

This Document can be made available  
in alternative formats upon request

# State of Minnesota HOUSE OF REPRESENTATIVES

SPECIAL SESSION

H. F. No.

3

06/09/2025 Authored by Noor and Schomacker  
The bill was read for the first time

1.1 A bill for an act

1.2 relating to human services; amending provisions on aging and older adult services,

1.3 disability services, health care, substance use disorder treatment, Direct Care and

1.4 Treatment, early intensive developmental and behavioral intervention program

1.5 reform, homelessness, and the Department of Health; making technical and

1.6 conforming changes; establishing task forces; requiring reports; making forecast

1.7 adjustments; appropriating money; amending Minnesota Statutes 2024, sections

1.8 144.0724, subdivision 11, as amended; 144A.01, subdivision 4; 144A.474,

1.9 subdivision 11; 144A.4799; 144G.08, subdivision 15; 144G.31, subdivision 8;

1.10 144G.52, subdivisions 1, 2, 3, 8; 144G.54, subdivisions 3, 7; 144G.55, subdivision

1.11 1; 179A.54, by adding a subdivision; 181.213, subdivision 2, by adding

1.12 subdivisions; 245.735, subdivision 3; 245.91, subdivision 4, as amended; 245A.03,

1.13 by adding a subdivision; 245A.04, subdivision 7, as amended; 245A.042, by adding

1.14 subdivisions; 245A.043, by adding a subdivision; 245A.06, subdivisions 1a, 2;

1.15 245A.10, subdivisions 1, 2, 3, 4, 8, by adding subdivisions; 245C.03, subdivisions

1.16 6, 15, by adding a subdivision; 245C.04, subdivision 6, by adding subdivisions;

1.17 245C.10, subdivision 6, by adding a subdivision; 245C.13, subdivision 2; 245C.16,

1.18 subdivision 1; 245D.091, subdivisions 2, as amended, 3, as amended; 245F.08,

1.19 subdivision 3; 245G.01, subdivision 13b, by adding subdivisions; 245G.02,

1.20 subdivision 2; 245G.07, subdivisions 1, 3, 4, by adding subdivisions; 245G.11,

1.21 subdivision 6, by adding a subdivision; 245G.22, subdivisions 11, 15, as amended;

1.22 246.54, subdivisions 1a, 1b; 246C.07, by adding a subdivision; 252.32, subdivision

1.23 3; 253B.10, subdivision 1, as amended; 254A.19, subdivision 4; 254B.01,

1.24 subdivisions 10, 11; 254B.02, subdivision 5; 254B.03, subdivisions 1, 3; 254B.04,

1.25 subdivisions 1a, as amended, 5, 6, 6a; 254B.05, subdivisions 1, as amended, 1a,

1.26 as amended, 5, as amended, by adding a subdivision; 254B.052, by adding a

1.27 subdivision; 254B.09, subdivision 2; 254B.19, subdivision 1; 256.01, by adding

1.28 a subdivision; 256.043, subdivision 3; 256.476, subdivision 4; 256.4792; 256.9657,

1.29 subdivision 1; 256.9752, subdivisions 2, 3; 256B.04, subdivision 21; 256B.051,

1.30 subdivisions 2, 5, 6, 8, by adding subdivisions; 256B.0625, subdivision 5m, as

1.31 amended; 256B.0659, subdivision 17a; 256B.0701, subdivisions 1, 2, by adding

1.32 subdivisions; 256B.0757, subdivision 4c; 256B.0911, subdivisions 1, 10, 13, 14,

1.33 17, 24, 30, by adding subdivisions; 256B.092, subdivisions 1a, as amended, 3, by

1.34 adding a subdivision; 256B.0924, subdivision 6; 256B.0949, subdivisions 2, 13,

1.35 15, 16, 16a, by adding a subdivision; 256B.431, subdivision 30; 256B.434,

1.36 subdivisions 4, 4k; 256B.49, subdivisions 13, as amended, 18, by adding a

1.37 subdivision; 256B.4914, subdivisions 3, 5, 5a, 5b, 8, 9, by adding subdivisions;

1.38 256B.761; 256B.766; 256B.85, subdivisions 2, 5, 7, 7a, 8, 8a, 11, 13, 16, 17a, by

**ARTICLE 6****EIDBI REFORM**

Section 1. **[245A.142] EARLY INTENSIVE DEVELOPMENTAL AND  
BEHAVIORAL INTERVENTION PROVISIONAL LICENSURE.**

Subdivision 1. Definitions. The definitions in section 256B.0949, subdivision 2, apply to this section.

Subd. 2. Regulatory powers. The commissioner shall regulate early intensive developmental and behavioral intervention (EIDBI) agencies pursuant to this section.

Subd. 3. Provisional license. (a) Beginning January 1, 2026, the commissioner shall begin issuing provisional licenses to agencies enrolled under chapter 256B to provide EIDBI services.

(b) Agencies enrolled before July 1, 2025, have until May 31, 2026, to submit an application for provisional licensure on the forms and in the manner prescribed by the commissioner.

(c) Beginning June 1, 2026, an agency must not operate if it has not submitted an application for provisional licensure under this section. The commissioner shall disenroll an agency from providing EIDBI services under chapter 256B if the agency fails to submit an application for provisional licensure by May 31, 2026.

(d) The commissioner must determine whether a provisional license applicant complies with all applicable rules and laws and either issue a provisional license to the applicant or deny the application by December 31, 2026.

(e) A provisional license is effective until comprehensive EIDBI agency licensure standards are in effect unless the provisional license is suspended or revoked.

Subd. 4. Provisional license regulatory functions. The commissioner may:

(1) enter the physical premises of an agency and access the program without advance notice in accordance with section 245A.04, subdivision 5;

(2) investigate reports of maltreatment;

(3) investigate complaints against EIDBI agencies;

(4) take action on a license pursuant to sections 245A.06 and 245A.07;

(5) deny an application for provisional licensure pursuant to section 245A.05; and

(6) take other action reasonably required to accomplish the purposes of this section.

