

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. **3390**

1.1 A bill for an act

1.2 relating to human services; modifying policy provisions regarding children and

1.3 family services, community supports, continuing care for older adults, direct care

1.4 and treatment, health care, and operations; establishing criminal penalties; requiring

1.5 reports; appropriating money; amending Minnesota Statutes 2018, sections 13.82,

1.6 subdivision 1; 62U.03; 62U.04, subdivision 11; 119B.21; 119B.26; 144.216, by

1.7 adding subdivisions; 144.218, by adding a subdivision; 144.226, subdivision 1;

1.8 145.902; 245.4871, by adding a subdivision; 245.4885, subdivision 1; 245A.02,

1.9 subdivision 2c; 245A.041, by adding a subdivision; 245A.11, by adding

1.10 subdivisions; 245A.146, by adding a subdivision; 245A.50, as amended; 245C.15,

1.11 subdivisions 2, 4; 245D.071, subdivision 3; 245D.10, subdivision 3a; 245E.01,

1.12 subdivision 8; 245F.02, subdivisions 7, 14; 245F.06, subdivision 2; 245F.12,

1.13 subdivisions 2, 3; 245G.02, subdivision 2; 245G.09, subdivision 1; 245H.08,

1.14 subdivisions 4, 5; 253B.02, subdivision 17; 253B.10, subdivision 1; 253B.18,

1.15 subdivisions 5a, 13, 15, by adding subdivisions; 253D.02, subdivision 13; 253D.14,

1.16 subdivision 3, by adding a subdivision; 253D.23; 253D.27, subdivisions 2, 4;

1.17 253D.28; 253D.30, subdivision 3; 253D.31; 253D.35; 256.01, subdivision 29;

1.18 256.0112, subdivision 10; 256.041; 256.045; 256.0451; 256.82, subdivision 2;

1.19 256.87, subdivision 8, by adding a subdivision; 256B.056, subdivisions 1a, 4, 7,

1.20 10; 256B.0561, subdivision 2; 256B.057, subdivision 1; 256B.0575, subdivisions

1.21 1, 2; 256B.0625, subdivisions 1, 5l, 27, 58; 256B.0652, subdivision 10; 256B.0751;

1.22 256B.0753, subdivision 1, by adding a subdivision; 256B.092, by adding a

1.23 subdivision; 256B.0941, subdivisions 1, 3; 256B.0949, subdivisions 2, 5, 6, 9, 13,

1.24 14, 15, 16; 256B.12; 256B.75; 256D.02, subdivision 17; 256D.051, by adding

1.25 subdivisions; 256I.03, subdivisions 3, 14; 256I.05, subdivisions 1a, 1c, 1n, 8, 11;

1.26 256I.06, subdivision 2, by adding a subdivision; 256J.08, subdivision 73a; 256L.03,

1.27 subdivision 1; 256L.15, subdivision 1; 256N.02, subdivisions 14a, 16, 17; 256N.21,

1.28 subdivisions 2, 5; 256N.22, subdivision 1; 256N.23, subdivisions 2, 6; 256N.24,

1.29 subdivisions 1, 4, 8, 11, 12, 14; 256P.01, by adding a subdivision; 256R.02,

1.30 subdivisions 4, 17, 18, 29, 42a, 48a, by adding a subdivision; 256R.07, subdivisions

1.31 1, 2, 3; 256R.08, subdivision 1; 256R.09, subdivisions 2, 5; 256R.13, subdivision

1.32 4; 256R.16, subdivision 1; 256R.17, subdivision 3; 256R.37; 256R.39; 257.70;

1.33 259.241; 259.35, subdivision 1; 259.53, subdivision 4; 259.75, subdivisions 5, 6,

1.34 9; 259.83, subdivision 1a; 259A.75, subdivisions 1, 2, 3, 4; 260C.007, by adding

1.35 a subdivision; 260C.157, subdivision 3; 260C.202; 260C.204; 260C.212,

1.36 subdivisions 1, 4a, by adding subdivisions; 260C.219; 260C.4412; 260C.503,

1.37 subdivision 2, by adding a subdivision; 260C.515, subdivision 3; 260C.605,

1.38 subdivision 1; 260C.607, subdivision 6; 260C.609; 260C.615; 260D.01; 260D.02,

subdivisions 3, 5, 10, 11, by adding subdivisions; 260D.03; 260D.04; 260D.06; 260D.07; 260D.08; 260D.09; 477A.0126, subdivisions 5, 7; 518.005, subdivision 5, by adding a subdivision; 518A.53, subdivision 11; 518A.68; 518A.685; 628.26; Minnesota Statutes 2019 Supplement, sections 245.4889, subdivision 1; 245A.03, subdivision 7; 245A.149; 245A.18, subdivision 2; 245A.40, subdivision 7; 245C.15, subdivision 3; 254A.03, subdivision 3; 254B.05, subdivision 1; 256B.056, subdivision 7a; 256B.0625, subdivision 43; 256B.064, subdivisions 1a, 2; 256I.04, subdivision 2b; 256R.02, subdivision 19; 256R.26, subdivision 1; 260C.007, subdivision 22a; 260C.212, subdivision 2; 260C.503, subdivision 1; 477A.03, subdivision 2b; Laws 2014, chapter 150, article 4, section 6; proposing coding for new law in Minnesota Statutes, chapters 245A; 256K; 260; 260D; 518A; 609; repealing Minnesota Statutes 2018, sections 62U.15, subdivision 2; 245A.144; 245A.175; 245F.02, subdivision 20; 256B.057, subdivision 8; 256B.0752; 256D.051, subdivisions 1, 1a, 2, 2a, 3, 3a, 3b, 6c, 7, 8, 9, 18; 256D.052, subdivision 3; 256L.04, subdivision 13; 256R.08, subdivision 2; 256R.49; Minnesota Statutes 2019 Supplement, section 256D.051, subdivision 6b; Minnesota Rules, parts 2960.3070; 2960.3210; 9505.0275; 9505.1693; 9505.1696, subparts 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22; 9505.1699; 9505.1701; 9505.1703; 9505.1706; 9505.1712; 9505.1715; 9505.1718; 9505.1724; 9505.1727; 9505.1730; 9505.1733; 9505.1736; 9505.1739; 9505.1742; 9505.1745; 9505.1748.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

ARTICLE 1

CHILDREN AND FAMILY SERVICES

Section 1. Minnesota Statutes 2018, section 119B.21, is amended to read:

119B.21 CHILD CARE SERVICES GRANTS.

Subdivision 1. **Distribution of grant funds.** (a) The commissioner shall distribute funds to the child care resource and referral programs designated under ~~section~~ sections 119B.189 and 119B.19, subdivision 1a, for child care services grants to ~~centers under subdivision 5 and family child care programs based upon the following factors~~ improve child care quality, support start-up of new programs, and expand existing programs.

(b) Up to ten percent of funds appropriated for grants under this section may be used by the commissioner for statewide child care development initiatives, training initiatives, collaboration programs, and research and data collection. The commissioner shall develop eligibility guidelines and a process to distribute funds under this paragraph.

(c) At least 90 percent of funds appropriated for grants under this section may be distributed by the commissioner to child care resource and referral programs under ~~section~~ sections 119B.189 and 119B.19, subdivision 1a, ~~for child care center grants and family child care grants~~ based on the following factors:

(1) the number of children under 13 years of age needing child care in the region;

(2) the region served by the program;

3.1 (3) the ratio of children under 13 years of age needing child care to the number of licensed
3.2 spaces in the region;

3.3 (4) the number of licensed child care providers and school-age care programs in the
3.4 region; and

3.5 (5) other related factors determined by the commissioner.

3.6 (d) Child care resource and referral programs must award child care ~~center grants and~~
3.7 ~~family child care~~ services grants based on the recommendation of the child care district
3.8 proposal review committees under subdivision 3.

3.9 (e) The commissioner may distribute funds under this section for a two-year period.

3.10 Subd. 1a. **Eligible programs.** A child care resource and referral program designated
3.11 under section 119B.19, subdivision 1a, may award child care services grants to:

3.12 (1) a child care center licensed under Minnesota Rules, chapter 9503, or in the process
3.13 of becoming licensed;

3.14 (2) a family or group family child care home licensed under Minnesota Rules, chapter
3.15 9502, or in the process of becoming licensed;

3.16 (3) corporations or public agencies that develop or provide child care services;

3.17 (4) a school-age care program;

3.18 (5) a tribally licensed child care program;

3.19 (6) legal nonlicensed or family, friend, and neighbor child care providers; or

3.20 (7) other programs as determined by the commissioner.

3.21 Subd. 3. **Child care district proposal review committees.** (a) Child care district proposal
3.22 review committees review applications for ~~family child care grants and child care center~~
3.23 ~~services~~ grants under this section and make funding recommendations to the child care
3.24 resource and referral program designated under ~~section~~ sections 119B.189 and 119B.19,
3.25 subdivision 1a. Each region within a district must be represented on the review committee.
3.26 The child care district proposal review committees must complete their reviews and forward
3.27 their recommendations to the child care resource and referral district programs by the date
3.28 specified by the commissioner.

3.29 (b) A child care resource and referral district program shall establish a process to select
3.30 members of the child care district proposal review committee. Members must reflect a broad
3.31 cross-section of the community, and may include the following constituent groups: family

child care providers, child care center providers, school-age care providers, parents who use child care services, health services, social services, public schools, Head Start, employers, representatives of cultural and ethnic communities, and other citizens with demonstrated interest in child care issues. Members of the proposal review committee with a direct financial interest in a pending grant proposal may not provide a recommendation or participate in the ranking of that grant proposal.

(c) The child care resource and referral district program may ~~reimburse committee members for their actual travel, child care, and child care provider substitute expenses for up to two committee meetings per year. The program may also pay~~ offer a stipend to ~~parent representatives~~ proposal review committee members for participating in ~~two meetings per year~~ the grant review process.

Subd. 5. **Child care services grants.** (a) A child care resource and referral program designated under ~~section~~ sections 119B.189 and 119B.19, subdivision 1a, may award child care services grants for:

(1) creating new licensed child care facilities and expanding existing facilities, including, but not limited to, supplies, equipment, facility renovation, and remodeling;

(2) ~~improving licensed child care facility programs~~ facility improvements, including but not limited to improvements to meet licensing requirements;

(3) staff training and development services including, but not limited to, in-service training, curriculum development, accreditation, certification, consulting, resource centers, program and resource materials, supporting effective teacher-child interactions, child-focused teaching, and content-driven classroom instruction;

(4) capacity building through the purchase of appropriate technology to create, enhance, and maintain business management systems;

(5) emergency assistance for child care programs;

(6) new programs or projects for the creation, expansion, or improvement of programs that serve ethnic immigrant and refugee communities; ~~and~~

(7) targeted recruitment initiatives to expand and build the capacity of the child care system and to improve the quality of care provided by legal nonlicensed child care providers; and

(8) other uses as approved by the commissioner.

(b) A child care resource and referral organization designated under ~~section~~ sections 119B.189 and 119B.19, subdivision 1a, may award child care services grants of up to \$1,000 to family child care providers. ~~These grants may be used for:~~ eligible programs in amounts up to a maximum determined by the commissioner for each type of eligible program.

~~(1) facility improvements, including, but not limited to, improvements to meet licensing requirements;~~

~~(2) improvements to expand a child care facility or program;~~

~~(3) toys and equipment;~~

~~(4) technology and software to create, enhance, and maintain business management systems;~~

~~(5) start-up costs;~~

~~(6) staff training and development; and~~

~~(7) other uses approved by the commissioner.~~

~~(c) A child care resource and referral program designated under section 119B.19, subdivision 1a, may award child care services grants to:~~

~~(1) licensed providers;~~

~~(2) providers in the process of being licensed;~~

~~(3) corporations or public agencies that develop or provide child care services;~~

~~(4) school-age care programs;~~

~~(5) legal nonlicensed or family, friend, and neighbor care providers; or~~

~~(6) any combination of clauses (1) to (5).~~

~~(d) A child care center that is a recipient of a child care services grant for facility improvements or staff training and development must provide a 25 percent local match. A local match is not required for grants to family child care providers.~~

~~(e) Beginning July 1, 2009, grants to child care centers under this subdivision shall be increasingly awarded for activities that improve provider quality, including activities under paragraph (a), clauses (1) to (3) and (6). Grants to family child care providers shall be increasingly awarded for activities that improve provider quality, including activities under paragraph (b), clauses (1), (3), and (6).~~

Sec. 2. Minnesota Statutes 2018, section 119B.26, is amended to read:

119B.26 AUTHORITY TO WAIVE REQUIREMENTS DURING DISASTER PERIODS.

The commissioner may waive requirements under this chapter for up to nine months after the disaster in areas where a federal disaster has been declared under United States Code, title 42, section 5121, et seq., or the governor has exercised authority under chapter 12. The commissioner may waive requirements retroactively from the date of the disaster. The commissioner shall notify the chairs of the house of representatives and senate committees with jurisdiction over this chapter and the house of representatives Ways and Means Committee ~~ten days before the effective date of any waiver granted~~ within five business days after the commissioner grants a waiver under this section.

EFFECTIVE DATE. This section is effective July 1, 2020.

Sec. 3. Minnesota Statutes 2018, section 144.216, is amended by adding a subdivision to read:

Subd. 3. Reporting safe place newborn births. A hospital that receives a safe place newborn under section 145.902 shall report the birth of the newborn to the Office of Vital Records within five days after receiving the newborn. The state registrar must register information about the safe place newborn according to part 4601.0600, subpart 4, item C.

EFFECTIVE DATE. This section is effective August 1, 2020.

Sec. 4. Minnesota Statutes 2018, section 144.216, is amended by adding a subdivision to read:

Subd. 4. Status of safe place birth registrations. (a) Information about the safe place newborn registered under subdivision 3 shall constitute the record of birth for the child. The record is confidential data on individuals as defined in section 13.02, subdivision 3. Information on the birth record or a birth certificate issued from the birth record shall be disclosed only to the responsible social services agency as defined in section 260C.007, subdivision 27a, or pursuant to court order.

(b) Pursuant to section 144.218, subdivision 6, if the safe place newborn was born in a hospital and it is known that a record of birth was registered, the Office of Vital Records shall replace the original birth record registered under section 144.215.

EFFECTIVE DATE. This section is effective August 1, 2020.

7.1 Sec. 5. Minnesota Statutes 2018, section 144.218, is amended by adding a subdivision to
7.2 read:

7.3 Subd. 6. **Safe place newborns.** If a hospital receives a safe place newborn under section
7.4 145.902 and it is known that a record of birth was registered, the hospital shall report the
7.5 newborn to the Office of Vital Records and identify the birth record. The state registrar
7.6 shall issue a replacement birth record free of information that identifies a parent. The prior
7.7 vital record is confidential data on individuals as defined in section 13.02, subdivision 3,
7.8 and shall not be disclosed except pursuant to court order.

7.9 **EFFECTIVE DATE.** This section is effective August 1, 2020.

7.10 Sec. 6. Minnesota Statutes 2018, section 144.226, subdivision 1, is amended to read:

7.11 Subdivision 1. **Which services are for fee.** (a) The fees for the following services shall
7.12 be the following or an amount prescribed by rule of the commissioner:

7.13 (b) The fee for the administrative review and processing of a request for a certified vital
7.14 record or a certification that the vital record cannot be found is \$9. The fee is payable at the
7.15 time of application and is nonrefundable.

7.16 (c) The fee for processing a request for the replacement of a birth record for all events,
7.17 except for safe place newborns pursuant to section 144.218, subdivision 6, and when filing
7.18 a recognition of parentage pursuant to section 257.73, subdivision 1, is \$40. The fee is
7.19 payable at the time of application and is nonrefundable.

7.20 (d) The fee for administrative review and processing of a request for the filing of a
7.21 delayed registration of birth, stillbirth, or death is \$40. The fee is payable at the time of
7.22 application and is nonrefundable.

7.23 (e) The fee for administrative review and processing of a request for the amendment of
7.24 any vital record is \$40. The fee is payable at the time of application and is nonrefundable.

7.25 (f) The fee for administrative review and processing of a request for the verification of
7.26 information from vital records is \$9 when the applicant furnishes the specific information
7.27 to locate the vital record. When the applicant does not furnish specific information, the fee
7.28 is \$20 per hour for staff time expended. Specific information includes the correct date of
7.29 the event and the correct name of the subject of the record. Fees charged shall approximate
7.30 the costs incurred in searching and copying the vital records. The fee is payable at the time
7.31 of application and is nonrefundable.

(g) The fee for administrative review and processing of a request for the issuance of a copy of any document on file pertaining to a vital record or statement that a related document cannot be found is \$9. The fee is payable at the time of application and is nonrefundable.

EFFECTIVE DATE. This section is effective August 1, 2020.

Sec. 7. Minnesota Statutes 2018, section 145.902, is amended to read:

145.902 GIVE LIFE A CHANCE; SAFE PLACE FOR NEWBORNS DUTIES; IMMUNITY.

Subdivision 1. **General.** (a) For purposes of this section, a "safe place" means a hospital licensed under sections 144.50 to 144.56, including the hospital where the newborn was born, a health care provider who provides urgent care medical services, or an ambulance service licensed under chapter 144E dispatched in response to a 911 call from a mother or a person with the mother's permission to relinquish a newborn infant.

(b) A safe place shall receive a newborn left with an employee on the premises of the safe place during its hours of operation, provided that:

(1) the newborn was born within seven days of being left at the safe place, as determined within a reasonable degree of medical certainty; and

(2) the newborn is left in an unharmed condition.

(c) The safe place must not inquire as to the identity of the mother or the person leaving the newborn or call the police, provided the newborn is unharmed when presented to the hospital. The safe place may ask the mother or the person leaving the newborn about the medical history of the mother or newborn and if the newborn may have lineage to an Indian tribe and, if known, the name of the tribe but the mother or the person leaving the newborn is not required to provide any information. The safe place may provide the mother or the person leaving the newborn with information about how to contact relevant social service agencies.

(d) A safe place that is a health care provider who provides urgent care medical services shall dial 911, advise the dispatcher that the call is being made from a safe place for newborns, and ask the dispatcher to send an ambulance or take other appropriate action to transport the newborn to a hospital. An ambulance with whom a newborn is left shall transport the newborn to a hospital for care. Hospitals must receive a newborn left with a safe place and make the report as required in subdivision 2.

9.1 Subd. 2. **Reporting.** (a) Within 24 hours of receiving a newborn under this section, the
9.2 hospital must inform the responsible social service agency that a newborn has been left at
9.3 the hospital, but must not do so in the presence of the mother or the person leaving the
9.4 newborn. The hospital must provide necessary care to the newborn pending assumption of
9.5 legal responsibility by the responsible social service agency pursuant to section 260C.139,
9.6 subdivision 5.

9.7 (b) Within five days of receiving a newborn under this section, a hospital shall report
9.8 the newborn pursuant to section 144.216, subdivision 3. If a hospital receives a safe place
9.9 newborn under section 145.902 and it is known that a record of birth was registered because
9.10 the newborn was born at that hospital, the hospital shall report the newborn to the Office
9.11 of Vital Records and identify the birth record. The state registrar shall issue a replacement
9.12 birth record pursuant to section 144.218, subdivision 6.

9.13 Subd. 3. **Immunity.** (a) A safe place with responsibility for performing duties under
9.14 this section, and any hospital, employee, doctor, ambulance personnel, or other medical
9.15 professional working at the safe place, are immune from any criminal liability that otherwise
9.16 might result from their actions, if they are acting in good faith in receiving a newborn, and
9.17 are immune from any civil liability or administrative penalty that otherwise might result
9.18 from merely receiving a newborn.

9.19 (b) A safe place performing duties under this section, or an employee, doctor, ambulance
9.20 personnel, or other medical professional working at the safe place who is a mandated reporter
9.21 under section 626.556, is immune from any criminal or civil liability that otherwise might
9.22 result from the failure to make a report under that section if the person is acting in good
9.23 faith in complying with this section.

9.24 **EFFECTIVE DATE.** This section is effective August 1, 2020.

9.25 Sec. 8. Minnesota Statutes 2018, section 245.4871, is amended by adding a subdivision
9.26 to read:

9.27 Subd. 32a. **Responsible social service agency.** "Responsible social service agency" has
9.28 the meaning given in section 260C.007, subdivision 27b.

9.29 Sec. 9. Minnesota Statutes 2018, section 245.4885, subdivision 1, is amended to read:

9.30 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the
9.31 case of an emergency admission, all children referred for treatment of severe emotional
9.32 disturbance in a treatment foster care setting, residential treatment facility, or informally

admitted to a regional treatment center shall undergo an assessment to determine the appropriate level of care if public funds are used to pay for the services.

(b) ~~The county board shall determine the appropriate level of care when county-controlled funds are used to pay for the services.~~ When a responsible social service agency will have or has placement responsibility under chapter 260C or 260D for a child to receive treatment for an emotional disturbance in a residential treatment facility out of state or in state and licensed by the commissioner of human services under chapter 245A, the juvenile treatment screening team shall conduct screenings and make recommendations for residential treatment as defined in section 260C.157. When a social service agency does not have responsibility for the child's placement and the child is enrolled in a prepaid health program under section 256B.69, the enrolled child's contracted health plan must determine the appropriate level of care. When Indian Health Services funds or funds of a tribally owned facility funded under the Indian Self-Determination and Education Assistance Act, Public Law 93-638, are to be used, the Indian Health Services or 638 tribal health facility must determine the appropriate level of care. When more than one entity bears responsibility for coverage, the entities shall coordinate level of care determination activities to the extent possible.

