who is committed has a mental illness and is dangerous to the public, does not require the level of care provided at AMRTC, and who is awaiting transfer to another state-operated facility or program.

Section 6 **(246.54, subdivision 1b – Community behavioral health hospitals)** temporarily eliminates the county share for the cost of care provided at state-operated community-based behavioral health hospitals for a person who is committed, has a mental illness, and is dangerous to the public; does not require the level of care provided at a community behavioral health hospital; and who is awaiting transfer to another state-operated facility or program; clarifies that any client served in a CBHH is not responsible for payment of the cost of care provided.

Section 7 to 11 and 14 **(246C – DEPARTMENT OF DIRECT CARE AND TREATMENT)** transfer to the Board of the Department of Direct Care and Treatment the existing duties of the commissioner of human services related to state-operated services.

Section 12 **(252.50, subdivision 2 – Authorization to build or purchase)** modifies the commissioner's existing authority to build, purchase, or lease property for the purposes of state-operated community-based programs by allowing such transactions provide only a portion of the property be used for state-operated community-based programs.

Section 13 **(TASK FORCE ON PRIORITY ADMISSIONS TO STATE-OPERATED TREATMENT PROGRAMS)** establishes a taskforce to analyze and make recommendations related to the admissions priorities to state-operated facilities following commitment or a successful motion challenging a defendant's competency.