183.1 Subd. 5. **Provisional license requirements.** A provisional license holder must:

183.2 (1) identify all controlling individuals, as defined in section 245A.02, subdivision 5a,  
183.3 of the agency;

183.4 (2) provide documented disclosures surrounding the use of billing agencies or other  
183.5 consultants, available to the department upon request;

183.6 (3) establish provider policies and procedures related to staff training, staff qualifications,  
183.7 quality assurance, and service activities;

183.8 (4) document contracts with independent contractors, including the number of hours  
183.9 contracted and responsibilities, available to the department upon request; and

183.10 (5) comply with section 256B.0949, including exceptions to qualifications, standards,  
183.11 and requirements granted by the commissioner under section 256B.0949, subdivision 17.

183.12 Subd. 6. **Reconsideration requests and appeals.** An applicant or provisional license  
183.13 holder has reconsideration and appeal rights under sections 245A.05, 245A.06, and 245A.07.

183.14 Subd. 7. **Disenrollment.** The commissioner shall disenroll an agency from providing  
183.15 EIDBI services under chapter 256B if:

183.16 (1) the agency's application has been denied or the agency's provisional license has been  
183.17 suspended or revoked; and

183.18 (2) if the agency appealed the application denial or the provisional license suspension  
183.19 or revocation, the commissioner has issued a final order on the appeal affirming the action.

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

183.21 Sec. 2. Minnesota Statutes 2024, section 245C.03, subdivision 15, is amended to read:

183.22 Subd. 15. **Early intensive developmental and behavioral intervention providers.** The  
183.23 commissioner shall conduct background studies according to this chapter when initiated by  
183.24 an on any individual who is an owner with at least a five percent ownership stake in, an  
183.25 operator of, or an employee or volunteer who provides direct contact for early intensive  
183.26 developmental and behavioral intervention provider services under section 256B.0949. For  
183.27 the purposes of this subdivision, operator includes board members or other individuals who  
183.28 oversee the billing, management, or policies of the services provided.

184.1 Sec. 3. Minnesota Statutes 2024, section 245C.04, is amended by adding a subdivision to  
184.2 read:

184.3 Subd. 12. **Early intensive developmental and behavioral intervention**  
184.4 **providers. Providers required to initiate background studies under section 245C.03,**  
184.5 **subdivision 15, must initiate a study using the electronic system known as NETStudy 2.0**  
184.6 **before the individual begins in a position allowing direct contact with persons served by**  
184.7 **the provider or before the individual becomes an operator or acquires five percent or more**  
184.8 **ownership.**

184.9 Sec. 4. Minnesota Statutes 2024, section 245C.13, subdivision 2, is amended to read:

184.10 Subd. 2. **Activities pending completion of background study.** The subject of a  
184.11 background study may not perform any activity requiring a background study under  
184.12 paragraph (c) until the commissioner has issued one of the notices under paragraph (a).

184.13 (a) Notices from the commissioner required prior to activity under paragraph (c) include:

184.14 (1) a notice of the study results under section 245C.17 stating that:

184.15 (i) the individual is not disqualified; or

184.16 (ii) more time is needed to complete the study but the individual is not required to be  
184.17 removed from direct contact or access to people receiving services prior to completion of  
184.18 the study as provided under section 245C.17, subdivision 1, paragraph (b) or (c). The notice  
184.19 that more time is needed to complete the study must also indicate whether the individual is  
184.20 required to be under continuous direct supervision prior to completion of the background  
184.21 study. When more time is necessary to complete a background study of an individual  
184.22 affiliated with a Title IV-E eligible children's residential facility or foster residence setting,  
184.23 the individual may not work in the facility or setting regardless of whether or not the  
184.24 individual is supervised;

184.25 (2) a notice that a disqualification has been set aside under section 245C.23; or

184.26 (3) a notice that a variance has been granted related to the individual under section  
184.27 245C.30.

184.28 (b) For a background study affiliated with a licensed child care center or certified  
184.29 license-exempt child care center, the notice sent under paragraph (a), clause (1), item (ii),  
184.30 must require the individual to be under continuous direct supervision prior to completion  
184.31 of the background study except as permitted in subdivision 3.

184.32 (c) Activities prohibited prior to receipt of notice under paragraph (a) include:

- 185.1 (1) being issued a license;
- 185.2 (2) living in the household where the licensed program will be provided;
- 185.3 (3) providing direct contact services to persons served by a program unless the subject
- 185.4 is under continuous direct supervision;
- 185.5 (4) having access to persons receiving services if the background study was completed
- 185.6 under section 144.057, subdivision 1, or 245C.03, subdivision 1, paragraph (a), clause (2),
- 185.7 (5), or (6), unless the subject is under continuous direct supervision;
- 185.8 (5) for licensed child care centers and certified license-exempt child care centers,
- 185.9 providing direct contact services to persons served by the program;
- 185.10 (6) for children's residential facilities or foster residence settings, working in the facility
- 185.11 or setting; ~~or~~
- 185.12 (7) for background studies affiliated with a personal care provider organization, except
- 185.13 as provided in section 245C.03, subdivision 3b, before a personal care assistant provides
- 185.14 services, the personal care assistance provider agency must initiate a background study of
- 185.15 the personal care assistant under this chapter and the personal care assistance provider
- 185.16 agency must have received a notice from the commissioner that the personal care assistant
- 185.17 is:
- 185.18 (i) not disqualified under section 245C.14; or
- 185.19 (ii) disqualified, but the personal care assistant has received a set aside of the
- 185.20 disqualification under section 245C.22; or
- 185.21 (8) for background studies affiliated with an early intensive developmental and behavioral
- 185.22 intervention provider, before an individual provides services, the early intensive
- 185.23 developmental and behavioral intervention provider must initiate a background study for
- 185.24 the individual under this chapter and the early intensive developmental and behavioral
- 185.25 intervention provider must have received a notice from the commissioner that the individual
- 185.26 is:
- 185.27 (i) not disqualified under section 245C.14; or
- 185.28 (ii) disqualified, but the individual has received a set-aside of the disqualification under
- 185.29 section 245C.22.
- 185.30 **EFFECTIVE DATE.** This section is effective August 5, 2025.

186.1 Sec. 5. Minnesota Statutes 2024, section 245C.16, subdivision 1, is amended to read:

186.2 Subdivision 1. **Determining immediate risk of harm.** (a) If the commissioner determines  
186.3 that the individual studied has a disqualifying characteristic, the commissioner shall review  
186.4 the information immediately available and make a determination as to the subject's immediate  
186.5 risk of harm to persons served by the program where the individual studied will have direct  
186.6 contact with, or access to, people receiving services.