(c) The level of care determination shall inform the juvenile treatment screening team and be made available to the assessment process in section 260D.03. When a responsible social service agency is not involved in a determination of placement, the level of care determination shall determine whether the proposed treatment:

(1) is necessary;

(2) is appropriate to the child's individual treatment needs;

(3) cannot be effectively provided in the child's home; and

(4) provides a length of stay as short as possible consistent with the individual child's need.

(d) When a level of care determination is conducted, the responsible social service agency or other entity may not determine that a screening or other referral or admission to a treatment foster care setting or residential treatment facility is not appropriate solely because services were not first provided to the child in a less restrictive setting and the child failed to make progress toward or meet treatment goals in the less restrictive setting. The level of care determination must be based on a diagnostic assessment that includes a functional assessment which evaluates family, school, and community living situations; and an assessment of the child's need for care out of the home using a validated tool which assesses a child's functional status and assigns an appropriate level of care. The validated tool must be approved by the

commissioner of human services. If a diagnostic assessment including a functional assessment has been completed by a mental health professional within the past 180 days, a new diagnostic assessment need not be completed unless in the opinion of the current treating mental health professional the child's mental health status has changed markedly since the assessment was completed. The child's parent shall be notified if an assessment will not be completed and of the reasons. A copy of the notice shall be placed in the child's file. Recommendations developed as part of the level of care determination process shall include specific community services needed by the child and, if appropriate, the child's family, and shall indicate whether or not these services are available and accessible to the child and family.

(e) During the level of care determination process, the child, child's family, or child's legal representative, as appropriate, must be informed of the child's eligibility for case management services and family community support services and that an individual family community support plan is being developed by the case manager, if assigned.

(f) ~~The level of care determination shall comply with section 260C.212. The parent shall be consulted in the process, unless clinically detrimental to the child.~~ When the responsible social service agency has placement authority, the agency must engage parents in case planning, consistent with section 260C.212, subdivisions 1 and 1a, unless a court terminates parental rights or court orders restrict the parent's participation in case planning, visitation, or parental responsibilities.

(g) The level of care determination, and placement decision, and recommendations for mental health services must be documented in the child's record as required in chapters 260C and 260D.

Sec. 10. Minnesota Statutes 2018, section 256.0112, subdivision 10, is amended to read:

Subd. 10. **Contracts for child foster care services.** When local agencies negotiate lead county contracts or purchase of service contracts for child foster care services, the foster care maintenance payment made on behalf of the child shall follow the provisions of Northstar Care for Children, chapter 256N. Foster care maintenance payments as defined in section 256N.02, subdivision 15, represent costs for activities similar in nature to those expected of parents and do not cover services rendered by the licensed or tribally approved foster parent, ~~facility,~~ or administrative costs or fees. Payments made to foster parents must follow the requirements of section 256N.26, subdivision 15. The legally responsible agency must provide foster parents with the assessment and notice as specified in section 256N.24. The financially responsible agency is permitted to make additional payments for specific

12.1 services provided by the foster parents ~~or facility~~, as permitted in section 256N.21,
12.2 subdivision 5. These additional payments are not considered foster care maintenance.

12.3 Sec. 11. Minnesota Statutes 2018, section 256.82, subdivision 2, is amended to read:

12.4 Subd. 2. **Foster care maintenance payments.** (a) For the purpose of foster care
12.5 maintenance payments under title IV-E of the Social Security Act, United States Code, title
12.6 42, sections 670 to 676, the county or American Indian child welfare initiative tribes under
12.7 section 256.01, subdivision 14b, paying the maintenance costs must be reimbursed for the
12.8 costs from the federal money available for the purpose. Beginning July 1, 1997, for the
12.9 purposes of determining a child's eligibility under title IV-E of the Social Security Act, the
12.10 placing agency shall use AFDC requirements in effect on July 16, 1996.

12.11 (b) For the purpose of foster care maintenance payments under title IV-E of the Social
12.12 Security Act, United States Code, title 42, sections 670 to 676, the state is responsible to
12.13 approve child care institutions for the county paying these costs to be reimbursed from the
12.14 federal money available for such purpose. The facility must be licensed by the state or
12.15 approved or licensed by a tribe.

12.16 Sec. 12. Minnesota Statutes 2018, section 256.87, subdivision 8, is amended to read:

12.17 Subd. 8. **Disclosure prohibited.** ~~Notwithstanding statutory or other authorization for~~
12.18 ~~The public authority to~~ shall not release private data on the location of a party to the action;
12.19 ~~information on the location of one party may not be released to the other party by the public~~
12.20 ~~authority or the joint child if:~~

12.21 (1) the public authority has knowledge that a one party is currently subject to an active
12.22 protective order with respect to the other party has been entered or the joint child and the
12.23 protected party or guardian of the joint child has not authorized disclosure; or

12.24 (2) the public authority has reason to believe that the release of the information may
12.25 result in physical or emotional harm to ~~the other~~ a party or the joint child.

12.26 Sec. 13. Minnesota Statutes 2018, section 256.87, is amended by adding a subdivision to
12.27 read:

12.28 Subd. 8a. **Disclosure to court; requirement to seal addresses.** The court shall not
12.29 disclose the party's or child's address if the public authority is prohibited from disclosing
12.30 private data pursuant to subdivision 8 on the location of a party or joint child, but the public
12.31 authority must release address information to the court for purposes of establishing,

13.1 modifying, or enforcing support. The address shall be filed on a separate court document
13.2 and shall not be accessible to the public or the other parties on the case.

13.3 Sec. 14. Minnesota Statutes 2018, section 256B.092, is amended by adding a subdivision
13.4 to read:

13.5 Subd. 4e. **Children with developmental disabilities in out-of-home placement.** (a)
13.6 When a responsible social service agency as defined in section 260C.007, subdivision 27a,
13.7 is considering out-of-home placement for a child with developmental disabilities to access
13.8 services, the agency must either:

13.9 (1) determine that the child's needs may be met in a family foster home and establish
13.10 placement authority through voluntary placement or court order, consistent with chapters
13.11 260C or 260D; or

13.12 (2) conduct a screening consistent with section 260C.157 to determine out-of-home
13.13 placement in a qualified residential treatment program and, if placement is recommended,
13.14 initiate the processes in section 260D.03.

13.15 (b) A child cannot be placed out of the child's home without placement authority, except
13.16 for respite services that are for less than 30 days in duration.

13.17 Sec. 15. Minnesota Statutes 2018, section 256D.051, is amended by adding a subdivision
13.18 to read:

13.19 Subd. 20. **SNAP employment and training.** The commissioner shall implement a
13.20 Supplemental Nutrition Assistance Program (SNAP) employment and training program
13.21 that meets the SNAP employment and training participation requirements of the United
13.22 States Department of Agriculture governed by Code of Federal Regulations, title 7, section
13.23 273.7. The commissioner shall operate a SNAP employment and training program in which
13.24 SNAP recipients elect to participate. In order to receive SNAP assistance beyond the time
13.25 limit, unless residing in an area covered by a time-limit waiver governed by Code of Federal
13.26 Regulations, title 7, section 273.24, nonexempt SNAP recipients who do not meet federal
13.27 SNAP work requirements must participate in an employment and training program. In
13.28 addition to county and tribal agencies that administer SNAP, the commissioner may contract
13.29 with third-party providers for SNAP employment and training services.

13.30 **EFFECTIVE DATE.** This section is effective August 1, 2020.

14.1 Sec. 16. Minnesota Statutes 2018, section 256D.051, is amended by adding a subdivision
14.2 to read:

14.3 Subd. 21. **County and tribal agency duties.** County or tribal agencies that administer
14.4 SNAP shall inform adult SNAP recipients about employment and training services and
14.5 providers in the recipient's area. County or tribal agencies that administer SNAP may elect
14.6 to subcontract with a public or private entity approved by the commissioner to provide
14.7 SNAP employment and training services.

14.8 **EFFECTIVE DATE.** This section is effective August 1, 2020.

14.9 Sec. 17. Minnesota Statutes 2018, section 256D.051, is amended by adding a subdivision
14.10 to read:

14.11 Subd. 22. **Duties of commissioner.** In addition to any other duties imposed by law, the
14.12 commissioner shall:

14.13 (1) supervise the administration of SNAP employment and training services to county,
14.14 tribal, and contracted agencies under this section and Code of Federal Regulations, title 7,
14.15 section 273.7;

14.16 (2) disburse money allocated and reimbursed for SNAP employment and training services
14.17 to county, tribal, and contracted agencies;

14.18 (3) accept and supervise the disbursement of any funds that may be provided by the
14.19 federal government or other sources for SNAP employment and training services;

14.20 (4) cooperate with other agencies, including any federal agency or agency of another
14.21 state, in all matters concerning the powers and duties of the commissioner under this section;

14.22 (5) coordinate with the commissioner of employment and economic development to
14.23 deliver employment and training services statewide;

14.24 (6) work in partnership with counties, tribes, and other agencies to enhance the reach
14.25 and services of a statewide SNAP employment and training program; and

14.26 (7) identify eligible nonfederal funds to earn federal reimbursement for SNAP
14.27 employment and training services.

14.28 **EFFECTIVE DATE.** This section is effective August 1, 2020.

15.1 Sec. 18. Minnesota Statutes 2018, section 256D.051, is amended by adding a subdivision
15.2 to read:

15.3 Subd. 23. **Participant duties.** Unless residing in an area covered by a time-limit waiver,
15.4 nonexempt SNAP recipients must meet federal SNAP work requirements to receive SNAP
15.5 assistance beyond the time limit.

15.6 **EFFECTIVE DATE.** This section is effective August 1, 2020.

15.7 Sec. 19. Minnesota Statutes 2018, section 256D.051, is amended by adding a subdivision
15.8 to read:

15.9 Subd. 24. **Program funding.** (a) The United States Department of Agriculture annually
15.10 allocates SNAP employment and training funds and authorizes SNAP employment and
15.11 training reimbursement funds to the commissioner of human services for the operation of
15.12 the SNAP employment and training program.

15.13 (b) Except for funds allocated for state program development and administrative purposes,
15.14 the federal SNAP employment and training allocation shall be disbursed to counties and
15.15 tribes that administer SNAP based on a formula determined by the commissioner that
15.16 includes but is not limited to the county or tribe's proportion of adult SNAP recipients as
15.17 compared to the statewide total.

15.18 (c) Federal funds received as reimbursement for SNAP employment and training costs
15.19 must be paid to the state agency, county, tribe, or contracted agency that incurred the costs
15.20 being reimbursed.

15.21 (d) The commissioner may reallocate unexpended money disbursed under this section
15.22 to those county, tribal, or contracted agencies that demonstrate a need for additional funds.

15.23 **EFFECTIVE DATE.** This section is effective August 1, 2020.

15.24 Sec. 20. **[256K.451] MINOR CONSENT TO HOMELESS AND SEXUALLY**
15.25 **EXPLOITED YOUTH SERVICES.**

15.26 Any minor living separate and apart from a parent or legal guardian may give consent
15.27 to receive homeless youth services and services for sexually exploited youth. This does not
15.28 affect a parent's or guardian's legal custody.

15.29 Sec. 21. Minnesota Statutes 2018, section 256N.02, subdivision 14a, is amended to read:

15.30 Subd. 14a. **Licensed child foster parent.** "Licensed child foster parent" means ~~a person~~
15.31 an individual or family who is licensed for child foster care under Minnesota Rules, ~~parts~~

16.1 ~~2960.3000 to 2960.3340~~ chapter 2960, excluding foster residence settings licensed under
16.2 parts 2690.3200 to 2960.3230, or licensed or approved by a Minnesota tribe in accordance
16.3 with tribal standards, in which the approved or licensed individual or family resides with
16.4 the foster child.

16.5 Sec. 22. Minnesota Statutes 2018, section 256N.02, subdivision 16, is amended to read:

16.6 Subd. 16. **Permanent legal and physical custody.** "Permanent legal and physical
16.7 custody" means: (1) a full transfer of permanent legal and physical custody ordered by a
16.8 Minnesota juvenile court under section 260C.515, subdivision 4, to a relative ~~ordered by a~~
16.9 ~~Minnesota juvenile court under section 260C.515, subdivision 4,~~ who is not a parent as
16.10 defined in section 260C.007, subdivision 25; or (2) for a child under jurisdiction of a tribal
16.11 court, a judicial determination under a similar provision in tribal code which means that a
16.12 relative will assume the duty and authority to provide care, control, and protection of a child
16.13 who is residing in foster care, and to make decisions regarding the child's education, health
16.14 care, and general welfare until adulthood. For purposes of establishing eligibility for Northstar
16.15 kinship assistance, permanent legal and physical custody shall not include joint legal custody,
16.16 joint physical custody, or joint legal and joint physical custody between a child's parent and
16.17 relative custodian.

16.18 Sec. 23. Minnesota Statutes 2018, section 256N.02, subdivision 17, is amended to read:

16.19 Subd. 17. **Reassessment.** "Reassessment" means an update of a previous assessment
16.20 through the process under section 256N.24 for a child who has been continuously eligible
16.21 for Northstar Care for Children, or when a child identified as an at-risk child (Level A)
16.22 under ~~guardianship or~~ adoption assistance has manifested the disability upon which eligibility
16.23 for the agreement was based according to section 256N.25, subdivision 3, paragraph (b).
16.24 A reassessment may be used to update an initial assessment, a special assessment, or a
16.25 previous reassessment.

16.26 Sec. 24. Minnesota Statutes 2018, section 256N.21, subdivision 2, is amended to read:

16.27 Subd. 2. **Placement in foster care.** To be eligible for foster care benefits under this
16.28 section, the child must be in placement away from the child's legal parent, guardian, or
16.29 Indian custodian as defined in section 260.755, subdivision 10, and must meet one of the
16.30 criteria in clause (1) and either clause (2) or (3):

16.31 (1) the legally responsible agency must have placement authority to place the child with:
16.32 (i) a voluntary placement agreement or a court order, consistent with sections 260B.198,

17.1 260C.001, and 260D.01, or consistent with section 260C.451 for a child 18 years old or
17.2 older and under age 21 who maintains eligibility for foster care; or (ii) a voluntary placement
17.3 agreement or court order by a Minnesota tribe that is consistent with United States Code,
17.4 title 42, section 672(a)(2); and

17.5 (2) the child is placed with a licensed child foster parent who resides with the child; or

17.6 (3) the child is placed in one of the following unlicensed child foster care settings:

17.7 (i) an emergency relative placement under tribal licensing regulations or section
17.8 245A.035, with the legally responsible agency ensuring the relative completes the required
17.9 child foster care application process;

17.10 (ii) a licensed adult foster home with an approved age variance under section 245A.16
17.11 for no more than six months, where the license holder resides with the child;

17.12 (iii) for a child 18 years old or older and under age 21 who is eligible for extended foster
17.13 care under section 260C.451, an unlicensed supervised independent living setting approved
17.14 by the agency responsible for the child's care; or

17.15 (iv) a preadoptive placement in a home specified in section 245A.03, subdivision 2,
17.16 paragraph (a), clause (9), with an approved adoption home study and signed adoption
17.17 placement agreement.

17.18 Sec. 25. Minnesota Statutes 2018, section 256N.21, subdivision 5, is amended to read:

17.19 Subd. 5. **Excluded activities.** The basic and supplemental difficulty of care payment
17.20 represents costs for activities similar in nature to those expected of parents, and does not
17.21 cover services rendered by the licensed or tribally approved foster parent, facility, or
17.22 administrative costs or fees. The financially responsible agency may pay an additional fee
17.23 for specific services provided by the licensed foster parent or facility. A foster parent ~~or~~
17.24 ~~residence setting~~ must distinguish such a service from the daily care of the child as assessed
17.25 through the process under section 256N.24.

17.26 Sec. 26. Minnesota Statutes 2018, section 256N.22, subdivision 1, is amended to read:

17.27 Subdivision 1. **General eligibility requirements.** (a) To be eligible for Northstar kinship
17.28 assistance under this section, there must be a judicial determination under section 260C.515,
17.29 subdivision 4, that a transfer of permanent legal and physical custody to a relative who is
17.30 not a parent of the child is in the child's best interest. For a child under jurisdiction of a
17.31 tribal court, a judicial determination under a similar provision in tribal code indicating that
17.32 a relative will assume the duty and authority to provide care, control, and protection of a

18.1 child who is residing in foster care, and to make decisions regarding the child's education,
18.2 health care, and general welfare until adulthood, and that this is in the child's best interest
18.3 is considered equivalent. A child whose parent shares legal, physical, or legal and physical
18.4 custody with a relative custodian is not eligible for Northstar kinship assistance. Additionally,
18.5 a child must:

18.6 (1) have been removed from the child's home pursuant to a voluntary placement
18.7 agreement or court order;

18.8 (2)(i) have resided with the prospective relative custodian who has been a licensed child
18.9 foster parent for at least six consecutive months; or

18.10 (ii) have received from the commissioner an exemption from the requirement in item

18.11 (i) that the prospective relative custodian has been a licensed child foster parent for at least
18.12 six consecutive months, based on a determination that:

18.13 (A) an expedited move to permanency is in the child's best interest;

18.14 (B) expedited permanency cannot be completed without provision of Northstar kinship
18.15 assistance;

18.16 (C) the prospective relative custodian is uniquely qualified to meet the child's needs, as
18.17 defined in section 260C.212, subdivision 2, on a permanent basis;

18.18 (D) the child and prospective relative custodian meet the eligibility requirements of this
18.19 section; and

18.20 (E) efforts were made by the legally responsible agency to place the child with the
18.21 prospective relative custodian as a licensed child foster parent for six consecutive months
18.22 before permanency, or an explanation why these efforts were not in the child's best interests;

18.23 (3) meet the agency determinations regarding permanency requirements in subdivision
18.24 2;

18.25 (4) meet the applicable citizenship and immigration requirements in subdivision 3;

18.26 (5) have been consulted regarding the proposed transfer of permanent legal and physical
18.27 custody to a relative, if the child is at least 14 years of age or is expected to attain 14 years
18.28 of age prior to the transfer of permanent legal and physical custody; and

18.29 (6) have a written, binding agreement under section 256N.25 among the caregiver or
18.30 caregivers, the financially responsible agency, and the commissioner established prior to
18.31 transfer of permanent legal and physical custody.

(b) In addition to the requirements in paragraph (a), the child's prospective relative custodian or custodians must meet the applicable background study requirements in subdivision 4.

(c) To be eligible for title IV-E Northstar kinship assistance, a child must also meet any additional criteria in section 473(d) of the Social Security Act. The sibling of a child who meets the criteria for title IV-E Northstar kinship assistance in section 473(d) of the Social Security Act is eligible for title IV-E Northstar kinship assistance if the child and sibling are placed with the same prospective relative custodian or custodians, and the legally responsible agency, relatives, and commissioner agree on the appropriateness of the arrangement for the sibling. A child who meets all eligibility criteria except those specific to title IV-E Northstar kinship assistance is entitled to Northstar kinship assistance paid through funds other than title IV-E.

Sec. 27. Minnesota Statutes 2018, section 256N.23, subdivision 2, is amended to read:

Subd. 2. **Special needs determination.** (a) A child is considered a child with special needs under this section if the requirements in paragraphs (b) to (g) are met.

(b) There must be a determination that the child must not or should not be returned to the home of the child's parents as evidenced by:

(1) a court-ordered termination of parental rights;

(2) a petition to terminate parental rights;

(3) consent of the parent to adoption accepted by the court under chapter 260C or, in the case of a child receiving Northstar kinship assistance payments under section 256N.22, consent of the parent to adoption accepted by the court under chapter 259;

(4) in circumstances when tribal law permits the child to be adopted without a termination of parental rights, a judicial determination by a tribal court indicating the valid reason why the child cannot or should not return home;

(5) a voluntary relinquishment under section 259.25 ~~or 259.47~~ or, if relinquishment occurred in another state, the applicable laws in that state; or

(6) the death of the legal parent or parents if the child has two legal parents.

(c) There exists a specific factor or condition of which it is reasonable to conclude that the child cannot be placed with adoptive parents without providing adoption assistance as evidenced by:

20.1 (1) a determination by the Social Security Administration that the child meets all medical
20.2 or disability requirements of title XVI of the Social Security Act with respect to eligibility
20.3 for Supplemental Security Income benefits;

20.4 (2) a documented physical, mental, emotional, or behavioral disability not covered under
20.5 clause (1);

20.6 (3) a member of a sibling group being adopted at the same time by the same parent;

20.7 (4) an adoptive placement in the home of a parent who previously adopted a sibling for
20.8 whom they receive adoption assistance; or

20.9 (5) documentation that the child is an at-risk child.

20.10 (d) A reasonable but unsuccessful effort must have been made to place the child with
20.11 adoptive parents without providing adoption assistance as evidenced by:

20.12 (1) a documented search for an appropriate adoptive placement; or

20.13 (2) a determination by the commissioner that a search under clause (1) is not in the best
20.14 interests of the child.

20.15 (e) The requirement for a documented search for an appropriate adoptive placement
20.16 under paragraph (d), including the registration of the child with the state adoption exchange
20.17 and other recruitment methods under paragraph (f), must be waived if:

20.18 (1) the child is being adopted by a relative and it is determined by the child-placing
20.19 agency that adoption by the relative is in the best interests of the child;

20.20 (2) the child is being adopted by a foster parent with whom the child has developed
20.21 significant emotional ties while in the foster parent's care as a foster child and it is determined
20.22 by the child-placing agency that adoption by the foster parent is in the best interests of the
20.23 child; or

20.24 (3) the child is being adopted by a parent that previously adopted a sibling of the child,
20.25 and it is determined by the child-placing agency that adoption by this parent is in the best
20.26 interests of the child.