186.7 (b) The commissioner shall consider all relevant information available, including the  
186.8 following factors in determining the immediate risk of harm:

186.9 (1) the recency of the disqualifying characteristic;

186.10 (2) the recency of discharge from probation for the crimes;

186.11 (3) the number of disqualifying characteristics;

186.12 (4) the intrusiveness or violence of the disqualifying characteristic;

186.13 (5) the vulnerability of the victim involved in the disqualifying characteristic;

186.14 (6) the similarity of the victim to the persons served by the program where the individual  
186.15 studied will have direct contact;

186.16 (7) whether the individual has a disqualification from a previous background study that  
186.17 has not been set aside;

186.18 (8) if the individual has a disqualification which may not be set aside because it is a  
186.19 permanent bar under section 245C.24, subdivision 1, or the individual is a child care  
186.20 background study subject who has a felony-level conviction for a drug-related offense in  
186.21 the last five years, the commissioner may order the immediate removal of the individual  
186.22 from any position allowing direct contact with, or access to, persons receiving services from  
186.23 the program and from working in a children's residential facility or foster residence setting;  
186.24 and

186.25 (9) if the individual has a disqualification which may not be set aside because it is a  
186.26 permanent bar under section 245C.24, subdivision 2, or the individual is a child care  
186.27 background study subject who has a felony-level conviction for a drug-related offense during  
186.28 the last five years, the commissioner may order the immediate removal of the individual  
186.29 from any position allowing direct contact with or access to persons receiving services from  
186.30 the center and from working in a licensed child care center or certified license-exempt child  
186.31 care center.

(c) This section does not apply when the subject of a background study is regulated by a health-related licensing board as defined in chapter 214, and the subject is determined to be responsible for substantiated maltreatment under section 626.557 or chapter 260E.

(d) This section does not apply to a background study related to an initial application for a child foster family setting license.

(e) Except for paragraph (f), this section does not apply to a background study that is also subject to the requirements under section 256B.0659, subdivisions 11 and 13, for a personal care assistant or a qualified professional as defined in section 256B.0659, subdivision 1, or to a background study for an individual providing early intensive developmental and behavioral intervention services under section 256B.0949.

(f) If the commissioner has reason to believe, based on arrest information or an active maltreatment investigation, that an individual poses an imminent risk of harm to persons receiving services, the commissioner may order that the person be continuously supervised or immediately removed pending the conclusion of the maltreatment investigation or criminal proceedings.

**EFFECTIVE DATE.** This section is effective January 1, 2026.

Sec. 6. Minnesota Statutes 2024, section 256B.04, subdivision 21, is amended to read:

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

(b) The commissioner shall revalidate each:

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

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



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

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

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

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

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

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

188.13 (d) If a provider fails to comply with any individual provider requirement or condition  
188.14 of participation, the commissioner may suspend the provider's ability to bill until the provider  
188.15 comes into compliance. The commissioner's decision to suspend the provider is not subject  
188.16 to an administrative appeal.

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

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

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

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



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

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

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

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

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

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

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

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

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

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

189.33 (3) serves primarily a pediatric population.

190.1 (j) As a condition of enrollment in medical assistance, the commissioner shall require  
190.2 that a provider designated "moderate" or "high-risk" by the Centers for Medicare and  
190.3 Medicaid Services or the commissioner permit the Centers for Medicare and Medicaid  
190.4 Services, its agents, or its designated contractors and the state agency, its agents, or its  
190.5 designated contractors to conduct unannounced on-site inspections of any provider location.  
190.6 The commissioner shall publish in the Minnesota Health Care Program Provider Manual a  
190.7 list of provider types designated "limited," "moderate," or "high-risk," based on the criteria  
190.8 and standards used to designate Medicare providers in Code of Federal Regulations, title  
190.9 42, section 424.518. The list and criteria are not subject to the requirements of chapter 14.  
190.10 The commissioner's designations are not subject to administrative appeal.

190.11 (k) As a condition of enrollment in medical assistance, the commissioner shall require  
190.12 that a high-risk provider, or a person with a direct or indirect ownership interest in the  
190.13 provider of five percent or higher, consent to criminal background checks, including  
190.14 fingerprinting, when required to do so under state law or by a determination by the  
190.15 commissioner or the Centers for Medicare and Medicaid Services that a provider is designated  
190.16 high-risk for fraud, waste, or abuse.

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

190.26 (2) At the time of initial enrollment or reenrollment, durable medical equipment providers  
190.27 and suppliers defined in clause (3) must purchase a surety bond of \$50,000. If a revalidating  
190.28 provider's Medicaid revenue in the previous calendar year is up to and including \$300,000,  
190.29 the provider agency must purchase a surety bond of \$50,000. If a revalidating provider's  
190.30 Medicaid revenue in the previous calendar year is over \$300,000, the provider agency must  
190.31 purchase a surety bond of \$100,000. The surety bond must allow for recovery of costs and  
190.32 fees in pursuing a claim on the bond.

190.33 (3) "Durable medical equipment provider or supplier" means a medical supplier that can  
190.34 purchase medical equipment or supplies for sale or rental to the general public and is able

191.1 to perform or arrange for necessary repairs to and maintenance of equipment offered for  
191.2 sale or rental.

191.3 (m) The Department of Human Services may require a provider to purchase a surety  
191.4 bond as a condition of initial enrollment, reenrollment, reinstatement, or continued enrollment  
191.5 if: (1) the provider fails to demonstrate financial viability, (2) the department determines  
191.6 there is significant evidence of or potential for fraud and abuse by the provider, or (3) the  
191.7 provider or category of providers is designated high-risk pursuant to paragraph (f) and as  
191.8 per Code of Federal Regulations, title 42, section 455.450. The surety bond must be in an  
191.9 amount of \$100,000 or ten percent of the provider's payments from Medicaid during the  
191.10 immediately preceding 12 months, whichever is greater. The surety bond must name the  
191.11 Department of Human Services as an obligee and must allow for recovery of costs and fees  
191.12 in pursuing a claim on the bond. This paragraph does not apply if the provider currently  
191.13 maintains a surety bond under the requirements in section 256B.0659 or 256B.85.

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

191.15 Sec. 7. Minnesota Statutes 2024, section 256B.0949, subdivision 2, is amended to read:

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

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

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

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

191.30 (1) is severe and chronic;

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

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

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

192.7 (i) behavioral challenges and self-regulation;

192.8 (ii) cognition;

192.9 (iii) learning and play;

192.10 (iv) self-care; or

192.11 (v) safety.

192.12 (e) ~~"Person" means a person under 21 years of age.~~ "Behavior analyst" means an  
192.13 individual licensed under sections 148.9981 to 148.9995 as a behavior analyst.

192.14 (f) "Clinical supervision" means the overall responsibility for the control and direction  
192.15 of EIDBI service delivery, including individual treatment planning, staff supervision,  
192.16 individual treatment plan progress monitoring, and treatment review for each person. Clinical  
192.17 supervision is provided by a qualified supervising professional (QSP) who takes full  
192.18 professional responsibility for the service provided by each supervisee and the clinical  
192.19 effectiveness of all interventions.

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

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

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

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

192.30 (k) "Employee of an agency" or "employee" means any individual who is employed  
192.31 temporarily, part time, or full time by the agency that is submitting claims or billing for the  
192.32 work, services, supervision, or treatment performed by the individual. Employee does not

193.1 include an independent contractor, billing agency, or consultant who is not providing EIDBI  
 193.2 services. Employee does not include an individual who performs work, provides services,  
 193.3 supervises, or provides treatment for less than 80 hours in a 12-month period.

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

193.8 ~~(h)~~ (m) "Incident" means when any of the following occur:

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

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

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

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

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

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

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

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

193.29 ~~(q)~~ (s) "Qualified EIDBI provider" means ~~a person~~ an individual who is a QSP or a level  
 193.30 I, level II, or level III treatment provider.

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

194.1 Sec. 8. Minnesota Statutes 2024, section 256B.0949, subdivision 13, is amended to read:

194.2 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are  
194.3 eligible for reimbursement by medical assistance under this section. Services must be  
194.4 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must  
194.5 address the person's medically necessary treatment goals and must be targeted to develop,  
194.6 enhance, or maintain the individual developmental skills of a person with ASD or a related  
194.7 condition to improve functional communication, including nonverbal or social  
194.8 communication, social or interpersonal interaction, restrictive or repetitive behaviors,  
194.9 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,  
194.10 cognition, learning and play, self-care, and safety.

194.11 (b) EIDBI treatment must be delivered consistent with the standards of an approved  
194.12 modality, as published by the commissioner. EIDBI modalities include:

194.13 (1) applied behavior analysis (ABA);

194.14 (2) developmental individual-difference relationship-based model (DIR/Floortime);

194.15 (3) early start Denver model (ESDM); or

194.16 ~~(4) PLAY project;~~

194.17 ~~(5)~~ (4) relationship development intervention (RDI); ~~or.~~

194.18 ~~(6) additional modalities not listed in clauses (1) to (5) upon approval by the~~  
194.19 ~~commissioner.~~

194.20 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),  
194.21 clauses (1) to ~~(5)~~ (4), as the primary modality for treatment as a covered service, or several  
194.22 EIDBI modalities in combination as the primary modality of treatment, as approved by the  
194.23 commissioner. An EIDBI provider that identifies and provides assurance of qualifications  
194.24 for a single specific treatment modality, including an EIDBI provider with advanced  
194.25 certification overseeing implementation, must document the required qualifications to meet  
194.26 fidelity to the specific model in a manner determined by the commissioner.

194.27 (d) Each qualified EIDBI provider must identify and provide assurance of qualifications  
194.28 for professional licensure certification, or training in evidence-based treatment methods,  
194.29 and must document the required qualifications outlined in subdivision 15 in a manner  
194.30 determined by the commissioner.

195.1 (e) CMDE is a comprehensive evaluation of the person's developmental status to  
195.2 determine medical necessity for EIDBI services and meets the requirements of subdivision  
195.3 5. The services must be provided by a qualified CMDE provider.

195.4 (f) EIDBI intervention observation and direction is the clinical direction and oversight  
195.5 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,  
195.6 including developmental and behavioral techniques, progress measurement, data collection,  
195.7 function of behaviors, and generalization of acquired skills for the direct benefit of a person.  
195.8 EIDBI intervention observation and direction informs any modification of the current  
195.9 treatment protocol to support the outcomes outlined in the ITP.

195.10 (g) Intervention is medically necessary direct treatment provided to a person with ASD  
195.11 or a related condition as outlined in their ITP. All intervention services must be provided  
195.12 under the direction of a QSP. Intervention may take place across multiple settings. The  
195.13 frequency and intensity of intervention services are provided based on the number of  
195.14 treatment goals, person and family or caregiver preferences, and other factors. Intervention  
195.15 services may be provided individually or in a group. Intervention with a higher provider  
195.16 ratio may occur when deemed medically necessary through the person's ITP.

195.17 (1) Individual intervention is treatment by protocol administered by a single qualified  
195.18 EIDBI provider delivered to one person.

195.19 (2) Group intervention is treatment by protocol provided by one or more qualified EIDBI  
195.20 providers, delivered to at least two people who receive EIDBI services.

195.21 (3) Higher provider ratio intervention is treatment with protocol modification provided  
195.22 by two or more qualified EIDBI providers delivered to one person in an environment that  
195.23 meets the person's needs and under the direction of the QSP or level I provider.

195.24 (h) ITP development and ITP progress monitoring is development of the initial, annual,  
195.25 and progress monitoring of an ITP. ITP development and ITP progress monitoring documents  
195.26 provide oversight and ongoing evaluation of a person's treatment and progress on targeted  
195.27 goals and objectives and integrate and coordinate the person's and the person's legal  
195.28 representative's information from the CMDE and ITP progress monitoring. This service  
195.29 must be reviewed and completed by the QSP, and may include input from a level I provider  
195.30 or a level II provider.

195.31 (i) Family caregiver training and counseling is specialized training and education for a  
195.32 family or primary caregiver to understand the person's developmental status and help with  
195.33 the person's needs and development. This service must be provided by the QSP, level I  
195.34 provider, or level II provider.



(j) A coordinated care conference is a voluntary meeting with the person and the person's family to review the CMDE or ITP progress monitoring and to integrate and coordinate services across providers and service-delivery systems to develop the ITP. This service may include the CMDE provider, QSP, a level I provider, or a level II provider.