20.27 For an Indian child covered by the Indian Child Welfare Act, a waiver must not be
20.28 granted unless the child-placing agency has complied with the placement preferences required
20.29 by the Indian Child Welfare Act, United States Code, title 25, section 1915(a).

20.30 (f) To meet the requirement of a documented search for an appropriate adoptive placement
20.31 under paragraph (d), clause (1), the child-placing agency minimally must:

21.1 (1) conduct a relative search as required by section 260C.221 and give consideration to
21.2 placement with a relative, as required by section 260C.212, subdivision 2;

21.3 (2) comply with the placement preferences required by the Indian Child Welfare Act
21.4 when the Indian Child Welfare Act, United States Code, title 25, section 1915(a), applies;

21.5 (3) locate prospective adoptive families by registering the child on the state adoption
21.6 exchange, as required under section 259.75; and

21.7 (4) if registration with the state adoption exchange does not result in the identification
21.8 of an appropriate adoptive placement, the agency must employ additional recruitment
21.9 methods prescribed by the commissioner.

21.10 (g) Once the legally responsible agency has determined that placement with an identified
21.11 parent is in the child's best interests and made full written disclosure about the child's social
21.12 and medical history, the agency must ask the prospective adoptive parent if the prospective
21.13 adoptive parent is willing to adopt the child without receiving adoption assistance under
21.14 this section. If the identified parent is either unwilling or unable to adopt the child without
21.15 adoption assistance, the legally responsible agency must provide documentation as prescribed
21.16 by the commissioner to fulfill the requirement to make a reasonable effort to place the child
21.17 without adoption assistance. If the identified parent is willing to adopt the child without
21.18 adoption assistance, the parent must provide a written statement to this effect to the legally
21.19 responsible agency and the statement must be maintained in the permanent adoption record
21.20 of the legally responsible agency. For children under guardianship of the commissioner,
21.21 the legally responsible agency shall submit a copy of this statement to the commissioner to
21.22 be maintained in the permanent adoption record.

21.23 Sec. 28. Minnesota Statutes 2018, section 256N.23, subdivision 6, is amended to read:

21.24 Subd. 6. **Exclusions.** The commissioner must not enter into an adoption assistance
21.25 agreement with the following individuals:

21.26 (1) a child's biological parent or stepparent;

21.27 (2) a child's relative under section 260C.007, subdivision 26b or 27, with whom the
21.28 child resided immediately prior to child welfare involvement unless:

21.29 (i) the child was in the custody of a Minnesota county or tribal agency pursuant to an
21.30 order under chapter 260C or equivalent provisions of tribal code and the agency had
21.31 placement and care responsibility for permanency planning for the child; and

(ii) the child is under guardianship of the commissioner of human services according to the requirements of section 260C.325, subdivision 1 or 3, or is a ward of a Minnesota tribal court after termination of parental rights, suspension of parental rights, or a finding by the tribal court that the child cannot safely return to the care of the parent;

(3) an individual adopting a child who is the subject of a direct adoptive placement under section 259.47 or the equivalent in tribal code;

(4) a child's legal custodian or guardian who is now adopting the child, except for a relative custodian as defined in section 256N.02, subdivision 19, who is currently receiving Northstar kinship assistance benefits; or

(5) an individual who is adopting a child who is not a citizen or resident of the United States and was either adopted in another country or brought to the United States for the purposes of adoption.

Sec. 29. Minnesota Statutes 2018, section 256N.24, subdivision 1, is amended to read:

Subdivision 1. **Assessment.** (a) Each child eligible under sections 256N.21, 256N.22, and 256N.23, must be assessed to determine the benefits the child may receive under section 256N.26, in accordance with the assessment tool, process, and requirements specified in subdivision 2.

(b) If an agency applies the emergency foster care rate for initial placement under section 256N.26, the agency may wait up to 30 days to complete the initial assessment.

(c) Unless otherwise specified in paragraph (d), a child must be assessed at the basic level, level B, or one of ten supplemental difficulty of care levels, levels C to L.

(d) An assessment must not be completed for:

(1) a child eligible for Northstar kinship assistance ~~under section 256N.22~~ or adoption assistance under section 256N.23 who is determined to be an at-risk child. A child under this clause must be assigned level A under section 256N.26, subdivision 1; and

(2) a child transitioning into Northstar Care for Children under section 256N.28, subdivision 7, unless the commissioner determines an assessment is appropriate.

Sec. 30. Minnesota Statutes 2018, section 256N.24, subdivision 4, is amended to read:

Subd. 4. **Extraordinary levels.** (a) The assessment tool established under subdivision 2 must provide a mechanism through which up to five levels can be added to the supplemental difficulty of care for a particular child under section 256N.26, subdivision 4. In establishing

23.1 the assessment tool, the commissioner must design the tool so that the levels applicable to
23.2 the portions of the assessment other than the extraordinary levels can accommodate the
23.3 requirements of this subdivision.

23.4 (b) These extraordinary levels are available when all of the following circumstances
23.5 apply:

23.6 (1) the child has extraordinary needs as determined by the assessment tool provided for
23.7 under subdivision 2, and the child meets other requirements established by the commissioner,
23.8 such as a minimum score on the assessment tool;

23.9 (2) the child's extraordinary needs require extraordinary care and intense supervision
23.10 that is provided by the child's caregiver as part of the parental duties as described in the
23.11 supplemental difficulty of care rate, section 256N.02, subdivision 21. This extraordinary
23.12 care provided by the caregiver is required so that the child can be safely cared for in the
23.13 home and community, and prevents residential placement;

23.14 (3) the child is physically living in a foster family setting, as defined in Minnesota Rules,
23.15 part 2960.3010, subpart 23, ~~in a foster residence setting~~, or physically living in the home
23.16 with the adoptive parent or relative custodian; and

23.17 (4) the child is receiving the services for which the child is eligible through medical
23.18 assistance programs or other programs that provide necessary services for children with
23.19 disabilities or other medical and behavioral conditions to live with the child's family, but
23.20 the agency with caregiver's input has identified a specific support gap that cannot be met
23.21 through home and community support waivers or other programs that are designed to provide
23.22 support for children with special needs.

23.23 (c) The agency completing an assessment, under subdivision 2, that suggests an
23.24 extraordinary level must document as part of the assessment, the following:

23.25 (1) the assessment tool that determined that the child's needs or disabilities require
23.26 extraordinary care and intense supervision;

23.27 (2) a summary of the extraordinary care and intense supervision that is provided by the
23.28 caregiver as part of the parental duties as described in the supplemental difficulty of care
23.29 rate, section 256N.02, subdivision 21;

23.30 (3) confirmation that the child is currently physically residing in the foster family setting
23.31 or in the home with the adoptive parent or relative custodian;

23.32 (4) the efforts of the agency, caregiver, parents, and others to request support services
23.33 in the home and community that would ease the degree of parental duties provided by the

24.1 caregiver for the care and supervision of the child. This would include documentation of
24.2 the services provided for the child's needs or disabilities, and the services that were denied
24.3 or not available from the local social service agency, community agency, the local school
24.4 district, local public health department, the parent, or child's medical insurance provider;

24.5 (5) the specific support gap identified that places the child's safety and well-being at risk
24.6 in the home or community and is necessary to prevent residential placement; and

24.7 (6) the extraordinary care and intense supervision provided by the foster, adoptive, or
24.8 guardianship caregivers to maintain the child safely in the child's home and prevent residential
24.9 placement that cannot be supported by medical assistance or other programs that provide
24.10 services, necessary care for children with disabilities, or other medical or behavioral
24.11 conditions in the home or community.

24.12 (d) An agency completing an assessment under subdivision 2 that suggests an
24.13 extraordinary level is appropriate must forward the assessment and required documentation
24.14 to the commissioner. If the commissioner approves, the extraordinary levels must be
24.15 retroactive to the date the assessment was forwarded.

24.16 Sec. 31. Minnesota Statutes 2018, section 256N.24, subdivision 8, is amended to read:

24.17 Subd. 8. **Completing the special assessment.** (a) The special assessment must be
24.18 completed in consultation with the child's caregiver. Face-to-face contact with the caregiver
24.19 is not required to complete the special assessment.

24.20 (b) If a new special assessment is required prior to the effective date of the Northstar
24.21 kinship assistance agreement, it must be completed by the financially responsible agency,
24.22 in consultation with the legally responsible agency if different. If the prospective relative
24.23 custodian is unable or unwilling to cooperate with the special assessment process, the child
24.24 shall be assigned the basic level, level B under section 256N.26, subdivision 3, ~~unless the~~
24.25 ~~child is known to be an at-risk child, in which case, the child shall be assigned level A under~~
24.26 ~~section 256N.26, subdivision 1.~~

24.27 (c) If a special assessment is required prior to the effective date of the adoption assistance
24.28 agreement, it must be completed by the financially responsible agency, in consultation with
24.29 the legally responsible agency if different. If there is no financially responsible agency, the
24.30 special assessment must be completed by the agency designated by the commissioner. If
24.31 the prospective adoptive parent is unable or unwilling to cooperate with the special
24.32 assessment process, the child must be assigned the basic level, level B under section 256N.26,

25.1 subdivision 3, unless the child is known to be an at-risk child, in which case, the child shall
25.2 be assigned level A under section 256N.26, subdivision 1.

25.3 (d) Notice to the prospective relative custodians or prospective adoptive parents must
25.4 be provided as specified in subdivision 13.

25.5 Sec. 32. Minnesota Statutes 2018, section 256N.24, subdivision 11, is amended to read:

25.6 Subd. 11. **Completion of reassessment.** (a) The reassessment must be completed in
25.7 consultation with the child's caregiver. Face-to-face contact with the caregiver is not required
25.8 to complete the reassessment.

25.9 (b) For foster children eligible under section 256N.21, reassessments must be completed
25.10 by the financially responsible agency, in consultation with the legally responsible agency
25.11 if different.

25.12 (c) If reassessment is required after the effective date of the Northstar kinship assistance
25.13 agreement, the reassessment must be completed by the financially responsible agency.

25.14 (d) If a reassessment is required after the effective date of the adoption assistance
25.15 agreement, it must be completed by the financially responsible agency or, if there is no
25.16 financially responsible agency, the agency designated by the commissioner.

25.17 (e) If the child's caregiver is unable or unwilling to cooperate with the reassessment, the
25.18 child must be assessed at level B under section 256N.26, subdivision 3, unless the child has
25.19 ~~an a Northstar adoption assistance or Northstar kinship assistance~~ agreement in place and
25.20 is known to be an at-risk child, in which case the child must be assessed at level A under
25.21 section 256N.26, subdivision 1.

25.22 Sec. 33. Minnesota Statutes 2018, section 256N.24, subdivision 12, is amended to read:

25.23 Subd. 12. **Approval of initial assessments, special assessments, and reassessments.** (a)
25.24 Any agency completing initial assessments, special assessments, or reassessments must
25.25 designate one or more supervisors or other staff to examine and approve assessments
25.26 completed by others in the agency under subdivision 2. The person approving an assessment
25.27 must not be the case manager or staff member completing that assessment.

25.28 (b) In cases where a special assessment or reassessment for ~~guardian~~ Northstar kinship
25.29 assistance and adoption assistance is required under subdivision 8 or 11, the commissioner
25.30 shall review and approve the assessment as part of the eligibility determination process
25.31 outlined in section 256N.22, subdivision 7, for Northstar kinship assistance, or section

26.1 256N.23, subdivision 7, for adoption assistance. The assessment determines the maximum
26.2 for the negotiated agreement amount under section 256N.25.

26.3 (c) The new rate is effective the calendar month that the assessment is approved, or the
26.4 effective date of the agreement, whichever is later.

26.5 Sec. 34. Minnesota Statutes 2018, section 256N.24, subdivision 14, is amended to read:

26.6 Subd. 14. **Assessment tool determines rate of benefits.** The assessment tool established
26.7 by the commissioner in subdivision 2 determines the monthly benefit level for children in
26.8 foster care. The monthly payment for ~~guardian~~ Northstar kinship assistance or adoption
26.9 assistance may be negotiated up to the monthly benefit level under foster care for those
26.10 children eligible for a payment under section 256N.26, subdivision 1.

26.11 Sec. 35. Minnesota Statutes 2018, section 257.70, is amended to read:

26.12 **257.70 HEARINGS AND RECORDS; CONFIDENTIALITY.**

26.13 (a) Notwithstanding any other law concerning public hearings and records, any hearing
26.14 or trial held under sections 257.51 to 257.74 shall be held in closed court without admittance
26.15 of any person other than those necessary to the action or proceeding. All papers and records,
26.16 other than the final judgment, pertaining to the action or proceeding, whether part of the
26.17 permanent record of the court or of a file in the state Department of Human Services or
26.18 elsewhere, are subject to inspection only upon consent of the court and all interested persons,
26.19 or in exceptional cases only upon an order of the court for good cause shown.

26.20 (b) In all actions under this chapter in which public assistance is assigned under section
26.21 256.741 or the public authority provides services to a party or parties to the action,
26.22 ~~notwithstanding statutory or other authorization for the public authority to~~ shall not release
26.23 private data ~~on the location of a party to the action, information on the location of one a~~
26.24 ~~party may not be released by the public authority to the other party to the action or the joint~~
26.25 child if:

26.26 (1) the public authority has knowledge that one party is currently subject to a protective
26.27 order with respect to the other party ~~has been entered~~ or the joint child and the protected
26.28 party or guardian of the joint child has not authorized disclosure; or

26.29 (2) the public authority has reason to believe that the release of the information may
26.30 result in physical or emotional harm to the other party.

26.31 (c) The court shall not disclose the address if the public authority is prohibited from
26.32 disclosing private data pursuant to this section about the location of a party or joint child,

27.1 but the public authority must release address information to the court for purposes of
27.2 establishing, modifying, or enforcing support. The court must file the address on a separate
27.3 court document and the address must not be accessible to the public or to the other parties
27.4 on the case.

27.5 Sec. 36. Minnesota Statutes 2018, section 259.241, is amended to read:

27.6 **259.241 ADULT ADOPTION.**

27.7 (a) Any adult person may be adopted, regardless of the adult person's residence. A
27.8 resident of Minnesota may petition the court of record having jurisdiction of adoption
27.9 proceedings to adopt an individual who has reached the age of 18 years or older.

27.10 (b) The consent of the person to be adopted shall be the only consent necessary, according
27.11 to section 259.24. The consent of an adult in the adult person's own adoption is invalid if
27.12 the adult is considered to be a vulnerable adult under section 626.5572, subdivision 21, or
27.13 if the person consenting to the adoption is determined not competent to give consent.

27.14 (c) Notwithstanding paragraph (b), an individual in extended foster care under section
27.15 260C.451 may consent to their own adoption provided the court of jurisdiction finds the
27.16 individual competent to give consent.

27.17 ~~(e)~~ (d) The decree of adoption establishes a parent-child relationship between the adopting
27.18 parent or parents and the person adopted, including the right to inherit, and also terminates
27.19 the parental rights ~~and sibling relationship~~ between the adopted person and the adopted
27.20 person's birth parents ~~and siblings~~ according to section 259.59.

27.21 ~~(d)~~ (e) If the adopted person requests a change of name, the adoption decree shall order
27.22 the name change.

27.23 Sec. 37. Minnesota Statutes 2018, section 259.35, subdivision 1, is amended to read:

27.24 Subdivision 1. **Parental responsibilities.** Prior to commencing an investigation of the
27.25 suitability of proposed adoptive parents, a child-placing agency shall give the individuals
27.26 the following written notice in all capital letters at least one-eighth inch high:

27.27 "Minnesota Statutes, section 259.59, provides that upon legally adopting a child, adoptive
27.28 parents assume all the rights and responsibilities of birth parents. The responsibilities include
27.29 providing for the child's financial support and caring for health, emotional, and behavioral
27.30 problems. Except for subsidized adoptions under Minnesota Statutes, chapter ~~259A~~ 256N,
27.31 or any other provisions of law that expressly apply to adoptive parents and children, adoptive
27.32 parents are not eligible for state or federal financial subsidies besides those that a birth

28.1 parent would be eligible to receive for a child. Adoptive parents may not terminate their
28.2 parental rights to a legally adopted child for a reason that would not apply to a birth parent
28.3 seeking to terminate rights to a child. An individual who takes guardianship of a child for
28.4 the purpose of adopting the child shall, upon taking guardianship from the child's country
28.5 of origin, assume all the rights and responsibilities of birth and adoptive parents as stated
28.6 in this paragraph."

28.7 Sec. 38. Minnesota Statutes 2018, section 259.53, subdivision 4, is amended to read:

28.8 Subd. 4. **Preadoption residence.** No petition shall be granted under this chapter until
28.9 the child shall have lived three months in the proposed home, subject to a right of visitation
28.10 by the commissioner or an agency or their authorized representatives.

28.11 Sec. 39. Minnesota Statutes 2018, section 259.75, subdivision 5, is amended to read:

28.12 Subd. 5. **Withdrawal of registration.** A child's registration shall be withdrawn when
28.13 the exchange service has been notified in writing by the local social service agency or the
28.14 licensed child-placing agency that the child has been placed in an adoptive home ~~or~~, has
28.15 died, or is no longer under guardianship of the commissioner and is no longer seeking an
28.16 adoptive home.

28.17 Sec. 40. Minnesota Statutes 2018, section 259.75, subdivision 6, is amended to read:

28.18 Subd. 6. **Periodic review of status.** (a) The ~~exchange service~~ commissioner shall
28.19 ~~semiannually check~~ review the state adoption exchange status of listed children for whom
28.20 ~~inquiries have been received.~~, including a child whose registration was withdrawn pursuant
28.21 to subdivision 5. The commissioner may determine that a child who is unregistered, or
28.22 whose registration has been deferred, must be registered and require the authorized
28.23 child-placing agency to register the child with the state adoption exchange within ten working
28.24 days of the commissioner's determination.

28.25 (b) Periodic ~~checks~~ reviews shall be made by the ~~service~~ to determine the progress
28.26 toward adoption of ~~those children and the status of~~ children registered but never listed in
28.27 on the exchange book because of placement in an adoptive home prior to or at the time of
28.28 registration state adoption exchange.

29.1 Sec. 41. Minnesota Statutes 2018, section 259.75, subdivision 9, is amended to read:

29.2 Subd. 9. **Rules; staff.** The commissioner of human services shall make rules as necessary
29.3 to administer this section and shall employ necessary staff to carry out the purposes of this
29.4 section. The commissioner may contract for portions of these services.

29.5 Sec. 42. Minnesota Statutes 2018, section 259.83, subdivision 1a, is amended to read:

29.6 Subd. 1a. **Social and medical history.** (a) If a person aged 19 years and over who was
29.7 adopted on or after August 1, 1994, or the adoptive parent requests the detailed nonidentifying
29.8 social and medical history of the adopted person's birth family that was provided at the time
29.9 of the adoption, agencies must provide the information to the adopted person or adoptive
29.10 parent on the applicable form required under ~~section~~ sections 259.43 and 260C.212,
29.11 subdivision 15.

29.12 (b) If an adopted person aged 19 years and over or the adoptive parent requests the
29.13 agency to contact the adopted person's birth parents to request current nonidentifying social
29.14 and medical history of the adopted person's birth family, agencies must use the applicable
29.15 form required under ~~section~~ sections 259.43 and 260C.212, subdivision 15, when obtaining
29.16 the information for the adopted person or adoptive parent.

29.17 Sec. 43. Minnesota Statutes 2018, section 259A.75, subdivision 1, is amended to read:

29.18 Subdivision 1. **General information.** (a) Subject to the procedures required by the
29.19 commissioner and the provisions of this section, a Minnesota county or tribal agency shall
29.20 receive a reimbursement from the commissioner equal to 100 percent of the reasonable and
29.21 appropriate cost for contracted adoption placement services identified for a specific child
29.22 that are not reimbursed under other federal or state funding sources.

29.23 (b) The commissioner may spend up to \$16,000 for each purchase of service contract.
29.24 Only one contract per child per adoptive placement is permitted. Funds encumbered and
29.25 obligated under the contract for the child remain available until the terms of the contract
29.26 are fulfilled or the contract is terminated.

29.27 (c) The commissioner shall set aside an amount not to exceed five percent of the total
29.28 amount of the fiscal year appropriation from the state for the adoption assistance program
29.29 to reimburse a Minnesota county or tribal social services placing agency for child-specific
29.30 adoption placement services. When adoption assistance payments for children's needs exceed
29.31 95 percent of the total amount of the fiscal year appropriation from the state for the adoption

30.1 assistance program, the amount of reimbursement available to placing agencies for adoption
30.2 services is reduced correspondingly.

30.3 Sec. 44. Minnesota Statutes 2018, section 259A.75, subdivision 2, is amended to read:

30.4 Subd. 2. **Purchase of service contract child eligibility criteria.** (a) A child who is the
30.5 subject of a purchase of service contract must:

30.6 (1) have the goal of adoption, which may include an adoption in accordance with tribal
30.7 law;

30.8 (2) be under the guardianship of the commissioner of human services or be a ward of
30.9 tribal court pursuant to section 260.755, subdivision 20; and

30.10 (3) meet all of the special needs criteria according to section ~~259A.10, subdivision 2~~
30.11 256N.23, subdivision 2.

30.12 ~~(b) A child under the guardianship of the commissioner must have an identified adoptive~~
30.13 ~~parent and a fully executed adoption placement agreement according to section 260C.613,~~
30.14 ~~subdivision 1, paragraph (a).~~

30.15 Sec. 45. Minnesota Statutes 2018, section 259A.75, subdivision 3, is amended to read:

30.16 Subd. 3. **Agency eligibility criteria.** (a) A Minnesota county or tribal social services
30.17 agency shall receive reimbursement for child-specific adoption placement services for an
30.18 eligible child that it purchases from a private adoption agency licensed in Minnesota or any
30.19 other state or tribal social services agency.

30.20 (b) Reimbursement for adoption services is available only for services provided prior
30.21 to the date of the adoption decree.

30.22 Sec. 46. Minnesota Statutes 2018, section 259A.75, subdivision 4, is amended to read:

30.23 Subd. 4. **Application and eligibility determination.** (a) A Minnesota county or tribal
30.24 social services agency may request reimbursement of costs for adoption placement services
30.25 by submitting a complete purchase of service application, according to the requirements
30.26 and procedures and on forms prescribed by the commissioner.

30.27 (b) The commissioner shall determine eligibility for reimbursement of adoption placement
30.28 services. If determined eligible, the commissioner of human services shall sign the purchase
30.29 of service agreement, making this a fully executed contract. No reimbursement under this
30.30 section shall be made to an agency for services provided prior to the fully executed contract.

31.1 (c) Separate purchase of service agreements shall be made, and separate records
31.2 maintained, on each child. Only one agreement per child per adoptive placement is permitted.
31.3 For siblings who are placed together, services shall be planned and provided to best maximize
31.4 efficiency of the contracted hours.

31.5 Sec. 47. **[260.7611] COUNTY AND TRIBAL AGREEMENTS; MALTREATMENT**
31.6 **ASSESSMENTS AND INVESTIGATIONS OF INDIAN CHILDREN.**

31.7 Subdivision 1. **County and tribal agreements for the screening of maltreatment**
31.8 **reports of Indian children.** A tribe and a county may enter into a written agreement that
31.9 transfers responsibility for the screening and initial response to a child maltreatment report
31.10 regarding an Indian child who is a resident of the county where the Indian reservation is
31.11 located, from the county to the tribe. An agreement under this subdivision shall include a
31.12 provision that clarifies whether the county or the tribe is responsible for ongoing case
31.13 management stemming from a child maltreatment report.

31.14 Subd. 2. **Transfer to tribal social service agency.** When a county and tribe do not have
31.15 an agreement under subdivision 1, the local social service agency shall transfer a family
31.16 assessment or investigation, as defined in section 626.556, subdivision 2, regarding an
31.17 Indian child to the tribal social service agency of the Indian child's tribe, if: (1) the Indian
31.18 child's reservation is located within the county; (2) the Indian child's parent, legal guardian,
31.19 Indian custodian, or tribe requested the transfer; and (3) the tribal social service agency of
31.20 the Indian child's tribe agrees to accept the family assessment or investigation. When a
31.21 family assessment or investigation regarding an Indian child is not transferred to the tribal
31.22 social service agency, the family assessment or investigation shall remain the responsibility
31.23 of the local social service agency. Nothing in this section shall alter the county's
31.24 responsibilities for law enforcement or court services.

31.25 Sec. 48. Minnesota Statutes 2019 Supplement, section 260C.007, subdivision 22a, is
31.26 amended to read:

31.27 Subd. 22a. **Licensed residential family-based substance use disorder treatment**
31.28 **program.** "Licensed residential family-based substance use disorder treatment program"
31.29 means a residential treatment facility that provides the parent or guardian with parenting
31.30 skills training, parent education, or individual and family counseling, under an organizational
31.31 structure and treatment framework that involves understanding, recognizing, and responding
31.32 to the effects of all types of trauma according to recognized principles of a trauma-informed
31.33 approach and trauma-specific interventions to address the consequences of trauma and

32.1 facilitate healing. The residential program must be licensed by the Department of Human
 32.2 Services under ~~chapter~~ chapters 245A and ~~sections 245G.01 to 245G.16, 245G.19, and~~
 32.3 ~~245G.21~~ 245G or tribally licensed or approved as a residential substance use disorder
 32.4 treatment program specializing in the treatment of clients with children.

32.5 Sec. 49. Minnesota Statutes 2018, section 260C.007, is amended by adding a subdivision
 32.6 to read:

32.7 Subd. 27b. **Residential treatment facility.** "Residential treatment facility" means a
 32.8 program that provides treatment for children with emotional disturbance, consistent with
 32.9 section 245.4871, subdivision 32, and includes a licensed residential program specializing
 32.10 in caring for children with a developmental delay or related condition. This does not include
 32.11 a psychiatric residential treatment facility, as described in section 256B.0941, or a family
 32.12 foster home as defined in section 260D.02.

32.13 Sec. 50. Minnesota Statutes 2018, section 260C.157, subdivision 3, is amended to read:

32.14 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency
 32.15 shall establish a juvenile treatment screening team to conduct screenings ~~and prepare case~~
 32.16 ~~plans~~ under this chapter, chapter 260D, and section 245.487, subdivision 3, in order for a
 32.17 child to receive treatment for an emotional disturbance, a developmental disability, or related
 32.18 condition in a residential treatment facility that is out of state or in state and licensed by the
 32.19 commissioner of human services under chapter 245A or licensed by a tribe. A screening
 32.20 team is not required for a child to be in a residential facility specializing in prenatal,
 32.21 postpartum, or parenting support, or a facility specializing in high-quality residential care
 32.22 and supportive services to children and youth who have been found to be, or at risk of
 32.23 becoming, sex trafficking victims.

32.24 (b) Screenings shall be conducted within 15 days of a request for a screening, unless the
 32.25 screening is for the purpose of placement in mental health residential treatment and the
 32.26 child is enrolled in a prepaid health program under section 256B.69 in which case the
 32.27 screening shall be conducted within ten working days of a request. The team, which may
 32.28 be the team constituted under section 245.4885 or 256B.092 or Minnesota Rules, parts
 32.29 9530.6600 to 9530.6655, shall be convened by the responsible social service agency and
 32.30 consist of social workers, juvenile justice professionals, persons with expertise in the
 32.31 treatment of juveniles who are emotionally disabled, chemically dependent, or have a
 32.32 developmental disability, and the child's parent, guardian, or permanent legal custodian
 32.33 under Minnesota Statutes 2010, section 260C.201, subdivision 11, or section 260C.515,

~~subdivision 4. The team may be the same team as defined in section 260B.157, subdivision 3;~~ and parents or custodians. The team may include the child's biological family members, relatives of the child as defined in section 260C.007, subdivisions 26b and 27, and professionals who are a resource to the family of the child such as teachers, medical or mental health providers who have treated the child, and clergy, consistent with the family and permanency team as defined in section 260D.02. Prior to the formation of the team, the responsible social service agency must consult the child, their parents, and the child's tribe to ensure the team is family-centered and is consistent with the child's best interest.

~~(b) The social services agency shall determine whether a child brought to its attention for the purposes described in this section is an Indian child, as defined in section 260C.007, subdivision 21, and shall determine the identity of the Indian child's tribe, as defined in section 260.755, subdivision 9. When a child to be evaluated~~ (c) After the inquiry and notice to tribes under section 260.761, and the child screened is an Indian child, the team provided in paragraph (a) shall include responsible social service agency must make a rigorous and concerted effort to involve a designated representative of the Indian child's tribe on the juvenile treatment screening team, unless the child's tribal authority declines to appoint a representative. The Indian child's tribe may delegate its authority to represent the child to any other federally recognized Indian tribe, as defined in section 260.755, subdivision 12. The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to 260.835, must be applied to this section.

~~(e)~~ (d) If the court, prior to, or as part of, a final disposition, or other court order proposes to place a child: residential treatment for a child with an emotional or developmental disability, the responsible social service agency must conduct a screening. If the team recommends treatment in a qualified residential treatment program, the agency shall initiate the assessment and court review as required in section 260D.03 and assemble the child's family and permanency team as required in section 260D.032.

~~(1) for the primary purpose of treatment for an emotional disturbance, a developmental disability, or chemical dependency in a residential treatment facility out of state or in one which is within the state and licensed by the commissioner of human services under chapter 245A; or~~

(2) in any out-of-home setting potentially exceeding 30 days in duration, including a postdispositional placement in a facility licensed by the commissioner of corrections or human services, The court shall ascertain whether the child is an Indian child and shall notify the county welfare agency responsible social service agency and, if the child is an

34.1 Indian child, shall notify the Indian child's tribe consistent with paragraph (c). ~~The county's~~
34.2 ~~juvenile treatment screening team must either: (i) screen and evaluate the child and file its~~
34.3 ~~recommendations with the court within 14 days of receipt of the notice; or (ii) elect not to~~
34.4 ~~screen a given case and notify the court of that decision within three working days.~~

34.5 (d) ~~The child may not be placed for the primary purpose of treatment for an emotional~~
34.6 ~~disturbance, a developmental disability, or chemical dependency, in a residential treatment~~
34.7 ~~facility out of state nor in a residential treatment facility within the state that is licensed~~
34.8 ~~under chapter 245A, unless one of the following conditions applies:~~

34.9 (1) ~~a treatment professional certifies that an emergency requires the placement of the~~
34.10 ~~child in a facility within the state;~~

34.11 (2) ~~the screening team has evaluated the child and recommended that a residential~~
34.12 ~~placement is necessary to meet the child's treatment needs and the safety needs of the~~
34.13 ~~community, that it is a cost-effective means of meeting the treatment needs, and that it will~~
34.14 ~~be of therapeutic value to the child; or~~

34.15 (3) ~~the court, having reviewed a screening team recommendation against placement,~~
34.16 ~~determines to the contrary that a residential placement is necessary. The court shall state~~
34.17 ~~the reasons for its determination in writing, on the record, and shall respond specifically to~~
34.18 ~~the findings and recommendation of the screening team in explaining why the~~
34.19 ~~recommendation was rejected. The attorney representing the child and the prosecuting~~
34.20 ~~attorney shall be afforded an opportunity to be heard on the matter.~~

34.21 (e) ~~When the county's juvenile treatment screening team has elected to screen and evaluate~~
34.22 ~~a child determined to be an Indian child, the team shall provide notice to the tribe or tribes~~
34.23 ~~that accept jurisdiction for the Indian child or that recognize the child as a member of the~~
34.24 ~~tribe or as a person eligible for membership in the tribe, and permit the tribe's representative~~
34.25 ~~to participate in the screening team.~~

34.26 (e) When the responsible social service agency has placement and care responsibilities
34.27 and the screening team recommends a child to be placed in a qualified residential treatment
34.28 program, as defined in section 260D.02, the assessment and processes required in section
34.29 260D.03 must begin without delay and a relative search must be conducted according to
34.30 section 260C.221 in order to assemble the child's family and permanency team as required
34.31 in section 260D.032. The child, when appropriate, and the child's parents may specify a
34.32 culturally competent qualified individual to complete the assessment. The agency shall
34.33 make efforts to refer the assessment to the identified qualified individual. The assessment

35.1 may not be delayed for the purpose of having the assessment completed by a specific
35.2 qualified individual.

35.3 (f) When a screening team determines that a child's needs do not require treatment in a
35.4 qualified residential treatment program, the screening process will include:

35.5 (1) documentation of the services and supports that will prevent foster care placement
35.6 and will support the child remaining at home;

35.7 (2) documentation of the services and supports that will be arranged by the agency for
35.8 the child's placement in a family foster home; or

35.9 (3) documentation of the services and supports provided in any other setting.

35.10 ~~(f)~~ (g) When the Indian child's tribe or tribal health care services provider or Indian
35.11 Health Services provider proposes to place a child for the primary purpose of treatment for
35.12 an emotional disturbance, a developmental disability, or co-occurring emotional disturbance
35.13 and chemical dependency, the Indian child's tribe or the tribe delegated by the child's tribe
35.14 shall submit necessary documentation to the county juvenile treatment screening team,
35.15 which must invite the Indian child's tribe to designate a representative to the screening team.

35.16 (h) The responsible social service agency must conduct and document the screening on
35.17 a format developed by the commissioner of human services.

35.18 Sec. 51. Minnesota Statutes 2018, section 260C.202, is amended to read:

35.19 **260C.202 COURT REVIEW OF FOSTER CARE.**

35.20 (a) If the court orders a child placed in foster care, the court shall review the out-of-home
35.21 placement plan and the child's placement at least every 90 days as required in juvenile court
35.22 rules to determine whether continued out-of-home placement is necessary and appropriate
35.23 or whether the child should be returned home. When a child is placed in a qualified residential
35.24 treatment program setting, as defined in section 260D.02, subdivision 13c, the responsible
35.25 social service agency must submit evidence to the court documenting the assessments
35.26 services and agency efforts specified in section 260D.06 and the out-of-home placement
35.27 plan requirements in section 260C.212, subdivision 1a. This review is not required if the
35.28 court has returned the child home, ordered the child permanently placed away from the
35.29 parent under sections 260C.503 to 260C.521, or terminated rights under section 260C.301.
35.30 Court review for a child permanently placed away from a parent, including where the child
35.31 is under guardianship of the commissioner, shall be governed by section 260C.607.

(b) No later than three months after the child's placement in foster care, the court shall review agency efforts pursuant to section 260C.221, and order that the efforts continue if the agency has failed to perform the duties under that section. The court must order the agency to continue to appropriately engage relatives who responded to the notice under section 260C.221 in placement and case planning decisions and to engage other relatives who came to the agency's attention after notice under section 260C.221 was sent.

(c) The court shall review the out-of-home placement plan and may modify the plan as provided under section 260C.201, subdivisions 6 and 7.

(d) When the court orders transfer of custody to a responsible social services agency resulting in foster care or protective supervision with a noncustodial parent under subdivision 1, the court shall notify the parents of the provisions of sections 260C.204 and 260C.503 to 260C.521, as required under juvenile court rules.

(e) When a child remains in or returns to foster care pursuant to section 260C.451 and the court has jurisdiction pursuant to section 260C.193, subdivision 6, paragraph (c), the court shall at least annually conduct the review required under section 260C.203.

Sec. 52. Minnesota Statutes 2018, section 260C.204, is amended to read:

260C.204 PERMANENCY PROGRESS REVIEW FOR CHILDREN IN FOSTER CARE FOR SIX MONTHS.

(a) When a child continues in placement out of the home of the parent or guardian from whom the child was removed, no later than six months after the child's placement the court shall conduct a permanency progress hearing to review:

(1) the progress of the case, the parent's progress on the case plan or out-of-home placement plan, whichever is applicable;

(2) the agency's reasonable, or in the case of an Indian child, active efforts for reunification and its provision of services;

(3) the agency's reasonable efforts to finalize the permanent plan for the child under section 260.012, paragraph (e), and to make a placement as required under section 260C.212, subdivision 2, in a home that will commit to being the legally permanent family for the child in the event the child cannot return home according to the timelines in this section; and

(4) in the case of an Indian child, active efforts to prevent the breakup of the Indian family and to make a placement according to the placement preferences under United States Code, title 25, chapter 21, section 1915.

(b) When a child is placed in a qualified residential treatment program setting as defined in section 260D.02, subdivision 13c, the responsible social service agency must submit evidence to the court documenting the assessment services and agency efforts specified in section 260D.03, subdivision 6.

~~(b)~~ (c) The court shall ensure that notice of the hearing is sent to any relative who:

(1) responded to the agency's notice provided under section 260C.221, indicating an interest in participating in planning for the child or being a permanency resource for the child and who has kept the court apprised of the relative's address; or

(2) asked to be notified of court proceedings regarding the child as is permitted in section 260C.152, subdivision 5.

~~(e)~~ (d)(1) If the parent or guardian has maintained contact with the child and is complying with the court-ordered out-of-home placement plan, and if the child would benefit from reunification with the parent, the court may either:

(i) return the child home, if the conditions which led to the out-of-home placement have been sufficiently mitigated that it is safe and in the child's best interests to return home; or

(ii) continue the matter up to a total of six additional months. If the child has not returned home by the end of the additional six months, the court must conduct a hearing according to sections 260C.503 to 260C.521.

(2) If the court determines that the parent or guardian is not complying with the out-of-home placement plan or is not maintaining regular contact with the child as outlined in the visitation plan required as part of the out-of-home placement plan under section 260C.212, the court may order the responsible social services agency:

(i) to develop a plan for legally permanent placement of the child away from the parent;

(ii) to consider, identify, recruit, and support one or more permanency resources from the child's relatives and foster parent to be the legally permanent home in the event the child cannot be returned to the parent. Any relative or the child's foster parent may ask the court to order the agency to consider them for permanent placement of the child in the event the child cannot be returned to the parent. A relative or foster parent who wants to be considered under this item shall cooperate with the background study required under section 245C.08, if the individual has not already done so, and with the home study process required under

chapter 245A for providing child foster care and for adoption under section 259.41. The home study referred to in this item shall be a single-home study in the form required by the commissioner of human services or similar study required by the individual's state of residence when the subject of the study is not a resident of Minnesota. The court may order the responsible social services agency to make a referral under the Interstate Compact on the Placement of Children when necessary to obtain a home study for an individual who wants to be considered for transfer of permanent legal and physical custody or adoption of the child; and

(iii) to file a petition to support an order for the legally permanent placement plan.

~~(d)~~ (e) Following the review under this section:

(1) if the court has either returned the child home or continued the matter up to a total of six additional months, the agency shall continue to provide services to support the child's return home or to make reasonable efforts to achieve reunification of the child and the parent as ordered by the court under an approved case plan;

(2) if the court orders the agency to develop a plan for the transfer of permanent legal and physical custody of the child to a relative, a petition supporting the plan shall be filed in juvenile court within 30 days of the hearing required under this section and a trial on the petition held within 60 days of the filing of the pleadings; or

(3) if the court orders the agency to file a termination of parental rights, unless the county attorney can show cause why a termination of parental rights petition should not be filed, a petition for termination of parental rights shall be filed in juvenile court within 30 days of the hearing required under this section and a trial on the petition held within 60 days of the filing of the petition.

Sec. 53. Minnesota Statutes 2018, section 260C.212, subdivision 1, is amended to read:

Subdivision 1. **Out-of-home placement; plan.** (a) An out-of-home placement plan shall be prepared within 30 days after any child is placed in foster care by court order or a voluntary placement agreement between the responsible social services agency and the child's parent pursuant to section 260C.227 or chapter 260D.

(b) An out-of-home placement plan means a written document which is prepared by the responsible social services agency jointly with the parent or parents or guardian of the child and in consultation with the child's guardian ad litem, the child's tribe, if the child is an Indian child, the child's foster parent or representative of the foster care facility, and, where appropriate, the child. When a child is age 14 or older, the child may include two other

individuals on the team preparing the child's out-of-home placement plan. The child may select one member of the case planning team to be designated as the child's advisor and to advocate with respect to the application of the reasonable and prudent parenting standards. The responsible social services agency may reject an individual selected by the child if the agency has good cause to believe that the individual would not act in the best interest of the child. For a child in voluntary foster care for treatment under chapter 260D, preparation of the out-of-home placement plan shall additionally include the child's mental health treatment provider. For a child 18 years of age or older, the responsible social services agency shall involve the child and the child's parents as appropriate. As appropriate, the plan shall be:

(1) submitted to the court for approval under section 260C.178, subdivision 7;

(2) ordered by the court, either as presented or modified after hearing, under section 260C.178, subdivision 7, or 260C.201, subdivision 6; and

(3) signed by the parent or parents or guardian of the child, the child's guardian ad litem, a representative of the child's tribe, the responsible social services agency, and, if possible, the child.

(c) The out-of-home placement plan shall be explained to all persons involved in its implementation, including the child who has signed the plan, and shall set forth:

(1) a description of the foster care home or facility selected, including how the out-of-home placement plan is designed to achieve a safe placement for the child in the least restrictive, most family-like, setting available which is in close proximity to the home of the parent or parents or guardian of the child when the case plan goal is reunification, and how the placement is consistent with the best interests and special needs of the child according to the factors under subdivision 2, paragraph (b);

(2) the specific reasons for the placement of the child in foster care, and when reunification is the plan, a description of the problems or conditions in the home of the parent or parents which necessitated removal of the child from home and the changes the parent or parents must make for the child to safely return home;

(3) a description of the services offered and provided to prevent removal of the child from the home and to reunify the family including:

(i) the specific actions to be taken by the parent or parents of the child to eliminate or correct the problems or conditions identified in clause (2), and the time period during which the actions are to be taken; and

(ii) the reasonable efforts, or in the case of an Indian child, active efforts to be made to achieve a safe and stable home for the child including social and other supportive services to be provided or offered to the parent or parents or guardian of the child, the child, and the residential facility during the period the child is in the residential facility;

(4) a description of any services or resources that were requested by the child or the child's parent, guardian, foster parent, or custodian since the date of the child's placement in the residential facility, and whether those services or resources were provided and if not, the basis for the denial of the services or resources;

(5) the visitation plan for the parent or parents or guardian, other relatives as defined in section 260C.007, subdivision 26b or 27, and siblings of the child if the siblings are not placed together in foster care, and whether visitation is consistent with the best interest of the child, during the period the child is in foster care;

(6) when a child cannot return to or be in the care of either parent, documentation of steps to finalize adoption as the permanency plan for the child through reasonable efforts to place the child for adoption. At a minimum, the documentation must include consideration of whether adoption is in the best interests of the child, child-specific recruitment efforts such as relative search and the use of state, regional, and national adoption exchanges to facilitate orderly and timely placements in and outside of the state. A copy of this documentation shall be provided to the court in the review required under section 260C.317, subdivision 3, paragraph (b);

(7) when a child cannot return to or be in the care of either parent, documentation of steps to finalize the transfer of permanent legal and physical custody to a relative as the permanency plan for the child. This documentation must support the requirements of the kinship placement agreement under section 256N.22 and must include the reasonable efforts used to determine that it is not appropriate for the child to return home or be adopted, and reasons why permanent placement with a relative through a Northstar kinship assistance arrangement is in the child's best interest; how the child meets the eligibility requirements for Northstar kinship assistance payments; agency efforts to discuss adoption with the child's relative foster parent and reasons why the relative foster parent chose not to pursue adoption, if applicable; and agency efforts to discuss with the child's parent or parents the permanent transfer of permanent legal and physical custody or the reasons why these efforts were not made;

(8) efforts to ensure the child's educational stability while in foster care for a child who attained the minimum age for compulsory school attendance under state law and is enrolled

41.1 full time in elementary or secondary school, or instructed in elementary or secondary
41.2 education at home, or instructed in an independent study elementary or secondary program,
41.3 or incapable of attending school on a full-time basis due to a medical condition that is
41.4 documented and supported by regularly updated information in the child's case plan.