(k) Travel time is allowable billing for traveling to and from the person's home, school, a community setting, or place of service outside of an EIDBI center, clinic, or office from a specified location to provide in-person EIDBI intervention, observation and direction, or family caregiver training and counseling. The person's ITP must specify the reasons the provider must travel to the person.

(l) Medical assistance covers medically necessary EIDBI services and consultations delivered via telehealth, as defined under section 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered in person.

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

Sec. 9. Minnesota Statutes 2024, section 256B.0949, subdivision 15, is amended to read:

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

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

(2) a developmental or behavioral pediatrician who has at least 2,000 hours of supervised clinical experience or training in examining or treating people with ASD or a related condition or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child development.

(b) A level I treatment provider must be ~~employed by~~ an employee of an agency and:

(1) have at least 2,000 hours of supervised clinical experience or training in examining or treating people with ASD or a related condition or equivalent documented coursework at the graduate level by an accredited university in ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child development or an equivalent combination of documented coursework or hours of experience; and

197.1 (2) ~~have or be at least~~ meet one of the following requirements:

197.2 (i) have a master's degree in behavioral health or child development or related fields  
197.3 including, but not limited to, mental health, special education, social work, psychology,  
197.4 speech pathology, or occupational therapy from an accredited college or university;

197.5 (ii) have a bachelor's degree in a behavioral health, child development, or related field  
197.6 including, but not limited to, mental health, special education, social work, psychology,  
197.7 speech pathology, or occupational therapy, from an accredited college or university, and  
197.8 advanced certification in a treatment modality recognized by the department;

197.9 (iii) be a board-certified behavior analyst as defined by the Behavior Analyst Certification  
197.10 Board or a qualified behavior analyst as defined by the Qualified Applied Behavior Analysis  
197.11 Credentialing Board; ~~or~~

197.12 (iv) be a board-certified assistant behavior analyst with 4,000 hours of supervised clinical  
197.13 experience that meets all registration, supervision, and continuing education requirements  
197.14 of the certification;

197.15 (v) have a bachelor's degree from an accredited college or university in behavioral health,  
197.16 child development, or a related field; have at least 6,000 hours of clinical experience  
197.17 providing early intervention services in the modality the EIDBI agency uses; and have  
197.18 completed the EIDBI level III provider training requirements; or

197.19 (vi) be currently enrolled or have completed a master's degree program at an accredited  
197.20 college or university in behavioral health, child development, or a related field and receive  
197.21 intervention observation and direction from a qualified supervising professional at least  
197.22 monthly until having completed 2,000 hours of supervised clinical experience.

197.23 (c) A level II treatment provider must be ~~employed by an employee of~~ an agency and  
197.24 must be:

197.25 (1) a person who has a bachelor's degree from an accredited college or university in a  
197.26 behavioral or child development science or related field including, but not limited to, mental  
197.27 health, special education, social work, psychology, speech pathology, or occupational  
197.28 therapy; and meets at least one of the following:

197.29 (i) has at least 1,000 hours of supervised clinical experience or training in examining or  
197.30 treating people with ASD or a related condition or equivalent documented coursework at  
197.31 the graduate level by an accredited university in ASD diagnostics, ASD developmental and  
197.32 behavioral treatment strategies, and typical child development or a combination of  
197.33 coursework or hours of experience;

198.1 (ii) has certification as a board-certified assistant behavior analyst from the Behavior  
198.2 Analyst Certification Board or a qualified autism service practitioner from the Qualified  
198.3 Applied Behavior Analysis Credentialing Board;

198.4 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification  
198.5 Board or an applied behavior analysis technician as defined by the Qualified Applied  
198.6 Behavior Analysis Credentialing Board; or

198.7 (iv) is certified in one of the other treatment modalities recognized by the department;

198.8 ~~or~~

198.9 (2) a person who has:

198.10 (i) an associate's degree in a behavioral or child development science or related field  
198.11 including, but not limited to, mental health, special education, social work, psychology,  
198.12 speech pathology, or occupational therapy from an accredited college or university; and

198.13 (ii) at least 2,000 hours of supervised clinical experience in delivering treatment to people  
198.14 with ASD or a related condition. Hours worked as a mental health behavioral aide or level  
198.15 III treatment provider may be included in the required hours of experience; ~~or~~

198.16 (3) a person who has at least 4,000 hours of supervised clinical experience in delivering  
198.17 treatment to people with ASD or a related condition. Hours worked as a mental health  
198.18 behavioral aide or level III treatment provider may be included in the required hours of  
198.19 experience; ~~or~~

198.20 (4) a person who is a graduate student in a behavioral science, child development science,  
198.21 or related field and is receiving clinical supervision by a QSP affiliated with an agency to  
198.22 meet the clinical training requirements for experience and training with people with ASD  
198.23 or a related condition; ~~or~~

198.24 (5) a person who is at least 18 years of age and who:

198.25 (i) is fluent in a non-English language or is an individual certified by a Tribal Nation;

198.26 (ii) completed the level III EIDBI training requirements; and

198.27 (iii) receives observation and direction from a QSP or level I treatment provider at least  
198.28 once a week until the person meets 1,000 hours of supervised clinical experience;<sub>2</sub>

198.29 (6) a person currently enrolled in a bachelor's degree program at an accredited college  
198.30 or university in behavioral health, child development, or a related field who receives  
198.31 intervention observation and direction from a QSP or level I provider at least twice monthly  
198.32 until having completed 1,000 hours of supervised clinical experience; or

199.1 (7) a person who is at least 18 years of age, holds a current certification in the treatment  
199.2 modality of the EIDBI agency, receives intervention observation and direction from a  
199.3 provider with an advance certification at least weekly until having completed 1,000 hours  
199.4 of supervised clinical experience, and has completed the level III EIDBI training  
199.5 requirements.

199.6 (d) A level III treatment provider must be ~~employed by~~ an employee of an agency, have  
199.7 completed the level III training requirement, be at least 18 years of age, and have at least  
199.8 one of the following:

199.9 (1) a high school diploma or commissioner of education-selected high school equivalency  
199.10 certification;

199.11 (2) fluency in a non-English language or Tribal Nation certification;

199.12 (3) one year of experience as a primary personal care assistant, community health worker,  
199.13 waiver service provider, or special education assistant to a person with ASD or a related  
199.14 condition within the previous five years; or

199.15 (4) completion of all required EIDBI training within six months of employment.