41.5 Educational stability efforts include:

41.6 (i) efforts to ensure that the child remains in the same school in which the child was
41.7 enrolled prior to placement or upon the child's move from one placement to another, including
41.8 efforts to work with the local education authorities to ensure the child's educational stability
41.9 and attendance; or

41.10 (ii) if it is not in the child's best interest to remain in the same school that the child was
41.11 enrolled in prior to placement or move from one placement to another, efforts to ensure
41.12 immediate and appropriate enrollment for the child in a new school;

41.13 (9) the educational records of the child including the most recent information available
41.14 regarding:

41.15 (i) the names and addresses of the child's educational providers;

41.16 (ii) the child's grade level performance;

41.17 (iii) the child's school record;

41.18 (iv) a statement about how the child's placement in foster care takes into account
41.19 proximity to the school in which the child is enrolled at the time of placement; and

41.20 (v) any other relevant educational information;

41.21 (10) the efforts by the responsible social services agency to ensure the oversight and
41.22 continuity of health care services for the foster child, including:

41.23 (i) the plan to schedule the child's initial health screens;

41.24 (ii) how the child's known medical problems and identified needs from the screens,
41.25 including any known communicable diseases, as defined in section 144.4172, subdivision
41.26 2, shall be monitored and treated while the child is in foster care;

41.27 (iii) how the child's medical information shall be updated and shared, including the
41.28 child's immunizations;

41.29 (iv) who is responsible to coordinate and respond to the child's health care needs,
41.30 including the role of the parent, the agency, and the foster parent;

41.31 (v) who is responsible for oversight of the child's prescription medications;

42.1 (vi) how physicians or other appropriate medical and nonmedical professionals shall be
42.2 consulted and involved in assessing the health and well-being of the child and determine
42.3 the appropriate medical treatment for the child; and

42.4 (vii) the responsibility to ensure that the child has access to medical care through either
42.5 medical insurance or medical assistance;

42.6 (11) the health records of the child including information available regarding:

42.7 (i) the names and addresses of the child's health care and dental care providers;

42.8 (ii) a record of the child's immunizations;

42.9 (iii) the child's known medical problems, including any known communicable diseases
42.10 as defined in section 144.4172, subdivision 2;

42.11 (iv) the child's medications; and

42.12 (v) any other relevant health care information such as the child's eligibility for medical
42.13 insurance or medical assistance;

42.14 (12) an independent living plan for a child 14 years of age or older, developed in
42.15 consultation with the child. The child may select one member of the case planning team to
42.16 be designated as the child's advisor and to advocate with respect to the application of the
42.17 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
42.18 not be limited to, the following objectives:

42.19 (i) educational, vocational, or employment planning;

42.20 (ii) health care planning and medical coverage;

42.21 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
42.22 license;

42.23 (iv) money management, including the responsibility of the responsible social services
42.24 agency to ensure that the child annually receives, at no cost to the child, a consumer report
42.25 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
42.26 in the report;

42.27 (v) planning for housing;

42.28 (vi) social and recreational skills;

42.29 (vii) establishing and maintaining connections with the child's family and community;
42.30 and

(viii) regular opportunities to engage in age-appropriate or developmentally appropriate activities typical for the child's age group, taking into consideration the capacities of the individual child;

(13) for a child in voluntary foster care for treatment under chapter 260D, diagnostic and assessment information, specific services relating to meeting the mental health care needs of the child, and treatment outcomes; and

(14) for a child 14 years of age or older, a signed acknowledgment that describes the child's rights regarding education, health care, visitation, safety and protection from exploitation, and court participation; receipt of the documents identified in section 260C.452; and receipt of an annual credit report. The acknowledgment shall state that the rights were explained in an age-appropriate manner to the child.

(d) The parent or parents or guardian and the child each shall have the right to legal counsel in the preparation of the case plan and shall be informed of the right at the time of placement of the child. The child shall also have the right to a guardian ad litem. If unable to employ counsel from their own resources, the court shall appoint counsel upon the request of the parent or parents or the child or the child's legal guardian. The parent or parents may also receive assistance from any person or social services agency in preparation of the case plan.

After the plan has been agreed upon by the parties involved or approved or ordered by the court, the foster parents shall be fully informed of the provisions of the case plan and shall be provided a copy of the plan.

Upon discharge from foster care, the parent, adoptive parent, or permanent legal and physical custodian, ~~as appropriate~~, and the child, if ~~appropriate~~ 14 years of age or older, must be provided with a current copy of the child's health and education record- and, for a child who meets the conditions in subdivision 15, paragraph (b), the child's social and medical history. A child younger than 14 years of age may be given a copy of the child's health and education record and social and medical history, if appropriate and applicable according to subdivision 15, paragraph (b).

Sec. 54. Minnesota Statutes 2018, section 260C.212, is amended by adding a subdivision to read:

Subd. 1a. Out-of-home placement; plan for qualified residential treatment program. (a) When the responsible social service agency has placement and care responsibilities and the child is placed in a qualified residential treatment program, as defined

44.1 in section 260D.02, subdivision 13c, out of state or licensed under chapter 245A, the
44.2 following requirements must be met:

44.3 (1) the case plan requirements in subdivision 1;

44.4 (2) the reasonable and good-faith effort of the responsible social service agency to
44.5 identify and include all the individuals required to be on the child's family and permanency
44.6 team, as defined in section 260D.02, subdivision 9a;

44.7 (3) all contact information for members of the child's family and permanency team, as
44.8 well as contact information for other relatives who are not part of the family and permanency
44.9 team;

44.10 (4) evidence that meetings of the family and permanency team, including meetings
44.11 relating to the required assessment under section 260D.03 of the appropriateness of the
44.12 qualified residential treatment program placement, are held at a time and place convenient
44.13 for the family;

44.14 (5) if reunification is the goal, evidence demonstrating that the parent from whom the
44.15 child was removed provided input on the members of the family and permanency team, as
44.16 specified in section 260D.032;

44.17 (6) evidence that the assessment required under section 260D.03 to determine the
44.18 appropriateness of the qualified residential treatment program is determined in conjunction
44.19 with the family and permanency team;

44.20 (7) the placement preferences of the family and permanency team relative to the
44.21 assessment required under 260D.03 that recognizes children should be placed with their
44.22 siblings unless there is a finding by the court that such placement is contrary to their best
44.23 interest, consistent with section 260C.193, subdivision 3, paragraph (g), the Indian Child
44.24 Welfare Act, and the Minnesota Family Preservation Act as defined in sections 260.751 to
44.25 260.835;

44.26 (8) if the placement preferences of the parent, family and permanency team, and child
44.27 are not the placement setting recommended by the qualified individual, as defined in section
44.28 260D.02, subdivision 13b, conducting the assessment required under section 260D.03 of
44.29 the appropriateness of the qualified residential treatment program placement, the case plan
44.30 must include the reasons why the preferences of the parent, family and permanency team,
44.31 and child were not recommended; and

44.32 (9) the written recommendation by the qualified individual regarding the appropriateness
44.33 of the qualified residential treatment program placement and the court approval or disapproval

45.1 of the qualified residential treatment program placement as required in section 260D.03,
45.2 subdivision 5.

45.3 (b) The out-of-home placement plan for a qualified residential treatment program
45.4 placement is filed with the court as part of the 60-day hearing, as required in section 260D.03,
45.5 subdivision 5.

45.6 (c) When reunification is the permanency goal, the case plan must identify services and
45.7 supports that maintain the parent-child relationship; the parent's legal authority,
45.8 decision-making, and responsibility for ongoing planning for the child; and the agency
45.9 assisting the parent, where necessary, to exercise the parent's ongoing right and obligation
45.10 to visit or have reasonable contact with the child. Ongoing planning means:

45.11 (1) actively participating in the planning and provision of educational services, medical
45.12 care, and dental care for the child;

45.13 (2) actively planning and participating with the agency and the facility for the child's
45.14 treatment needs; and

45.15 (3) planning to meet the child's need for safety, stability, and permanency, and the child's
45.16 need to stay connected to the child's family and community.

45.17 (d) When reunification is not the permanency goal, the case plan must document the
45.18 steps to finalize adoption or a transfer of permanent legal and physical custody to a relative
45.19 as required in subdivision 1, paragraph (c), clauses (6) and (7).

45.20 Sec. 55. Minnesota Statutes 2018, section 260C.212, is amended by adding a subdivision
45.21 to read:

45.22 Subd. 1b. **Out-of-home placement plan update.** (a) The out-of-home placement plan
45.23 must be updated, signed, and copies provided to the parent, foster parent or facility, guardian
45.24 ad litem, child's tribe, and child as appropriate, and filed with the court as follows:

45.25 (1) consistent with subdivisions 1 and 1a, the out-of-home placement plan must be
45.26 updated within 30 days whenever a child is placed in a foster care setting or moved from
45.27 one placement setting to another to address the child's needs, support services, education
45.28 plan, oversight and continuity of the health care services, qualified residential treatment
45.29 program case plan requirements, and any other required elements of the plan that must be
45.30 updated based on the child's move;

45.31 (i) when a child moves to a qualified residential treatment program setting or from one
45.32 qualified residential treatment program setting to a different qualified residential treatment

program setting, the out-of-home placement plan is filed with the court as part of the 60-day hearing, as required in section 260D.03, subdivision 5, and must be updated after the court approval or disapproval as specified in section 260D.03, subdivision 5;

(ii) when a child moves from a family foster home, shelter care facility, or other residential home to a different setting or court-ordered trial home visit, the agency must file the updated plan with the court at the next required review hearing;

(2) consistent with section 260C.190, the out-of-home placement plan must identify the licensed residential substance use disorder treatment program placement prior to placing a foster child with their parent in a program, and the out-of-home placement plan must be filed with the court at the next required review hearing; and

(3) consistent with sections 260C.227, 260C.503, and 260D.07, the out-of-home placement plan must be updated and filed with the permanency petition.

(b) When none of the items in paragraph (a) apply, the out-of-home placement plan must be updated no later than 180 days after the initial placement and every six months thereafter, consistent with section 260C.203, paragraph (a). The permanency progress review must also be regularly conducted in accordance with section 260C.204.

Sec. 56. Minnesota Statutes 2019 Supplement, section 260C.212, subdivision 2, is amended to read:

Subd. 2. Placement decisions based on best interests of the child. (a) The policy of the state of Minnesota is to ensure that the child's best interests are met by requiring an individualized determination of the needs of the child and of how the selected placement will serve the needs of the child being placed. The authorized child-placing agency shall place a child, released by court order or by voluntary release by the parent or parents, in a family foster home selected by considering placement with relatives and important friends in the following order:

(1) with an individual who is related to the child by blood, marriage, or adoption, including the legal parent, guardian, or custodian of the child's siblings; or

(2) with an individual who is an important friend with whom the child has resided or had significant contact.

For an Indian child, the agency shall follow the order of placement preferences in the Indian Child Welfare Act of 1978, United States Code, title 25, section 1915.

47.1 (b) Among the factors the agency shall consider in determining the needs of the child
47.2 are the following:

47.3 (1) the child's current functioning and behaviors;

47.4 (2) the medical needs of the child;

47.5 (3) the educational needs of the child;

47.6 (4) the developmental needs of the child;

47.7 (5) the child's history and past experience;

47.8 (6) the child's religious and cultural needs;

47.9 (7) the child's connection with a community, school, and faith community;

47.10 (8) the child's interests and talents;

47.11 (9) the child's relationship to current caretakers, parents, siblings, and relatives;

47.12 (10) the reasonable preference of the child, if the court, or the child-placing agency in
47.13 the case of a voluntary placement, deems the child to be of sufficient age to express
47.14 preferences; and

47.15 (11) for an Indian child, the best interests of an Indian child as defined in section 260.755,
47.16 subdivision 2a.

47.17 (c) Placement of a child cannot be delayed or denied based on race, color, or national
47.18 origin of the foster parent or the child.

47.19 (d) Siblings should be placed together for foster care and adoption at the earliest possible
47.20 time unless it is documented that a joint placement would be contrary to the safety or
47.21 well-being of any of the siblings or unless it is not possible after reasonable efforts by the
47.22 responsible social services agency. In cases where siblings cannot be placed together, the
47.23 agency is required to provide frequent visitation or other ongoing interaction between
47.24 siblings unless the agency documents that the interaction would be contrary to the safety
47.25 or well-being of any of the siblings.

47.26 (e) Except for emergency placement as provided for in section 245A.035, the following
47.27 requirements must be satisfied before the approval of a foster or adoptive placement in a
47.28 related or unrelated home: (1) a completed background study under section 245C.08; and
47.29 (2) a completed review of the written home study required under section 260C.215,
47.30 subdivision 4, clause (5), or 260C.611, to assess the capacity of the prospective foster or
47.31 adoptive parent to ensure the placement will meet the needs of the individual child.

(f) The agency must determine whether colocation with a parent who is receiving services in a licensed residential family-based substance use disorder treatment program is in the child's best interests according to paragraph (b) and include that determination in the child's case plan. The agency may consider additional factors not identified in paragraph (b). The agency's determination must be documented in the child's case plan before the child is colocated with a parent.

(g) In cases where the juvenile treatment screening team, as defined in section 260C.157, recommends the child be placed in a qualified residential treatment program, as defined in section 260D.02, subdivision 13c, the assessment and court review processes required in section 260D.03 determine the appropriateness of placement decision.

Sec. 57. Minnesota Statutes 2018, section 260C.212, subdivision 4a, is amended to read:

Subd. 4a. **Monthly caseworker visits.** (a) Every child in foster care or on a trial home visit shall be visited by the child's caseworker or another person who has responsibility for visitation of the child on a monthly basis, with the majority of visits occurring in the child's residence. The responsible social service agency may designate another person responsible for monthly case visits. For the purposes of this section, the following definitions apply:

(1) "visit" is defined as a face-to-face contact between a child and the child's caseworker;

(2) "visited on a monthly basis" is defined as at least one visit per calendar month;

(3) "the child's caseworker" is defined as the person who has responsibility for managing the child's foster care placement case as assigned by the responsible social service agency; **and**

(4) "another person" is defined as the professional staff assigned by the responsible social service agency in the case plan. Another person is professionally trained to adequately assess safety, permanency, well-being, and evaluate the child's case progress. Guardian ad litem, the child foster care provider, residential facility staff, or qualified individual as defined in section 260D.02, are not qualified to be designated as another person; and

~~(4)~~ (5) "the child's residence" is defined as the home where the child is residing, and can include the foster home, child care institution, or the home from which the child was removed if the child is on a trial home visit.

(b) Caseworker visits shall be of sufficient substance and duration to address issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of the child, including whether the child is enrolled and attending school as required by law.

Sec. 58. Minnesota Statutes 2018, section 260C.212, is amended by adding a subdivision to read:

Subd. 15. **Social and medical history.** (a) The responsible social services agency shall complete a child's social and medical history using forms developed by the commissioner. The responsible social services agency shall work with the child's birth family, foster family, medical and treatment providers, and school to ensure there is a detailed and up-to-date social and medical history of the child on the forms provided by the commissioner.

(b) If the child continues in foster care, reasonable efforts by the responsible social services agency to complete the history shall begin no later than the permanency progress review hearing required under section 260C.204 or six months after the child's placement in foster care, whichever occurs earlier.

(c) A child's social and medical history must include background information and health history specific to the child, the child's birth parents, and the child's other birth relatives. The child's applicable background information and health history includes the child's current health condition, behavior, and demeanor; placement history; education history; sibling information; and birth, medical, dental, and immunization information. Redacted copies of pertinent records, assessments, and evaluations must be attached to the child's social and medical history. Applicable background information and health history of the child's birth parents and other birth relatives includes general background information; education and employment history; physical health and mental health history; and reasons for the child's placement.

Sec. 59. Minnesota Statutes 2018, section 260C.219, is amended to read:

260C.219 AGENCY RESPONSIBILITIES FOR PARENTS AND CHILDREN IN PLACEMENT.

(a) When a child is in foster care, the responsible social services agency shall make diligent efforts to identify, locate, and, where appropriate, offer services to both parents of the child.

(1) The responsible social services agency shall assess whether a noncustodial or nonadjudicated parent is willing and capable of providing for the day-to-day care of the child temporarily or permanently. An assessment under this clause may include, but is not limited to, obtaining information under section 260C.209. If after assessment, the responsible social services agency determines that a noncustodial or nonadjudicated parent is willing and capable of providing day-to-day care of the child, the responsible social services agency

may seek authority from the custodial parent or the court to have that parent assume day-to-day care of the child. If a parent is not an adjudicated parent, the responsible social services agency shall require the nonadjudicated parent to cooperate with paternity establishment procedures as part of the case plan.

(2) If, after assessment, the responsible social services agency determines that the child cannot be in the day-to-day care of either parent, the agency shall:

(i) prepare an out-of-home placement plan addressing the conditions that each parent must meet before the child can be in that parent's day-to-day care; and

(ii) provide a parent who is the subject of a background study under section 260C.209 15 days' notice that it intends to use the study to recommend against putting the child with that parent, and the court shall afford the parent an opportunity to be heard concerning the study.

The results of a background study of a noncustodial parent shall not be used by the agency to determine that the parent is incapable of providing day-to-day care of the child unless the agency reasonably believes that placement of the child into the home of that parent would endanger the child's health, safety, or welfare.

(3) If, after the provision of services following an out-of-home placement plan under this section, the child cannot return to the care of the parent from whom the child was removed or who had legal custody at the time the child was placed in foster care, the agency may petition on behalf of a noncustodial parent to establish legal custody with that parent under section 260C.515, subdivision 4. If paternity has not already been established, it may be established in the same proceeding in the manner provided for under chapter 257.

(4) The responsible social services agency may be relieved of the requirement to locate and offer services to both parents by the juvenile court upon a finding of good cause after the filing of a petition under section 260C.141.

(b) The responsible social services agency shall give notice to the parent or guardian of each child in foster care, other than a child in voluntary foster care for treatment under chapter 260D, of the following information:

(1) that the child's placement in foster care may result in termination of parental rights or an order permanently placing the child out of the custody of the parent, but only after notice and a hearing as required under this chapter and the juvenile court rules;

(2) time limits on the length of placement and of reunification services, including the date on which the child is expected to be returned to and safely maintained in the home of

51.1 the parent or parents or placed for adoption or otherwise permanently removed from the
51.2 care of the parent by court order;

51.3 (3) the nature of the services available to the parent;

51.4 (4) the consequences to the parent and the child if the parent fails or is unable to use
51.5 services to correct the circumstances that led to the child's placement;

51.6 (5) the first consideration for placement with relatives;

51.7 (6) the benefit to the child in getting the child out of foster care as soon as possible,
51.8 preferably by returning the child home, but if that is not possible, through a permanent legal
51.9 placement of the child away from the parent;

51.10 (7) when safe for the child, the benefits to the child and the parent of maintaining
51.11 visitation with the child as soon as possible in the course of the case and, in any event,
51.12 according to the visitation plan under this section; and

51.13 (8) the financial responsibilities and obligations, if any, of the parent or parents for the
51.14 support of the child during the period the child is in foster care.

51.15 (c) The responsible social services agency shall inform a parent considering voluntary
51.16 placement of a child under section 260C.227 of the following information:

51.17 (1) the parent and the child each has a right to separate legal counsel before signing a
51.18 voluntary placement agreement, but not to counsel appointed at public expense;

51.19 (2) the parent is not required to agree to the voluntary placement, and a parent who enters
51.20 a voluntary placement agreement may at any time request that the agency return the child.
51.21 If the parent so requests, the child must be returned within 24 hours of the receipt of the
51.22 request;

51.23 (3) evidence gathered during the time the child is voluntarily placed may be used at a
51.24 later time as the basis for a petition alleging that the child is in need of protection or services
51.25 or as the basis for a petition seeking termination of parental rights or other permanent
51.26 placement of the child away from the parent;

51.27 (4) if the responsible social services agency files a petition alleging that the child is in
51.28 need of protection or services or a petition seeking the termination of parental rights or other
51.29 permanent placement of the child away from the parent, the parent would have the right to
51.30 appointment of separate legal counsel and the child would have a right to the appointment
51.31 of counsel and a guardian ad litem as provided by law, and that counsel will be appointed
51.32 at public expense if they are unable to afford counsel; and

52.1 (5) the timelines and procedures for review of voluntary placements under section
52.2 260C.212, subdivision 3, and the effect the time spent in voluntary placement on the
52.3 scheduling of a permanent placement determination hearing under sections 260C.503 to
52.4 260C.521.

52.5 (d) When an agency accepts a child for placement, the agency shall determine whether
52.6 the child has had a physical examination by or under the direction of a licensed physician
52.7 within the 12 months immediately preceding the date when the child came into the agency's
52.8 care. If there is documentation that the child has had an examination within the last 12
52.9 months, the agency is responsible for seeing that the child has another physical examination
52.10 within one year of the documented examination and annually in subsequent years. If the
52.11 agency determines that the child has not had a physical examination within the 12 months
52.12 immediately preceding placement, the agency shall ensure that the child has an examination
52.13 within 30 days of coming into the agency's care and once a year in subsequent years.

52.14 (e) Whether under state guardianship or not, if a child leaves foster care by reason of
52.15 having attained the age of majority under state law, the child must be given at no cost a
52.16 copy of the child's social and medical history, as defined in pursuant to section 259.43,
52.17 260C.212, subdivision 15, including the child's health and education report.

52.18 Sec. 60. Minnesota Statutes 2018, section 260C.4412, is amended to read:

52.19 **260C.4412 PAYMENT FOR RESIDENTIAL PLACEMENTS.**

52.20 (a) When a child is placed in a foster care group residential setting under Minnesota
52.21 Rules, parts 2960.0020 to 2960.0710, a foster residences setting under Minnesota Rules,
52.22 parts 2960.3200 to 2960.3230, or a children's residential facility licensed or approved by a
52.23 tribe, foster care maintenance payments must be made on behalf of the child to cover the
52.24 cost of providing food, clothing, shelter, daily supervision, school supplies, child's personal
52.25 incidentals and supports, reasonable travel for visitation, or other transportation needs
52.26 associated with the items listed. Daily supervision in the group residential setting includes
52.27 routine day-to-day direction and arrangements to ensure the well-being and safety of the
52.28 child. It may also include reasonable costs of administration and operation of the facility.

52.29 (b) The commissioner of human services shall specify the Title IV-E administrative
52.30 procedures, consistent with section 256.82, for residential programs meeting one of the
52.31 following specified settings:

52.32 (1) residential programs listed under chapter 245A or licensed by the a tribe, including:

52.33 (i) qualified residential treatment programs, as defined in section 260D.02;

53.1 (ii) settings specializing in providing prenatal, postpartum, or parenting supports for
53.2 youth; and

53.3 (iii) settings providing high-quality residential care and supportive services to children
53.4 and youth who have been found to be, or are at risk of becoming, sex trafficking victims;

53.5 (2) licensed residential substance use disorder treatment programs as defined in section
53.6 260C.007, subdivision 22a; and

53.7 (3) supervised settings, in which a foster child age 18 or older may live independently,
53.8 consistent with section 260C.451.

53.9 Sec. 61. Minnesota Statutes 2019 Supplement, section 260C.503, subdivision 1, is amended
53.10 to read:

53.11 Subdivision 1. **Required permanency proceedings.** (a) ~~Except for children in foster~~
53.12 ~~care pursuant to chapter 260D, where~~ When the child is in foster care or in the care of a
53.13 noncustodial or nonresident parent, the court shall commence proceedings to determine the
53.14 permanent status of a child by holding the admit-deny hearing required under section
53.15 260C.507 not later than 12 months after the child is placed in foster care or in the care of a
53.16 noncustodial or nonresident parent. Permanency proceedings for children in voluntary foster
53.17 ~~care pursuant to chapter 260D~~ for treatment as defined in section 260D.02, subdivision 16,
53.18 shall be according to section 260D.07.

53.19 (b) Permanency proceedings for a foster child who is colocated with a parent in a licensed
53.20 residential family-based substance use disorder treatment program shall be conducted
53.21 according to section 260C.190.

53.22 Sec. 62. Minnesota Statutes 2018, section 260C.503, subdivision 2, is amended to read:

53.23 Subd. 2. **Termination of parental rights.** (a) The responsible social services agency
53.24 must ask the county attorney to immediately file a termination of parental rights petition
53.25 when:

53.26 (1) the child has been subjected to egregious harm as defined in section 260C.007,
53.27 subdivision 14;

53.28 (2) the child is determined to be the sibling of a child who was subjected to egregious
53.29 harm;

53.30 (3) the child is an abandoned infant as defined in section 260C.301, subdivision 2,
53.31 paragraph (a), clause (2);

54.1 (4) the child's parent has lost parental rights to another child through an order involuntarily
54.2 terminating the parent's rights;

54.3 (5) the parent has committed sexual abuse as defined in section 626.556, subdivision 2,
54.4 against the child or another child of the parent;

54.5 (6) the parent has committed an offense that requires registration as a predatory offender
54.6 under section 243.166, subdivision 1b, paragraph (a) or (b); or

54.7 (7) another child of the parent is the subject of an order involuntarily transferring
54.8 permanent legal and physical custody of the child to a relative under this chapter or a similar
54.9 law of another jurisdiction;

54.10 The county attorney shall file a termination of parental rights petition unless the conditions
54.11 of paragraph (d) are met.

54.12 (b) When the termination of parental rights petition is filed under this subdivision, the
54.13 responsible social services agency shall identify, recruit, and approve an adoptive family
54.14 for the child. If a termination of parental rights petition has been filed by another party, the
54.15 responsible social services agency shall be joined as a party to the petition.

54.16 (c) If criminal charges have been filed against a parent arising out of the conduct alleged
54.17 to constitute egregious harm, the county attorney shall determine which matter should
54.18 proceed to trial first, consistent with the best interests of the child and subject to the
54.19 defendant's right to a speedy trial.

54.20 (d) The requirement of paragraph (a) does not apply if the responsible social services
54.21 agency and the county attorney determine and file with the court:

54.22 (1) a petition for transfer of permanent legal and physical custody to a relative under
54.23 sections 260C.505 and 260C.515, subdivision ~~3~~ 4, including a determination that adoption
54.24 is not in the child's best interests and that transfer of permanent legal and physical custody
54.25 is in the child's best interests; or

54.26 (2) a petition under section 260C.141 alleging the child, and where appropriate, the
54.27 child's siblings, to be in need of protection or services accompanied by a case plan prepared
54.28 by the responsible social services agency documenting a compelling reason why filing a
54.29 termination of parental rights petition would not be in the best interests of the child.

55.1 Sec. 63. Minnesota Statutes 2018, section 260C.503, is amended by adding a subdivision
55.2 to read:

55.3 **Subd. 4. Qualified residential treatment program; permanency hearing**
55.4 **requirements.** When a child is placed in a qualified residential treatment program setting,
55.5 as defined in section 260D.02, subdivision 13c, the responsible social service agency must
55.6 submit evidence to the court at the permanency hearing documenting the assessments,
55.7 services, and agency efforts required in section 260D.03.

55.8 Sec. 64. Minnesota Statutes 2018, section 260C.515, subdivision 3, is amended to read:

55.9 Subd. 3. **Guardianship; commissioner.** The court may order guardianship to the
55.10 commissioner of human services under the following procedures and conditions:

55.11 (1) there is an identified prospective adoptive parent agreed to by the responsible social
55.12 services agency having legal custody of the child pursuant to court order under this chapter
55.13 and that prospective adoptive parent has agreed to adopt the child;

55.14 (2) the court accepts the parent's voluntary consent to adopt in writing on a form
55.15 prescribed by the commissioner, executed before two competent witnesses and confirmed
55.16 by the consenting parent before the court or executed before the court. The consent shall
55.17 contain notice that consent given under this chapter:

55.18 (i) is irrevocable upon acceptance by the court unless fraud is established and an order
55.19 is issued permitting revocation as stated in clause (9) unless the matter is governed by the
55.20 Indian Child Welfare Act, United States Code, title 25, section 1913(c); and

55.21 (ii) will result in an order that the child is under the guardianship of the commissioner
55.22 of human services;

55.23 (3) a consent executed and acknowledged outside of this state, either in accordance with
55.24 the law of this state or in accordance with the law of the place where executed, is valid;

55.25 (4) the court must review the matter at least every 90 days under section 260C.317;

55.26 (5) a consent to adopt under this subdivision vests guardianship of the child with the
55.27 commissioner of human services and makes the child a ward of the commissioner of human
55.28 services under section 260C.325;

55.29 (6) the court must forward to the commissioner a copy of the consent to adopt, together
55.30 with a certified copy of the order transferring guardianship to the commissioner;

55.31 (7) if an adoption is not finalized by the identified prospective adoptive parent within
55.32 six months of the execution of the consent to adopt under this clause, the responsible social

services agency shall pursue adoptive placement in another home unless the court finds in a hearing under section 260C.317 that the failure to finalize is not due to either an action or a failure to act by the prospective adoptive parent;

(8) notwithstanding clause (7), the responsible social services agency must pursue adoptive placement in another home as soon as the agency determines that finalization of the adoption with the identified prospective adoptive parent is not possible, that the identified prospective adoptive parent is not willing to adopt the child, or that the identified prospective adoptive parent is not cooperative in completing the steps necessary to finalize the adoption. The court may order a termination of parental rights under subdivision 2; and

(9) unless otherwise required by the Indian Child Welfare Act, United States Code, title 25, section 1913(c), a consent to adopt executed under this section shall be irrevocable upon acceptance by the court except upon order permitting revocation issued by the same court after written findings that consent was obtained by fraud.

Sec. 65. Minnesota Statutes 2018, section 260C.605, subdivision 1, is amended to read:

Subdivision 1. **Requirements.** (a) Reasonable efforts to finalize the adoption of a child under the guardianship of the commissioner shall be made by the responsible social services agency responsible for permanency planning for the child.

(b) Reasonable efforts to make a placement in a home according to the placement considerations under section 260C.212, subdivision 2, with a relative or foster parent who will commit to being the permanent resource for the child in the event the child cannot be reunified with a parent are required under section 260.012 and may be made concurrently with reasonable, or if the child is an Indian child, active efforts to reunify the child with the parent.

(c) Reasonable efforts under paragraph (b) must begin as soon as possible when the child is in foster care under this chapter, but not later than the hearing required under section 260C.204.

(d) Reasonable efforts to finalize the adoption of the child include:

(1) using age-appropriate engagement strategies to plan for adoption with the child;

(2) identifying an appropriate prospective adoptive parent for the child by updating the child's identified needs using the factors in section 260C.212, subdivision 2;

(3) making an adoptive placement that meets the child's needs by:

57.1 (i) completing or updating the relative search required under section 260C.221 and giving
57.2 notice of the need for an adoptive home for the child to:

57.3 (A) relatives who have kept the agency or the court apprised of their whereabouts and
57.4 who have indicated an interest in adopting the child; or

57.5 (B) relatives of the child who are located in an updated search;

57.6 (ii) an updated search is required whenever:

57.7 (A) there is no identified prospective adoptive placement for the child notwithstanding
57.8 a finding by the court that the agency made diligent efforts under section 260C.221, in a
57.9 hearing required under section 260C.202;

57.10 (B) the child is removed from the home of an adopting parent; or

57.11 (C) the court determines a relative search by the agency is in the best interests of the
57.12 child;

57.13 (iii) engaging the child's foster parent and the child's relatives identified as an adoptive
57.14 resource during the search conducted under section 260C.221, to commit to being the
57.15 prospective adoptive parent of the child; or

57.16 (iv) when there is no identified prospective adoptive parent:

57.17 (A) registering the child on the state adoption exchange as required in section 259.75
57.18 unless the agency documents to the court an exception to placing the child on the state
57.19 adoption exchange reported to the commissioner;

57.20 (B) reviewing all families with approved adoption home studies associated with the
57.21 responsible social services agency;

57.22 (C) presenting the child to adoption agencies and adoption personnel who may assist
57.23 with finding an adoptive home for the child;

57.24 (D) using newspapers and other media to promote the particular child;

57.25 (E) using a private agency under grant contract with the commissioner to provide adoption
57.26 services for intensive child-specific recruitment efforts; and

57.27 (F) making any other efforts or using any other resources reasonably calculated to identify
57.28 a prospective adoption parent for the child;

57.29 (4) updating and completing the social and medical history required under sections
57.30 ~~259.43~~ 260C.212, subdivision 15, and 260C.609;

58.1 (5) making, and keeping updated, appropriate referrals required by section 260.851, the
58.2 Interstate Compact on the Placement of Children;

58.3 (6) giving notice regarding the responsibilities of an adoptive parent to any prospective
58.4 adoptive parent as required under section 259.35;

58.5 (7) offering the adopting parent the opportunity to apply for or decline adoption assistance
58.6 under chapter ~~259A~~ 256N;

58.7 (8) certifying the child for adoption assistance, assessing the amount of adoption
58.8 assistance, and ascertaining the status of the commissioner's decision on the level of payment
58.9 if the adopting parent has applied for adoption assistance;

58.10 (9) placing the child with siblings. If the child is not placed with siblings, the agency
58.11 must document reasonable efforts to place the siblings together, as well as the reason for
58.12 separation. The agency may not cease reasonable efforts to place siblings together for final
58.13 adoption until the court finds further reasonable efforts would be futile or that placement
58.14 together for purposes of adoption is not in the best interests of one of the siblings; and

58.15 (10) working with the adopting parent to file a petition to adopt the child and with the
58.16 court administrator to obtain a timely hearing to finalize the adoption.

58.17 Sec. 66. Minnesota Statutes 2018, section 260C.607, subdivision 6, is amended to read:

58.18 Subd. 6. **Motion and hearing to order adoptive placement.** (a) At any time after the
58.19 district court orders the child under the guardianship of the commissioner of human services,
58.20 but not later than 30 days after receiving notice required under section 260C.613, subdivision
58.21 1, paragraph (c), that the agency has made an adoptive placement, a relative or the child's
58.22 foster parent may file a motion for an order for adoptive placement of a child who is under
58.23 the guardianship of the commissioner if the relative or the child's foster parent:

58.24 (1) has an adoption home study under section 259.41 approving the relative or foster
58.25 parent for adoption and has been a resident of Minnesota for at least six months before filing
58.26 the motion; the court may waive the residency requirement for the moving party if there is
58.27 a reasonable basis to do so; or

58.28 (2) is not a resident of Minnesota, but has an approved adoption home study by an agency
58.29 licensed or approved to complete an adoption home study in the state of the individual's
58.30 residence and the study is filed with the motion for adoptive placement.

58.31 (b) The motion shall be filed with the court conducting reviews of the child's progress
58.32 toward adoption under this section. The motion and supporting documents must make a

59.1 prima facie showing that the agency has been unreasonable in failing to make the requested
59.2 adoptive placement. The motion must be served according to the requirements for motions
59.3 under the Minnesota Rules of Juvenile Protection Procedure and shall be made on all
59.4 individuals and entities listed in subdivision 2.

59.5 (c) If the motion and supporting documents do not make a prima facie showing for the
59.6 court to determine whether the agency has been unreasonable in failing to make the requested
59.7 adoptive placement, the court shall dismiss the motion. If the court determines a prima facie
59.8 basis is made, the court shall set the matter for evidentiary hearing.

59.9 (d) At the evidentiary hearing, the responsible social services agency shall proceed first
59.10 with evidence about the reason for not making the adoptive placement proposed by the
59.11 moving party. The moving party then has the burden of proving by a preponderance of the
59.12 evidence that the agency has been unreasonable in failing to make the adoptive placement.

59.13 (e) At the conclusion of the evidentiary hearing, if the court finds that the agency has
59.14 been unreasonable in failing to make the adoptive placement and that the relative or the
59.15 child's foster parent is the most suitable adoptive home to meet the child's needs using the
59.16 factors in section 260C.212, subdivision 2, paragraph (b), the court may order the responsible
59.17 social services agency to make an adoptive placement in the home of the relative or the
59.18 child's foster parent.

59.19 (f) If, in order to ensure that a timely adoption may occur, the court orders the responsible
59.20 social services agency to make an adoptive placement under this subdivision, the agency
59.21 shall:

59.22 (1) make reasonable efforts to obtain a fully executed adoption placement agreement;

59.23 (2) work with the moving party regarding eligibility for adoption assistance as required
59.24 under chapter ~~259A~~ 256N; and

59.25 (3) if the moving party is not a resident of Minnesota, timely refer the matter for approval
59.26 of the adoptive placement through the Interstate Compact on the Placement of Children.

59.27 (g) Denial or granting of a motion for an order for adoptive placement after an evidentiary
59.28 hearing is an order which may be appealed by the responsible social services agency, the
59.29 moving party, the child, when age ten or over, the child's guardian ad litem, and any
59.30 individual who had a fully executed adoption placement agreement regarding the child at
59.31 the time the motion was filed if the court's order has the effect of terminating the adoption
59.32 placement agreement. An appeal shall be conducted according to the requirements of the
59.33 Rules of Juvenile Protection Procedure.

Sec. 67. Minnesota Statutes 2018, section 260C.609, is amended to read:

260C.609 SOCIAL AND MEDICAL HISTORY.

~~(a) The responsible social services agency shall work with the birth family of the child, foster family, medical and treatment providers, and the child's school to ensure there is a detailed, thorough, and currently up-to-date social and medical history of the child as required under section 259.43 on the forms required by the commissioner.~~

~~(b) When the child continues in foster care, the agency's reasonable efforts to complete the history shall begin no later than the permanency progress review hearing required under section 260C.204 or six months after the child's placement in foster care.~~

~~(c)~~ (a) The responsible social services agency shall thoroughly discuss the child's history with the adopting prospective adoptive parent of the child and shall give a redacted copy of the report of the child's social and medical history, including redacted attachments, to the adopting prospective adoptive parent, pursuant to section 260C.212, subdivision 15. If the prospective adoptive parent does not pursue adoption of the child, the prospective adoptive parent must return the child's social and medical history, including redacted attachments, to the agency. A redacted copy of the child's social and medical history may also be given to the child, as appropriate according to section 260C.212, subdivision 1.

~~(d)~~ (b) The report shall not include information that identifies birth relatives. Redacted copies of all the child's relevant evaluations, assessments, and records must be attached to the social and medical history.

(c) The agency must submit the child's social and medical history to the Department of Human Services at the time the adoption placement agreement is submitted. Pursuant to section 260C.623, subdivision 4, the child's social and medical history must be submitted to the court at the time the adoption petition is filed.

Sec. 68. Minnesota Statutes 2018, section 260C.615, is amended to read:

260C.615 DUTIES OF COMMISSIONER.

Subdivision 1. **Duties.** (a) For any child who is under the guardianship of the commissioner, the commissioner has the exclusive rights to consent to:

(1) the medical care plan for the treatment of a child who is at imminent risk of death or who has a chronic disease that, in a physician's judgment, will result in the child's death in the near future including a physician's order not to resuscitate or intubate the child; and

61.1 (2) the child donating a part of the child's body to another person while the child is living;
 61.2 the decision to donate a body part under this clause shall take into consideration the child's
 61.3 wishes and the child's culture.

61.4 (b) In addition to the exclusive rights under paragraph (a), the commissioner has a duty
 61.5 to:

61.6 (1) process any complete and accurate request for home study and placement through
 61.7 the Interstate Compact on the Placement of Children under section 260.851;

61.8 (2) process any complete and accurate application for adoption assistance forwarded by
 61.9 the responsible social services agency according to chapter ~~259A~~ 256N;

61.10 (3) ~~complete the execution of~~ review and process an adoption placement agreement
 61.11 forwarded to the commissioner by the responsible social services agency and return it to
 61.12 the agency in a timely fashion; and

61.13 (4) maintain records as required in chapter 259.

61.14 Subd. 2. **Duties not reserved.** All duties, obligations, and consents not specifically
 61.15 reserved to the commissioner in this section are delegated to the responsible social services
 61.16 agency, subject to supervision by the commissioner as authorized under section 393.07.

61.17 Sec. 69. Minnesota Statutes 2018, section 260D.01, is amended to read:

61.18 **260D.01 CHILD IN ~~VOLUNTARY~~ FOSTER CARE FOR TREATMENT.**

61.19 (a) Sections 260D.01 to 260D.10, may be cited as the "child in ~~voluntary~~ foster care for
 61.20 treatment" provisions of the Juvenile Court Act. This chapter applies when the responsible
 61.21 social service agency determines a child must receive treatment for an emotional disturbance,
 61.22 a developmental disability, or related condition in a residential facility out of state or in
 61.23 state and licensed by the commissioner of human services under chapter 245A or licensed
 61.24 or approved by a tribe or state where the facility is located.

61.25 (b) The juvenile court has original and exclusive jurisdiction over a child in ~~voluntary~~
 61.26 foster care for treatment upon the filing of a report or petition required under this chapter.
 61.27 All obligations of the agency to a child and family in foster care contained in chapter 260C
 61.28 not inconsistent with this chapter are also obligations of the agency with regard to a child
 61.29 in foster care for treatment under this chapter.