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

199.17 Sec. 10. Minnesota Statutes 2024, section 256B.0949, subdivision 15, is amended to read:

199.18 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be ~~employed by~~ an employee  
199.19 of an agency and be:

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

199.25 (2) a developmental or behavioral pediatrician who has at least 2,000 hours of supervised  
199.26 clinical experience or training in examining or treating people with ASD or a related condition  
199.27 or equivalent documented coursework at the graduate level by an accredited university in  
199.28 the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and  
199.29 typical child development.

199.30 (b) A level I treatment provider must be employed by an agency and:

199.31 (1) have at least 2,000 hours of supervised clinical experience or training in examining  
199.32 or treating people with ASD or a related condition or equivalent documented coursework

200.1 at the graduate level by an accredited university in ASD diagnostics, ASD developmental  
200.2 and behavioral treatment strategies, and typical child development or an equivalent  
200.3 combination of documented coursework or hours of experience; and

200.4 (2) have or be at least one of the following:

200.5 (i) a master's degree in behavioral health or child development or related fields including,  
200.6 but not limited to, mental health, special education, social work, psychology, speech  
200.7 pathology, or occupational therapy from an accredited college or university;

200.8 (ii) a bachelor's degree in a behavioral health, child development, or related field  
200.9 including, but not limited to, mental health, special education, social work, psychology,  
200.10 speech pathology, or occupational therapy, from an accredited college or university, and  
200.11 advanced certification in a treatment modality recognized by the department;

200.12 (iii) a board-certified behavior analyst as defined by the Behavior Analyst Certification  
200.13 Board or a qualified behavior analyst as defined by the Qualified Applied Behavior Analysis  
200.14 Credentialing Board; or

200.15 (iv) a board-certified assistant behavior analyst with 4,000 hours of supervised clinical  
200.16 experience that meets all registration, supervision, and continuing education requirements  
200.17 of the certification.

200.18 (c) A level II treatment provider must be employed by an agency and must be:

200.19 (1) a person who has a bachelor's degree from an accredited college or university in a  
200.20 behavioral or child development science or related field including, but not limited to, mental  
200.21 health, special education, social work, psychology, speech pathology, or occupational  
200.22 therapy; and meets at least one of the following:

200.23 (i) has at least 1,000 hours of supervised clinical experience or training in examining or  
200.24 treating people with ASD or a related condition or equivalent documented coursework at  
200.25 the graduate level by an accredited university in ASD diagnostics, ASD developmental and  
200.26 behavioral treatment strategies, and typical child development or a combination of  
200.27 coursework or hours of experience;

200.28 (ii) has certification as a board-certified assistant behavior analyst from the Behavior  
200.29 Analyst Certification Board or a qualified autism service practitioner from the Qualified  
200.30 Applied Behavior Analysis Credentialing Board;

200.31 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification  
200.32 Board or an applied behavior analysis technician as defined by the Qualified Applied  
200.33 Behavior Analysis Credentialing Board; or

- 201.1 (iv) is certified in one of the other treatment modalities recognized by the department;  
201.2 or
- 201.3 (2) a person who has:
- 201.4 (i) an associate's degree in a behavioral or child development science or related field  
201.5 including, but not limited to, mental health, special education, social work, psychology,  
201.6 speech pathology, or occupational therapy from an accredited college or university; and
- 201.7 (ii) at least 2,000 hours of supervised clinical experience in delivering treatment to people  
201.8 with ASD or a related condition. Hours worked as a mental health behavioral aide or level  
201.9 III treatment provider may be included in the required hours of experience; or
- 201.10 (3) a person who has at least 4,000 hours of supervised clinical experience in delivering  
201.11 treatment to people with ASD or a related condition. Hours worked as a mental health  
201.12 behavioral aide or level III treatment provider may be included in the required hours of  
201.13 experience; or
- 201.14 (4) a person who is a graduate student in a behavioral science, child development science,  
201.15 or related field and is receiving clinical supervision by a QSP affiliated with an agency to  
201.16 meet the clinical training requirements for experience and training with people with ASD  
201.17 or a related condition; or
- 201.18 (5) a person who is at least 18 years of age and who:
- 201.19 (i) is fluent in a non-English language or is an individual certified by a Tribal Nation;  
201.20 (ii) completed the level III EIDBI training requirements; and
- 201.21 (iii) receives observation and direction from a QSP or level I treatment provider at least  
201.22 once a week until the person meets 1,000 hours of supervised clinical experience.
- 201.23 (d) A level III treatment provider must be employed by an agency, have completed the  
201.24 level III training requirement, be at least 18 years of age, and have at least one of the  
201.25 following:
- 201.26 (1) a high school diploma or commissioner of education-selected high school equivalency  
201.27 certification;
- 201.28 (2) fluency in a non-English language or Tribal Nation certification;
- 201.29 (3) one year of experience as a primary personal care assistant, community health worker,  
201.30 waiver service provider, or special education assistant to a person with ASD or a related  
201.31 condition within the previous five years; or

202.1 (4) completion of all required EIDBI training within six months of employment.

202.2 **EFFECTIVE DATE.** This section is effective January 1, 2026.

202.3 Sec. 11. Minnesota Statutes 2024, section 256B.0949, subdivision 16, is amended to read:

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

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

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

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

202.13 ~~(3)~~ (4) verify and maintain records of a service provided to the person or the person's  
202.14 legal representative as required under Minnesota Rules, parts 9505.2175 and 9505.2197;

202.15 ~~(4)~~ (5) demonstrate that while enrolled or seeking enrollment as a Minnesota health care  
202.16 program provider the agency did not have a lead agency contract or provider agreement  
202.17 discontinued because of a conviction of fraud; or did not have an owner, board member, or  
202.18 manager fail a state or federal criminal background check or appear on the list of excluded  
202.19 individuals or entities maintained by the federal Department of Human Services Office of  
202.20 Inspector General;

202.21 ~~(5)~~ (6) have established business practices including written policies and procedures,  
202.22 internal controls, and a system that demonstrates the organization's ability to deliver quality  
202.23 EIDBI services, appropriately submit claims, conduct required staff training, document staff  
202.24 qualifications, document service activities, and document service quality;