61.30 (c) This chapter shall be construed consistently with the mission of the children's mental
 61.31 health service system as set out in section 245.487, subdivision 3, and the duties of an agency
 61.32 under sections 256B.092 and 260C.157 and Minnesota Rules, parts 9525.0004 to 9525.0016,

62.1 to meet the needs of a child with a developmental disability or related condition, when a
62.2 child must be placed away from their parents in foster care and needs treatment. This chapter:

62.3 (1) establishes ~~voluntary~~ foster care for treatment when the responsible social service
62.4 agency's juvenile treatment screening team, as specified in section 260C.157, conducts a
62.5 screening consistent with the process developed by the commissioner of human services
62.6 recommending placement and initiating of the assessment process in section 260C.03
62.7 through:

62.8 (i) a voluntary foster care agreement as the means for an agency and a parent to provide
62.9 needed treatment when the child must be in foster care to receive necessary treatment for
62.10 an emotional disturbance or developmental disability or related condition; or

62.11 (ii) a court order under section 260C.178, 260C.201, 260C.202, 260C.325, or 260C.515,
62.12 subdivision 5;

62.13 (2) establishes court review requirements for a child in voluntary foster care for treatment
62.14 due to emotional disturbance or developmental disability or a related condition;

62.15 (3) establishes the ~~ongoing responsibility of the parent as legal custodian to visit the~~
62.16 ~~child, to plan together with the agency for the child's treatment needs, to be available and~~
62.17 ~~accessible to the agency to make treatment decisions, and to obtain necessary medical,~~
62.18 ~~dental, and other care for the child~~ requirement that the responsible social service agency
62.19 must assemble a family and permanency team for a child in foster care for treatment as
62.20 specified in section 260D.032 and participate in case planning as specified in 260C.212,
62.21 subdivision 1a, until permanency is achieved and the foster care placement ends; and

62.22 (4) applies to ~~voluntary~~ foster care for treatment when the ~~child's parent and the agency~~
62.23 ~~agree~~ responsible social service agency has placement and care responsibilities and the
62.24 assessment in section 260D.03, subdivision 1, and court review under section 260D.03,
62.25 subdivision 5, determines that the child's ~~treatment needs require foster care either;~~ requires
62.26 placement in a qualified residential treatment program; and

62.27 (i) ~~due to a level of care determination by the agency's screening team informed by the~~
62.28 ~~diagnostic and functional assessment under section 245.4885; or~~

62.29 (ii) ~~due to a determination regarding the level of services needed by the responsible~~
62.30 ~~social services' screening team under section 256B.092, and Minnesota Rules, parts~~
62.31 ~~9525.0004 to 9525.0016.~~

62.32 (5) establishes voluntary foster care for treatment when the juvenile treatment screening
62.33 team under section 260C.157 recommends placement to access treatment, assessment in

63.1 section 260D.03, subdivision 1, or court review in section 260D.03, subdivision 5, determines
63.2 the child's needs for treatment may be met in a family foster home or less restrictive setting,
63.3 and the child's parent and agency agree.

63.4 ~~(d) This chapter does not apply when there is a current determination under section~~
63.5 ~~626.556 that the child requires child protective services or when the child is in foster care~~
63.6 ~~for any reason other than treatment for the child's emotional disturbance or developmental~~
63.7 ~~disability or related condition. When there is a determination under section 626.556 that~~
63.8 ~~the child requires child protective services based on an assessment that there are safety and~~
63.9 ~~risk issues for the child that have not been mitigated through the parent's engagement in~~
63.10 ~~services or otherwise, or when the child is in foster care for any reason other than the child's~~
63.11 ~~emotional disturbance or developmental disability or related condition, the provisions of~~
63.12 ~~chapter 260C apply.~~

63.13 ~~(e)~~ (d) The paramount consideration in all proceedings concerning a child in voluntary
63.14 foster care for treatment is the safety, health, and the best interests of the child. The purpose
63.15 of this chapter is:

63.16 (1) to ensure a child with ~~a disability~~ an emotional disturbance, developmental disability,
63.17 or related condition is provided the services necessary to treat or ameliorate the symptoms
63.18 of the child's disability;

63.19 (2) to preserve and strengthen the child's family ties whenever possible and in the child's
63.20 best interests, approving the child's placement ~~away from the child's parents~~ only when the
63.21 assessment and court review in section 260D.03 determine:

63.22 (i) the child's need for care or treatment does not require placement in a qualified
63.23 residential treatment program and determines the child can remain in the home of the parent,
63.24 the family foster home, or other setting, and the agency agrees to the child's voluntary
63.25 placement for treatment in a family foster home until a permanency plan is achieved; or

63.26 (ii) the child's need for care or treatment requires it placement in a qualified residential
63.27 treatment program and the child cannot be maintained in the home of the parent; ~~and~~

63.28 (3) to ensure that when a voluntary placement for treatment agreement is in place that
63.29 the child's parent retains legal custody of the child and associated decision-making authority
63.30 unless the child's parent willfully fails or is unable to make decisions that meet the child's
63.31 safety, health, and best interests. The court may not find that the parent willfully fails or is
63.32 unable to make decisions that meet the child's needs solely because the parent disagrees
63.33 with the agency's choice of foster care facility, unless the agency files a petition under

chapter 260C, and establishes by clear and convincing evidence that the child is in need of protection or services; and

(4) to ensure the safety of the child by requiring that the child be placed in a licensed facility or in a family foster home licensed under chapter 245A, approved or licensed by the tribe or by the state where the facility is located, or an unlicensed relative as stipulated in section 245A.035, consistent with the assessment under section 260D.03 and ongoing court review under sections 260C.202, 260C.203, 260C.204, 260D.06, 260D.07, and 260D.08.

~~(f) The legal parent-child relationship shall be supported under this chapter by maintaining the parent's legal authority and responsibility for ongoing planning for the child and by the agency's assisting the parent, where necessary, to exercise the parent's ongoing right and obligation to visit or to have reasonable contact with the child. Ongoing planning means:~~

~~(1) actively participating in the planning and provision of educational services, medical, and dental care for the child;~~

~~(2) actively planning and participating with the agency and the foster care facility for the child's treatment needs; and~~

~~(3) planning to meet the child's need for safety, stability, and permanency, and the child's need to stay connected to the child's family and community.~~

~~(g)~~ (e) The provisions of section 260.012 to ensure placement prevention, family reunification, and all active and reasonable effort requirements of that section apply. This chapter shall be construed consistently with the requirements of the Indian Child Welfare Act of 1978, United States Code, title 25, section 1901, et al., and the provisions of the Minnesota Indian Family Preservation Act, sections 260.751 to 260.835.

Sec. 70. Minnesota Statutes 2018, section 260D.02, subdivision 3, is amended to read:

Subd. 3. **Case plan.** "Case plan" means any plan for the delivery of services to a child and parent, or when reunification is not required, the child alone, that is developed according to the requirements of sections 245.4871, subdivision 19 or 21; 245.492, subdivision 16; 256B.092; 260C.212, ~~subdivision~~ subdivisions 1 and 1a; 626.556, subdivision 10; and Minnesota Rules, parts 9525.0004 to 9525.0016.

Sec. 71. Minnesota Statutes 2018, section 260D.02, subdivision 5, is amended to read:

Subd. 5. **Child in voluntary foster care for treatment.** "Child in ~~voluntary~~ foster care for treatment" means a child who is emotionally disturbed or developmentally disabled or

has a related condition and is in foster care under either a voluntary foster care agreement between the child's parent and the agency ~~due to concurrence between the agency and the parent~~ or court order when it is determined ~~that foster care is medically necessary; by the~~ assessment and court review processes required in section 260D.03, subdivisions 1 and 5, that the child should not be placed in a family foster home and the court review approves of the child's residential placement.

~~(1) due to a determination by the agency's screening team based on its review of the diagnostic and functional assessment under section 245.4885; or~~

~~(2) due to a determination by the agency's screening team under section 256B.092 and Minnesota Rules, parts 9525.0004 to 9525.0016.~~

~~A child is not in voluntary foster care for treatment under this chapter when there is a current determination under section 626.556 that the child requires child protective services or when the child is in foster care for any reason other than the child's emotional or developmental disability or related condition.~~

Sec. 72. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision to read:

Subd. 9a. **Family and permanency team.** "Family and permanency team" means a team consisting of the child's parent or legal custodian, relatives, and professionals, as appropriate, who are resources to the family of the child such as teachers, medical or mental health providers who have treated the child, or clergy. In the case of an Indian child, "family and permanency team" shall include tribally identified representatives, delegates, and cultural resources as identified by the child's tribe. If the child is age 14 or older, the team must also include two team members selected by the child who are not a foster parent or caseworker for the child, consistent with the individuals a child may select in section 260C.212, subdivision 1, paragraph (b). The responsible social service agency may reject an individual selected by the child if the agency has good cause to believe that the individual would not act in the best interests of the child.

Sec. 73. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision to read:

Subd. 9b. **Family foster home.** "Family foster home" means the home of an individual or family who is licensed for child foster care under Minnesota Rules, chapter 2960, excluding foster residence settings licensed under parts 2960.3000 to 2960.3200, or licensed or approved by a tribe in accordance with tribal standards in which the approved or licensed

66.1 individual or family resides with the child. This definition includes an emergency unlicensed
66.2 relative placement, consistent with section 245A.035.

66.3 Sec. 74. Minnesota Statutes 2018, section 260D.02, subdivision 10, is amended to read:

66.4 Subd. 10. **Foster care.** ~~"Foster care" means 24-hour substitute care for children placed~~
66.5 ~~away from their parents and for whom an agency has placement and care responsibility.~~
66.6 ~~Foster care includes, but is not limited to, placement in foster family homes, foster homes~~
66.7 ~~of relatives, group homes, emergency shelters, residential facilities not excluded in this~~
66.8 ~~subdivision, child care institutions, and preadoptive homes. A child is in foster care under~~
66.9 ~~this definition, regardless of whether the facility is licensed and payments are made for the~~
66.10 ~~cost of care. Nothing in this definition creates any authority to place a child in a home or~~
66.11 ~~facility that is required to be licensed that is not licensed. Foster care does not include~~
66.12 ~~placement in any of the following facilities: hospitals, inpatient chemical dependency~~
66.13 ~~treatment facilities, facilities that are primarily for delinquent children, any corrections~~
66.14 ~~facility or program within a particular corrections facility not meeting requirements for Title~~
66.15 ~~IV-E facilities as determined by the commissioner, facilities to which a child is committed~~
66.16 ~~under the provision of chapter 253B, forestry camps, or jails.~~ has the same meaning as
66.17 section 260C.007, subdivision 18, except for children colocated with the child's parent or
66.18 guardian in a licensed residential family-based substance use disorder treatment program
66.19 under paragraph (a), clause (12).

66.20 Sec. 75. Minnesota Statutes 2018, section 260D.02, subdivision 11, is amended to read:

66.21 Subd. 11. **Legal authority to place the child.** "Legal authority to place the child" means
66.22 the agency has legal responsibility for the care and control of the child while the child is in
66.23 foster care. ~~The agency may acquire legal authority to place a child through, either through~~
66.24 a court order under chapter 260C, a voluntary placement agreement between the agency
66.25 and the child's parent under this chapter, or, in the case of an Indian child, this may include
66.26 tribal jurisdictions through a tribal court. Legal authority to place the child does not mean
66.27 the agency has authority to make major life decisions regarding the child, including major
66.28 medical decisions. A parent with legal custody of the child continues to have legal authority
66.29 to make major life decisions regarding the child, including major medical decisions, unless
66.30 a court order under chapter 260C specifically gives legal authority to make major life
66.31 decisions regarding the child to the responsible social service agency.

67.1 Sec. 76. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision
67.2 to read:

67.3 Subd. 13a. **Permanency plan.** "Permanency plan" means the established goal in the
67.4 out-of-home placement plan that will achieve a safe, permanent home for the child. There
67.5 are four permanency goals for children:

67.6 (1) reunification with the child's parent or legal guardian;

67.7 (2) placement with other relatives;

67.8 (3) adoption; or

67.9 (4) establishment of a new legal guardianship through a transfer of permanent legal and
67.10 physical custody.

67.11 Sec. 77. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision
67.12 to read:

67.13 Subd. 13b. **Qualified individual.** "Qualified individual" means a trained culturally
67.14 competent professional or licensed clinician who is not an employee of the department and
67.15 who is not connected to or affiliated with any placement setting in which children are placed
67.16 by a responsible social service agency.

67.17 Sec. 78. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision
67.18 to read:

67.19 Subd. 13c. **Qualified residential treatment program.** "Qualified residential treatment
67.20 program" means a nonfoster family child residential treatment program licensed under
67.21 chapter 245A or licensed or approved by a tribe that has been approved under section 256.82
67.22 that:

67.23 (1) has a trauma-informed treatment model that is designed to address the needs, including
67.24 clinical needs as appropriate, of children with serious emotional or behavioral disorders or
67.25 disturbances and, with respect to a child, is able to implement the treatment identified for
67.26 the child by the required 30-day assessment to determine the appropriateness of the
67.27 placement, as defined in section 260D.03;

67.28 (2) has a registered or licensed nursing staff and other licensed clinical staff who:

67.29 (i) provide care within the scope of their practice; and

67.30 (ii) are available 24 hours a day and seven days a week;

68.1 (3) is accredited by any of the following independent, not-for-profit organizations: the
68.2 Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission
68.3 on Accreditation of Healthcare Organizations (JCAHO), and the Council on Accreditation
68.4 (COA);

68.5 (4) to the extent appropriate and in accordance with the child's best interests, facilitates
68.6 participation of family members in the child's treatment program, as defined by the
68.7 out-of-home placement plan under section 260C.212, subdivisions 1 and 1a;

68.8 (5) facilitates outreach to family members of the child, including siblings;

68.9 (6) documents how the outreach is made, including contact information, and maintains
68.10 contact information for any known parents or relatives of the child;

68.11 (7) documents how family members are integrated into the treatment process for the
68.12 child, including postdischarge, and how sibling connections are maintained; and

68.13 (8) provides discharge planning and family-based aftercare support for at least six months
68.14 postdischarge.

68.15 Sec. 79. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision
68.16 to read:

68.17 Subd. 15. **Responsible social service agency.** "Responsible social service agency" has
68.18 the meaning given in section 260C.007, subdivision 27a.

68.19 Sec. 80. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision
68.20 to read:

68.21 Subd. 16. **Voluntary foster care for treatment.** "Voluntary foster care for treatment"
68.22 means when a child is in foster care under a voluntary foster care agreement between the
68.23 child's parent and the responsible social service agency where the agency's screening team
68.24 under section 260C.157, subdivision 3, has determined that the child is emotionally disturbed,
68.25 developmentally disabled, or has a related condition, and that foster care is medically
68.26 necessary.

68.27 Sec. 81. Minnesota Statutes 2018, section 260D.03, is amended to read:

68.28 **260D.03 VOLUNTARY PLACEMENT REQUIREMENTS; FOSTER CARE FOR**
68.29 **TREATMENT.**

68.30 Subdivision 1. ~~Voluntary foster care~~ Assessment of the appropriateness of a qualified
68.31 residential treatment program placement. When the responsible social service agency's

juvenile treatment screening team, as defined in section 260C.157 recommends placing the child in a qualified residential treatment program, as defined in section 260D.02, subdivision 13c, based upon the diagnostic and functional assessment under section 245.4885 or medical necessity screenings under section 256B.092, subdivision 7, ~~determines or recommends~~ the child's need for residential treatment due to emotional disturbance or developmental disability or related condition ~~requires foster care placement of the child, a voluntary foster care agreement between the child's parent and the agency gives the agency legal authority to place the child in foster care.~~ the agency must initiate an assessment by a qualified individual.

~~Subd. 2. **Voluntary foster care agreement.** A voluntary foster care agreement shall be used to provide the agency the legal authority to place a child in foster care for treatment due to the child's disability. The agreement must be in writing and signed by both the child's parent and the agency. The agreement must be in a form approved by the commissioner of human services, and shall contain notice to parents of the consequences to the parent and to the child of being in voluntary foster care.~~

Subd. 3. **The assessment by the qualified individual.** (a) The assessment must be completed prior to or within 30 days of the child's placement in a qualified residential treatment program and be in a format developed by the commissioner and must:

(1) assess the strengths and needs of the child using an age-appropriate, evidence-based, validated, functional assessment approved by the commissioner of human services;

(2) determine whether the child's needs can be met by family members or through placement in a family foster home or, if not, which allowable in-state or out-of-state residential setting would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the short- and long-term goals for the child in the permanency plan for the child;

(3) develop a list of the child-specific short- and long-term mental and behavioral health goals; and

(4) work in conjunction with the child's family and permanency team, using culturally competent practices while conducting and making the required assessment.

(b) The child's parents and the child, when appropriate, may specify the culturally competent qualified individual to complete the assessment. The agency shall make efforts to refer the assessment to the identified qualified individual. The assessment may not be delayed for the purpose of having the assessment completed by a specific qualified individual.

(c) The completed assessment in the approved format must be provided to the responsible social service agency, parents, guardian ad litem, and the court as required in subdivision 6.

(d) For an Indian child, the assessment must follow the order of placement preferences in the Indian Child Welfare Act of 1978, United States Code, title 25, section 1915.

(e) If the placement preferences of the parent, family and permanency team, child, and tribe are not the placement setting recommended by the qualified individual in subdivision 4, the assessment must include the reasons why their preferences were not recommended.

Subd. 4. Qualified individual determination. (a) Using the requirements of subdivision 3, if the qualified individual determines the child needs placement and should not be placed in a family foster home, the assessment must specify in writing:

(1) the reasons why the child's needs cannot be met by their family or in a family foster home. A shortage of family foster homes is not an acceptable reason to determine the child's needs cannot be met in a family foster home; and

(2) why the recommended placement in a qualified residential treatment program is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment and how that placement is consistent with the short- and long-term goals for the child as specified in the permanency plan for the child.

(b) If the qualified individual determines the child may be placed in a family foster home or other less restrictive placement setting, the child must be transitioned out of the qualified residential treatment program within 30 days of the determination. The case plan must, under section 260C.212, subdivision 1a, include the reasons why the preferences of the family and permanency team and the child were not recommended.

Subd. 5. Family and permanency team. The responsible social service agency must assemble a family and permanency team for a child in foster care for treatment as specified in section 260D.032.

Subd. 6. Court approval of a foster care for treatment. (a) Within 60 days from the start of each placement in a qualified residential treatment program, the court must:

(1) consider the assessment required under subdivision 2 of the appropriateness of the placement in a qualified residential treatment program, and documentation made by the qualified individual conducting the assessment;

(2) determine whether the needs of the child can be met through placement in a family foster home or, if not, whether placement of the child in a qualified residential treatment

71.1 program provides the most effective and appropriate level of care for the child in the least
71.2 restrictive environment and whether that placement is consistent with the short- and
71.3 long-range goals for the child, as specified in the permanency plan for the child; and

71.4 (3) approve or disapprove the placement.

71.5 (b) The court approval or disapproval must be documented in the out-of-home placement
71.6 plan, as specified in section 260C.212, subdivision 1a.

71.7 (c) Court review may be conducted in tribal court when that court has legal jurisdiction.

71.8 Subd. 7. **Ongoing reviews and permanency hearing requirements.** As long as a child
71.9 remains placed in a qualified residential treatment program, the responsible social service
71.10 agency shall submit evidence at each administrative review under section 260C.202; court
71.11 review under sections 260C.203, 260C.204, and 260D.06; or permanency hearing held for
71.12 the child under sections 260C.515, 260C.519, 260C.521, or 260D.07 and 260D.08:

71.13 (1) demonstrating the ongoing assessment of the strengths and needs of the child continues
71.14 to support the determination that the needs of the child cannot be met through reunification
71.15 or placement in a foster family home, that the placement in a qualified residential treatment
71.16 program provides the most effective and appropriate level of care for the child in the least
71.17 restrictive environment, and that the placement is consistent with the short- and long-term
71.18 goals for the child as specified in the permanency plan for the child;

71.19 (2) documenting the specific treatment or service needs that will be met for the child in
71.20 the placement and the length of time the child is expected to need the treatment or services;
71.21 and

71.22 (3) documenting the efforts made by the responsible social service agency to prepare
71.23 the child to return home or placed with a fit and willing relative, a legal guardian, or an
71.24 adoptive parent or in a foster family home.

71.25 Subd. 8. **Review of extended qualified residential treatment program placements.** (a)
71.26 When a responsible social service agency places a child in a qualified residential treatment
71.27 program for more than 12 consecutive months or 18 nonconsecutive months, or in the case
71.28 of a child who has not attained age 13, for more than six consecutive or nonconsecutive
71.29 months, the agency must submit the signed approval by the responsible social service agency
71.30 and the evidence provided at the most recent court review or permanency hearing as defined
71.31 in subdivision 7 to the commissioner, according to paragraph (b).

71.32 (b) The commissioner shall specify the procedures and requirements for the review and
71.33 approval of extended qualified residential treatment program placements. The commissioner

72.1 may consult with counties, tribes, child-placing agencies, mental health providers, licensed
72.2 facilities, youth, parents, and family and permanency team members in the development of
72.3 the requirements and engage in periodic reviews of the requirements.

72.4 Sec. 82. **[260D.032] FAMILY AND PERMANENCY TEAM REQUIREMENTS.**

72.5 (a) When the responsible social service agency's juvenile treatment screening team, as
72.6 defined in section 260C.157, or tribal social service agency process recommends the child
72.7 be placed in a qualified residential treatment program, or the agency enters into a voluntary
72.8 placement for treatment and the child is placed in a family foster home, a family and
72.9 permanency team must be assembled within ten days as follows:

72.10 (1) the team must consist of all appropriate biological family members, legal parents or
72.11 custodians, and relatives of the child as defined in section 260C.007, subdivisions 26b and
72.12 27, as well as professionals, as appropriate, who are a resource to the family of the child,
72.13 such as teachers, medical or mental health providers who have treated the child, or clergy;

72.14 (i) when a child is placed in foster care prior to the residential placement, the relatives
72.15 responding to the relative search notice shall be included in this team, unless the juvenile
72.16 court finds that contacting a specific relative would endanger the parent, guardian, child,
72.17 sibling, or any family member, required under section 260C.221;

72.18 (ii) when a residential placement is the child's initial placement setting, the relative
72.19 search in section 260C.221 may be conducted prior to the juvenile treatment screening team
72.20 review under section 260C.157. The responsible social service agency must engage with
72.21 the child and the child's parents to determine the appropriate family and permanency team
72.22 members;

72.23 (iii) when reunification is the permanency goal, the purpose of the relative search and
72.24 focus of the family and permanency team is to preserve family relationships and develop
72.25 supports for the child and parents;

72.26 (2) the responsible agency must make a good-faith effort to identify and assemble all
72.27 individuals required to be on the child's family and permanency team, consistent with section
72.28 260C.221, and include in the out-of-home placement plan as defined in section 260C.212,
72.29 subdivision 1a, all contact information for the team as well as contact information for other
72.30 family members or relatives who are not part of the family and permanency team;

72.31 (3) if the child is age 14 or older, the team must include the members of the family and
72.32 permanency team that are selected by the child in accordance with section 260C.212,
72.33 subdivision 1, paragraph (b);

73.1 (4) consistent with section 260C.221, a responsible social service agency may disclose
73.2 private data to relatives for the purpose of participation in the care and planning for the
73.3 child and locating a suitable placement; and

73.4 (5) if the child is an Indian child, consistent with section 260.751, the responsible social
73.5 service agency must provide active efforts to include the child's tribe representative or
73.6 designate input in the juvenile treatment and screening team and the family and permanency
73.7 team.