202.25 ~~(6)~~ (7) have an office located in Minnesota or a border state;

202.26 ~~(7) conduct a criminal background check on an individual who has direct contact with~~  
202.27 ~~the person or the person's legal representative;~~

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

202.29 ~~(8)~~ (9) report maltreatment according to section 626.557 and chapter 260E;

202.30 ~~(9)~~ (10) comply with any data requests consistent with the Minnesota Government Data  
202.31 Practices Act, sections 256B.064 and 256B.27;



203.1 ~~(10)~~ (11) provide training for all agency staff on the requirements and responsibilities  
203.2 listed in the Maltreatment of Minors Act, chapter 260E, and the Vulnerable Adult Protection  
203.3 Act, section 626.557, including mandated and voluntary reporting, nonretaliation, and the  
203.4 agency's policy for all staff on how to report suspected abuse and neglect;

203.5 ~~(11)~~ (12) have a written policy to resolve issues collaboratively with the person and the  
203.6 person's legal representative when possible. The policy must include a timeline for when  
203.7 the person and the person's legal representative will be notified about issues that arise in  
203.8 the provision of services;

203.9 ~~(12)~~ (13) provide the person's legal representative with prompt notification if the person  
203.10 is injured while being served by the agency. An incident report must be completed by the  
203.11 agency staff member in charge of the person. A copy of all incident and injury reports must  
203.12 remain on file at the agency for at least five years from the report of the incident; ~~and~~

203.13 ~~(13)~~ (14) before starting a service, provide the person or the person's legal representative  
203.14 a description of the treatment modality that the person shall receive, including the staffing  
203.15 certification levels and training of the staff who shall provide a treatment;

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

203.19 (16) provide required EIDBI intervention observation and direction at least once per  
203.20 month. Notwithstanding subdivision 13, paragraph (1), required EIDBI intervention  
203.21 observation and direction under this clause may be conducted via telehealth provided that  
203.22 no more than two consecutive monthly required EIDBI intervention observation and direction  
203.23 sessions under this clause are conducted via telehealth.

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

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

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

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

203.32 ~~(b)~~ (c) When delivering the ITP, and annually thereafter, an agency must provide the  
203.33 person or the person's legal representative with:

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

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

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

204.9 **EFFECTIVE DATE.** This section is effective January 1, 2026.

204.10 Sec. 12. Minnesota Statutes 2024, section 256B.0949, subdivision 16a, is amended to  
204.11 read:

204.12 **Subd. 16a. Background studies.** (a) An early intensive developmental and behavioral  
204.13 intervention services agency must fulfill any background studies requirements under this  
204.14 section by initiating a background study through the commissioner's NETStudy 2.0 system  
204.15 as provided under sections 245C.03, subdivision 15, and 245C.10, subdivision 17 chapter  
204.16 245C and must maintain documentation of background study requests and results.

204.17 (b) Before an individual subject to the background study requirements under this  
204.18 subdivision has direct contact with a person served by the provider, the agency must have  
204.19 received a notice from the commissioner that the subject of the background study is:

204.20 (1) not disqualified under section 245C.14; or

204.21 (2) disqualified but the subject of the study has received a set-aside of the disqualification  
204.22 under section 245C.22.

204.23 **EFFECTIVE DATE.** This section is effective January 1, 2026.

204.24 Sec. 13. Minnesota Statutes 2024, section 256B.0949, is amended by adding a subdivision  
204.25 to read:

204.26 **Subd. 18. Site visits and sanctions.** (a) The commissioner may conduct unannounced  
204.27 on-site inspections of any and all EIDBI agencies and service locations to verify that  
204.28 information submitted to the commissioner is accurate, determine compliance with all  
204.29 enrollment requirements, investigate reports of maltreatment, determine compliance with  
204.30 service delivery and billing requirements, and determine compliance with any other applicable  
204.31 laws or rules.

205.1 (b) The commissioner may withhold payment from an agency or suspend or terminate  
205.2 the agency's enrollment number if the agency fails to provide access to the agency's service  
205.3 locations or records or the commissioner determines the agency has failed to comply fully  
205.4 with applicable laws or rules. The provider has the right to appeal the decision of the  
205.5 commissioner under section 256B.064.

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

205.7 Sec. 14. Minnesota Statutes 2024, section 260E.14, subdivision 1, as amended by Laws  
205.8 2025, chapter 20, section 221, is amended to read:

205.9 Subdivision 1. **Facilities and schools.** (a) The local welfare agency is the agency  
205.10 responsible for investigating allegations of maltreatment in child foster care, family child  
205.11 care, legally nonlicensed child care, and reports involving children served by an unlicensed  
205.12 personal care provider organization under section 256B.0659. Copies of findings related to  
205.13 personal care provider organizations under section 256B.0659 must be forwarded to the  
205.14 Department of Human Services provider enrollment.

205.15 (b) The Department of Human Services is the agency responsible for screening and  
205.16 investigating allegations of maltreatment in juvenile correctional facilities listed under  
205.17 section 241.021 located in the local welfare agency's county and in facilities licensed or  
205.18 certified under chapters 245A and 245D.

205.19 (c) The Department of Health is the agency responsible for screening and investigating  
205.20 allegations of maltreatment in facilities licensed under sections 144.50 to 144.58 and 144A.43  
205.21 to 144A.482 or chapter 144H.

205.22 (d) The Department of Education is the agency responsible for screening and investigating  
205.23 allegations of maltreatment in a school as defined in section 120A.05, subdivisions 9, 11,  
205.24 and 13, and chapter 124E. The Department of Education's responsibility to screen and  
205.25 investigate includes allegations of maltreatment involving students 18 through 21 years of  
205.26 age, including students receiving special education services, up to and including graduation  
205.27 and the issuance of a secondary or high school diploma.

205.28 (e) The Department of Human Services is the agency responsible for screening and  
205.29 investigating allegations of maltreatment of minors in an EIDBI agency operating under  
205.30 sections 245A.142 and 256B.0949.

205.31 ~~(e)~~ (f) A health or corrections agency receiving a report may request the local welfare  
205.32 agency to provide assistance pursuant to this section and sections 260E.20 and 260E.22.

206.1        ~~(f)~~ (g) The Department of Children, Youth, and Families is the agency responsible for  
206.2 screening and investigating allegations of maltreatment in facilities or programs not listed  
206.3 in paragraph (a) that are licensed or certified under chapters 142B and 142C.

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

206.5        Sec. 15. Minnesota Statutes 2024, section 626.5572, subdivision 13, is amended to read:

206.6        Subd. 13. **Lead investigative agency.** "Lead investigative agency" is the primary  
206.7 administrative agency responsible for investigating reports made under section 626.557.

206.8        (a) The Department of Health is the lead investigative agency for facilities or services  
206.9 licensed or required to be licensed as hospitals, home care providers, nursing homes, boarding  
206.10 care homes, hospice providers, residential facilities that are also federally certified as  
206.11 intermediate care facilities that serve people with developmental disabilities, or any other  
206.12 facility or service not listed in this subdivision that is licensed or required to be licensed by  
206.13 the Department of Health for the care of vulnerable adults. "Home care provider" has the  
206.14 meaning provided in section 144A.43, subdivision 4, and applies when care or services are  
206.15 delivered in the vulnerable adult's home.

206.16        (b) The Department of Human Services is the lead investigative agency for facilities or  
206.17 services licensed or required to be licensed as adult day care, adult foster care, community  
206.18 residential settings, programs for people with disabilities, EIDBI agencies, family adult day  
206.19 services, mental health programs, mental health clinics, substance use disorder programs,  
206.20 the Minnesota Sex Offender Program, or any other facility or service not listed in this  
206.21 subdivision that is licensed or required to be licensed by the Department of Human Services.  
206.22 The Department of Human Services is also the lead investigative agency for unlicensed  
206.23 EIDBI agencies under section 256B.0949.

206.24        (c) The county social service agency or its designee is the lead investigative agency for  
206.25 all other reports, including, but not limited to, reports involving vulnerable adults receiving  
206.26 services from a personal care provider organization under section 256B.0659.

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

206.28        Sec. 16. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**  
206.29 **DEVELOPMENT OF COMPREHENSIVE EIDBI LICENSE.**

206.30        (a) By January 1, 2026, the commissioner of human services must collaborate with the  
206.31 Early Intensive Developmental and Behavioral Advisory Council to develop comprehensive  
206.32 EIDBI licensing standards and a plan to transition EIDBI agencies from the provisional

207.1 license established under Minnesota Statutes, section 245A.142, to a newly established  
207.2 comprehensive EIDBI license. The advisory council must provide the commissioner with  
207.3 advice on at least the following topics:

207.4 (1) basic health and safety standards;

207.5 (2) basic physical plant standards;

207.6 (3) medication management and other ancillary services that might be provided by EIDBI  
207.7 providers;

207.8 (4) privacy and the use of cameras in settings where EIDBI services are being provided;

207.9 (5) third-party billing procedures and requirements;

207.10 (6) billing standards and policies regarding duplicative, simultaneous, and midpoint  
207.11 billing practices;

207.12 (7) measures of clinical effectiveness;

207.13 (8) appropriate restrictions on the commissioner's authority under Minnesota Statutes,  
207.14 section 256B.0949, subdivision 17, to issue exceptions to EIDBI provider qualifications,  
207.15 medical assistance provider enrollment requirements, and EIDBI provider or agency standards  
207.16 or requirements; and

207.17 (9) the continuation or modification of existing exceptions under Minnesota Statutes,  
207.18 section 256B.0949, subdivision 17.

207.19 (b) By January 1, 2027, the commissioner must propose standards for a nonprovisional,  
207.20 comprehensive EIDBI license or licenses and submit proposed draft legislation to the chairs  
207.21 and ranking minority members of the legislative committees with jurisdiction over EIDBI  
207.22 services.

207.23 **Sec. 17. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**  
207.24 **TEMPORARY MORATORIUM ON ENROLLMENT OF NEW EIDBI PROVIDERS.**

207.25 Upon federal approval and subject to continued federal approval, beginning July 1, 2025,  
207.26 the commissioner of human services must not enroll new EIDBI agencies to provide EIDBI  
207.27 services under Minnesota Statutes, chapter 256B, unless the agency is licensed as an EIDBI  
207.28 agency under Minnesota Statutes, chapter 245A, but may enroll new locations where EIDBI  
207.29 services are provided by an agency that was enrolled before July 1, 2025.

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

208.1 Sec. 18. **EXISTING EIDBI EXCEPTIONS.**

208.2 Exceptions to the requirements of Minnesota Statutes, section 256B.0949, authorized  
208.3 under Minnesota Statutes, section 256B.0949, subdivision 17, in effect on June 30, 2025,  
208.4 must remain in effect until full implementation of a new comprehensive EIDBI license  
208.5 under Minnesota Statutes, chapter 245A.

208.6 Sec. 19. **REPEALER.**

208.7 Minnesota Statutes 2024, section 256B.0949, subdivision 9, is repealed.

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

208.9 **ARTICLE 7**

208.10 **HOMELESSNESS, HOUSING, AND SUPPORT SERVICES**

208.11 Section 1. Minnesota Statutes 2024, section 245C.03, subdivision 6, is amended to read:

208.12 Subd. 6. **Unlicensed home and community-based waiver providers of service to**  
208.13 **seniors and individuals with disabilities and providers of housing stabilization**  
208.14 **services.** (a) ~~The commissioner shall conduct background studies of any individual who~~  
208.15 ~~provides direct contact, as defined in section 245C.02, subdivision 11, For providers of~~  
208.16 services specified in the federally approved home and community-based waiver plans under  
208.17 section 256B.4912 and providers of housing stabilization services under section 256B.051,  
208.18 the commissioner shall conduct background studies on any individual who is an owner with  
208.19 at least a five percent ownership stake in the provider, an operator of the provider, or an  
208.20 employee or volunteer for the provider who has direct contact with people receiving the  
208.21 services. The individual studied must meet the requirements of this chapter prior to providing  
208.22 waiver services and as part of ongoing enrollment.

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

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

208.27 Sec. 2. Minnesota Statutes 2024, section 245C.03, is amended by adding a subdivision to  
208.28 read:

208.29 Subd. 16. **Providers of recuperative care.** The commissioner shall conduct background  
208.30 studies on any individual who is an owner with an ownership stake of at least five percent  
208.31 in a recuperative care provider, an operator of a recuperative care provider, or an employee