73.8 (b) The team shall meet regarding the assessment required under section 260D.03 for
73.9 the appropriateness of the qualified residential treatment program placement and to participate
73.10 in case planning to achieve the permanency plan.

73.11 (1) When reunification is the permanency plan, the team shall support the legal
73.12 parent-child relationship by maintaining the parent's legal authority and responsibility for
73.13 ongoing planning for the child and by the agency's assisting the parent, where necessary,
73.14 to exercise the parent's ongoing right and obligation to visit or have reasonable contact with
73.15 the child. Ongoing planning means:

73.16 (i) actively participating in the planning and provision of educational services, medical
73.17 care, and dental care for the child;

73.18 (ii) actively planning and participating with the agency and the foster care facility for
73.19 the child's treatment needs; and

73.20 (iii) planning to meet the child's need for safety, stability, and permanency, and the
73.21 child's need to stay connected to the child's family and community.

73.22 (2) When permanent legal and physical custody to a relative or adoption is the
73.23 permanency plan, the team shall:

73.24 (i) actively transition the educational services, medical, and dental care for the child and
73.25 proposed guardian;

73.26 (ii) actively transition with the agency and the foster care facility for the child's treatment
73.27 needs after permanency;

73.28 (iii) planning to meet the child's need for safety, stability, and the child's need to stay
73.29 connected to the child's family and community after permanency; and

73.30 (iv) in the case of an Indian child, engage the child's tribe to identify necessary services,
73.31 transition planning, treatment needs, and connections to community, family, and tribe.

(c) The team participates in case planning and receives notice of court reviews until a permanency plan is achieved and the foster care placement ends consistent with sections 260C.152 and 260C.221.

Sec. 83. Minnesota Statutes 2018, section 260D.04, is amended to read:

~~260D.04 REQUIRED INFORMATION FOR A CHILD IN VOLUNTARY FOSTER CARE FOR TREATMENT.~~

Subdivision 1. Voluntary foster care for treatment agreement. (a) When the agency's screening team, under section 260C.157, subdivision 3, based upon the diagnostic and functional assessment under section 245.4885 or medical necessity screenings under section 256B.092, subdivision 7, determines the child's need for treatment due to emotional disturbance, developmental disability, or related conditions requires foster care placement of the child, a voluntary foster care agreement between the child's parent and the agency gives the agency legal authority to place the child in foster care.

(b) The voluntary foster care for treatment agreement must be in writing and signed by both the child's parent and the agency. The agreement must be in a form developed by the commissioner of human services, and shall contain:

(1) notice to parents of the consequences to the parent and the child of being in voluntary foster care; and

(2) information about the required assessments, family and permanency team, permanency planning, court reviews, and out-of-home placement plan.

(c) The ongoing responsibility of the parent as legal custodian to visit the child, to plan together with the agency for the child's treatment needs, to be available and accessible to the agency to make treatment decisions, and to obtain necessary medical, dental, and other care for the child.

(d) The legally responsible agency shall support the legal parent-child relationship by maintaining the parent's legal authority and responsibility for ongoing planning for the child and by the agency assisting the parent, where necessary, to exercise the parent's ongoing rights and obligations. The agreement establishes the ongoing responsibility of the parent as legal custodian to visit the child, to plan together with the agency for the child's treatment needs, to be available and accessible to the agency to make treatment decisions, and to obtain necessary medical, dental, and other care for the child.

(e) Voluntary foster care for treatment does not apply when there is a current determination under section 626.556 that the child requires child protective services or when

the child is in foster care for any reason other than treatment for the child's emotional disturbance, developmental disability, or related condition. When there is a determination under section 626.556 that the child requires child protective services based on an assessment that there are safety and risk issues for the child that have not been mitigated through the parent's engagement in services or otherwise, or when the child is in foster care for any reason other than the child's emotional disturbance, developmental disability, or related condition, the provisions of chapter 260C apply.

Subd. 2. Required information for a child in voluntary foster care for treatment. An agency with authority to place a child in voluntary foster care for treatment due to emotional disturbance or developmental disability or related condition, shall inform the child, age 12 or older, of the following:

(1) the child has the right to be consulted in the preparation of the out-of-home placement plan required under section 260C.212, subdivision 1, and the administrative review required under section 260C.203;

(2) the child has the right to visit the parent and the right to visit the child's siblings as determined safe and appropriate by the parent and the agency;

(3) if the child disagrees with the foster care facility or services provided under the out-of-home placement plan required under section 260C.212, subdivision 1, the agency shall include information about the nature of the child's disagreement and, to the extent possible, the agency's understanding of the basis of the child's disagreement in the information provided to the court in the report required under section 260D.06; and

(4) the child has the rights established under Minnesota Rules, part 2960.0050, as a resident of a facility licensed by the state.

Sec. 84. Minnesota Statutes 2018, section 260D.06, is amended to read:

260D.06 AGENCY REPORT TO COURT AND COURT REVIEW OF CHILD IN VOLUNTARY FOSTER CARE FOR TREATMENT DUE TO DISABILITY.

Subdivision 1. **Judicial review.** In the case of a child in voluntary foster care for treatment ~~due to disability under section 260D.03~~ as defined in section 260D.02, subdivision 16, the agency shall obtain judicial review of the child's voluntary foster care placement within 165 days of the placement.

Subd. 2. **Agency report to court; court review.** The agency shall obtain judicial review by reporting to the court according to the following procedures:

(a) A written report shall be forwarded to the court within 165 days of the date of the voluntary placement agreement. The written report shall contain or have attached:

(1) a statement of facts that necessitate the child's foster care placement;

(2) the child's name, date of birth, race, gender, and current address;

(3) the names, race, date of birth, residence, and post office addresses of the child's parents or legal custodian;

(4) a statement regarding the child's eligibility for membership or enrollment in an Indian tribe and the agency's compliance with applicable provisions of sections 260.751 to 260.835;

~~(5) the names and addresses of the foster parents or chief administrator of the facility in which the child is placed, if the child is not in a family foster home or group home~~ a summary of the child's placement settings from the last 165 days, including the reasons for a move from one setting to another;

(6) a copy of the out-of-home placement plan required under section 260C.212, subdivision 1, and the requirements under section 260C.212, subdivision 1a, if the child is placed in a qualified residential treatment program;

(7) a written summary of the proceedings of any administrative review required under section 260C.203; ~~and~~

(8) the reasonable and good-faith efforts of the agency to identify and assemble all the individuals required to be on the child's family and permanency team;

(9) when a child is placed in a qualified residential treatment program setting as defined in section 260D.02, subdivision 13c, the responsible social service agency must submit evidence to the court documenting the assessments, services, and agency efforts specified in section 260D.03;

(10) when a child is placed in a family foster home, the responsible social service agency must submit evidence to the court documenting the services available through the placement that are not available in the parent's home and the agency's relative search efforts as required under section 260C.221; and

(11) any other information the agency, parent or legal custodian, the child or the foster parent, or other residential facility wants the court to consider.

(b) In the case of a child in placement due to emotional disturbance, the written report shall include as an attachment, the child's individual treatment plan developed by the child's

77.1 treatment professional, as provided in section 245.4871, subdivision 21, or the child's
77.2 standard written plan, as provided in section 125A.023, subdivision 3, paragraph (e).

77.3 (c) In the case of a child in placement due to developmental disability or a related
77.4 condition, the written report shall include as an attachment, the child's individual service
77.5 plan, as provided in section 256B.092, subdivision 1b; the child's individual program plan,
77.6 as provided in Minnesota Rules, part 9525.0004, subpart 11; the child's waiver care plan;
77.7 or the child's standard written plan, as provided in section 125A.023, subdivision 3, paragraph
77.8 (e).

77.9 (d) The agency must inform the child, age 12 or older, the child's parent, and the foster
77.10 parent or foster care facility of the reporting and court review requirements of this section
77.11 and of their right to submit information to the court:

77.12 (1) if the child or the child's parent or the foster care provider wants to send information
77.13 to the court, the agency shall advise those persons of the reporting date and the date by
77.14 which the agency must receive the information they want forwarded to the court so the
77.15 agency is timely able submit it with the agency's report required under this subdivision;

77.16 (2) the agency must also inform the child, age 12 or older, the child's parent, and the
77.17 foster care facility that they have the right to be heard in person by the court and how to
77.18 exercise that right;

77.19 (3) the agency must also inform the child, age 12 or older, the child's parent, and the
77.20 foster care provider that an in-court hearing will be held if requested by the child, the parent,
77.21 or the foster care provider; and

77.22 (4) if, at the time required for the report under this section, a child, age 12 or older,
77.23 disagrees about the foster care facility or services provided under the out-of-home placement
77.24 plan required under section 260C.212, subdivision 1, the agency shall include information
77.25 regarding the child's disagreement, and to the extent possible, the basis for the child's
77.26 disagreement in the report required under this section.

77.27 (e) After receiving the required report, the court has jurisdiction to make the following
77.28 determinations and must do so within ten days of receiving the forwarded report, whether
77.29 a hearing is requested:

77.30 (1) whether the voluntary foster care for treatment arrangement is in the child's best
77.31 interests;

77.32 (2) whether the parent and agency are appropriately planning for the child; and

(3) in the case of a child age 12 or older, who disagrees with the foster care facility or services provided under the out-of-home placement plan, whether it is appropriate to appoint counsel and a guardian ad litem for the child using standards and procedures under section 260C.163.

(f) Unless requested by a parent, representative of the foster care facility, or the child, no in-court hearing is required in order for the court to make findings and issue an order as required in paragraph (e).

(g) If the court finds the voluntary foster care for treatment arrangement is in the child's best interests and that the agency and parent are appropriately planning for the child, the court shall issue an order containing explicit, individualized findings to support its determination. The individualized findings shall be based on the agency's written report and other materials submitted to the court. The court may make this determination notwithstanding the child's disagreement, if any, reported under paragraph (d).

(h) The court shall send a copy of the order to the county attorney, the agency, parent, child, age 12 or older, and the foster parent or ~~foster care~~ facility.

(i) The court shall also send the parent, the child, age 12 or older, the foster parent, or representative of the ~~foster care~~ facility notice of the permanency review hearing required under section 260D.07, paragraph (e).

(j) If the court finds continuing the voluntary foster care for treatment arrangement is not in the child's best interests or that the agency or the parent are not appropriately planning for the child, the court shall notify the agency, the parent, the foster parent or ~~foster care~~ facility, the child, age 12 or older, and the county attorney of the court's determinations and the basis for the court's determinations. In this case, the court shall set the matter for hearing and appoint a guardian ad litem for the child under section 260C.163, subdivision 5.

Sec. 85. Minnesota Statutes 2018, section 260D.07, is amended to read:

260D.07 REQUIRED PERMANENCY REVIEW HEARING FOR A CHILD IN VOLUNTARY FOSTER CARE FOR TREATMENT.

(a) When the court has found that the voluntary foster care for treatment arrangement is in the child's best interests and that the agency and parent are appropriately planning for the child pursuant to the report submitted under section 260D.06, and the child continues in voluntary foster care as defined in section ~~260D.02, subdivision 10~~ 260C.007, subdivision 18, for 13 months from the date of the voluntary foster care for treatment agreement, or has been in placement for 15 of the last 22 months, the agency must:

79.1 (1) terminate the voluntary foster care for treatment agreement and return the child home;
79.2 or

79.3 (2) determine whether there are compelling reasons to continue the voluntary foster care
79.4 for treatment arrangement and, if the agency determines there are compelling reasons, seek
79.5 judicial approval of its determination; or

79.6 (3) file a petition for the termination of parental rights.

79.7 (b) When the agency is asking for the court's approval of its determination that there are
79.8 compelling reasons to continue the child in the voluntary foster care for treatment
79.9 arrangement, the agency shall file a "Petition for Permanency Review Regarding a Child
79.10 in Voluntary Foster Care for Treatment" and ask the court to proceed under this section.

79.11 (c) The "Petition for Permanency Review Regarding a Child in Voluntary Foster Care
79.12 for Treatment" shall be drafted or approved by the county attorney and be under oath. The
79.13 petition shall include:

79.14 (1) the date of the voluntary ~~placement~~ foster care for treatment agreement;

79.15 (2) whether the petition is due to the child's developmental disability or emotional
79.16 disturbance;

79.17 (3) the plan for the ongoing care of the child and the parent's participation in the plan;

79.18 (4) a description of the parent's visitation and contact with the child;

79.19 (5) the date of the court finding that the foster care placement was in the best interests
79.20 of the child, if required under section 260D.06, or the date the agency filed the motion under
79.21 section 260D.09, paragraph (b);

79.22 (6) the agency's reasonable efforts or active efforts, in the case of an Indian child, to
79.23 finalize the permanent plan for the child, including returning the child to the care of the
79.24 child's family; and

79.25 (7) the reasonable and good-faith efforts of the agency to identify and assemble all the
79.26 individuals required to be on the child's family and permanency team, or the reason the
79.27 family and permanency team is not required;

79.28 (8) when a child is placed in a qualified residential treatment program setting as defined
79.29 in section 260D.02, subdivision 13c, the responsible social service agency must submit
79.30 evidence to the court documenting the assessments, services, and agency efforts specified
79.31 in section 260D.03;

80.1 (9) when a child is placed in a family foster home, the responsible social service agency
80.2 must submit evidence to the court documenting the services available through the placement
80.3 that are not available in the parent's home and relative search efforts as required under
80.4 section 260C.221; and

80.5 (10) a citation to this chapter as the basis for the petition.

80.6 (d) An updated copy of the out-of-home placement plan required under section 260C.212,
80.7 subdivision 1, and the requirements under section 260C.212, subdivision 1a, if the child is
80.8 placed in a qualified residential treatment program, shall be filed with the petition.

80.9 (e) The court shall set the date for the permanency review hearing no later than 14 months
80.10 after the child has been in placement or within 30 days of the petition filing date when the
80.11 child has been in placement 15 of the last 22 months. The court shall serve the petition
80.12 together with a notice of hearing by United States mail on the parent, the child age 12 or
80.13 older, the child's guardian ad litem, if one has been appointed, the agency, the county
80.14 attorney, and counsel for any party.

80.15 (f) The court shall conduct the permanency review hearing on the petition no later than
80.16 14 months after the date of the voluntary placement for treatment agreement, within 30 days
80.17 of the filing of the petition when the child has been in placement 15 of the last 22 months,
80.18 or within 15 days of a motion to terminate jurisdiction and to dismiss an order for foster
80.19 care under chapter 260C, as provided in section 260D.09, paragraph (b).

80.20 (g) At the permanency review hearing, the court shall:

80.21 (1) inquire of the parent if the parent has reviewed the "Petition for Permanency Review
80.22 Regarding a Child in Voluntary Foster Care for Treatment," whether the petition is accurate,
80.23 and whether the parent agrees to the continued voluntary foster care for treatment
80.24 arrangement as being in the child's best interests;

80.25 (2) inquire of the parent if the parent is satisfied with the agency's reasonable efforts to
80.26 finalize the permanent plan for the child, including whether there are services available and
80.27 accessible to the parent that might allow the child to safely be with the child's family;

80.28 (3) inquire of the parent if the parent consents to the court entering an order that:

80.29 (i) approves the responsible agency's reasonable efforts or active efforts, in the case of
80.30 an Indian child, to finalize the permanent plan for the child, which includes ongoing future
80.31 planning for the safety, health, and best interests of the child; ~~and~~

81.1 (ii) approves the reasonable and good-faith efforts of the responsible agency to identify
81.2 and assemble a family and permanency team, or the reason the family and permanency team
81.3 is not required to support the finalization of a permanency plan; and

81.4 (iii) approves the responsible agency's determination that there are compelling reasons
81.5 why the continued voluntary foster care arrangement is in the child's best interests; ~~and~~

81.6 (4) inquire of the child's tribe, in the case of an Indian child, if the tribe agrees that they
81.7 have received notice and the agency's efforts are consistent with the Minnesota Indian
81.8 Family Preservation Act, sections 260.751 to 260.835; and

81.9 ~~(4) (5) inquire of the child's guardian ad litem and any other party whether the guardian~~
81.10 ~~or the party agrees~~ they agree that:

81.11 (i) the court should approve the responsible agency's reasonable efforts to finalize the
81.12 permanent plan for the child, which includes efforts to identify and assemble a family and
81.13 permanency team to support ongoing and future planning for the safety, health, and best
81.14 interests of the child; and

81.15 (ii) the court should approve of the responsible agency's determination that there are
81.16 compelling reasons why the continued voluntary foster care for treatment arrangement is
81.17 in the child's best interests.

81.18 (h) At a permanency review hearing under this section, the court may take the following
81.19 actions based on the contents of the sworn petition and the consent of the parent:

81.20 (1) approve the agency's compelling reasons that the voluntary foster care for treatment
81.21 arrangement is in the best interests of the child; and

81.22 (2) find that the agency has made reasonable efforts to finalize the permanent plan for
81.23 the child.

81.24 (i) A child, age 12 or older, may object to the agency's request that the court approve its
81.25 compelling reasons for the continued voluntary arrangement and may be heard on the reasons
81.26 for the objection. Notwithstanding the child's objection, the court may approve the agency's
81.27 compelling reasons and the voluntary arrangement.

81.28 (j) If, after hearing from the child and all parties, the court does not approve the voluntary
81.29 foster care for treatment arrangement ~~after hearing from the child or the child's guardian ad~~
81.30 ~~litem,~~ the court shall dismiss the petition. In this case, either:

81.31 (1) the child must be returned to the care of the parent; or

82.1 (2) the agency must file a petition under section 260C.141, asking for appropriate relief
82.2 under sections 260C.301 or 260C.503 to 260C.521.

82.3 (k) When the court approves the agency's compelling reasons for the child to continue
82.4 in voluntary foster care for treatment, and finds that the agency has made reasonable efforts
82.5 to finalize a permanent plan for the child, the court shall approve the continued voluntary
82.6 foster care for treatment arrangement, and continue the matter under the court's jurisdiction
82.7 for the purposes of reviewing the child's placement every 12 months while the child is in
82.8 foster care.

82.9 (l) A finding that the court approves the continued voluntary placement means the agency
82.10 has continued legal authority to place the child while a voluntary placement agreement
82.11 remains in effect. The parent or the agency may terminate a voluntary agreement as provided
82.12 in section 260D.10. Termination of a voluntary foster care placement of an Indian child is
82.13 governed by section 260.765, subdivision 4.

82.14 Sec. 86. Minnesota Statutes 2018, section 260D.08, is amended to read:

82.15 **260D.08 ANNUAL REVIEW FOR A CHILD IN VOLUNTARY FOSTER CARE**
82.16 **FOR TREATMENT.**

82.17 (a) After the court conducts a permanency review hearing under section 260D.07, the
82.18 matter must be returned to the court for further review of the responsible social services
82.19 reasonable efforts to finalize the permanent plan for the child and the child's foster care
82.20 placement at least every 12 months while the child is in foster care. The court shall give
82.21 notice to the parent and child, age 12 or older, ~~and~~ the foster parents, the facility, and in the
82.22 case of an Indian child, the child's tribe of the continued review requirements under this
82.23 section at the permanency review hearing.

82.24 (b) Every 12 months, the court shall determine whether the agency made reasonable
82.25 efforts to finalize the permanency plan for the child, which means the exercise of due
82.26 diligence by the agency to:

82.27 (1) ensure that the agreement for voluntary foster care is the most appropriate legal
82.28 arrangement to meet the child's safety, health, and best interests and to conduct a genuine
82.29 examination of whether there is another permanency disposition order under chapter 260C,
82.30 including returning the child home, that would better serve the child's need for a stable and
82.31 permanent home;

82.32 (2) engage and support the parent in continued involvement in planning and decision
82.33 making for the needs of the child;

83.1 (3) strengthen the child's ties to the parent, relatives, and community;

83.2 (4) implement the out-of-home placement plan required under section 260C.212,
83.3 subdivision 1, and ensure that the plan requires the provision of appropriate services to
83.4 address the physical health, mental health, and educational needs of the child; ~~and~~

83.5 (5) the reasonable and good-faith efforts of the agency to identify and assemble all the
83.6 individuals required to be on the child's family and permanency team, or the reason the
83.7 family and permanency team is not required;

83.8 (6) when a child is placed in a qualified residential treatment program setting as defined
83.9 in section 260D.02, subdivision 13c, the responsible social service agency must submit
83.10 evidence to the court documenting the assessments, services, and agency efforts specified
83.11 in section 260D.03;

83.12 (7) when a child is placed in a family foster home, the responsible social service agency
83.13 must submit evidence to the court documenting the services available through the placement
83.14 that are not available in the parent's home, as well as the relative search efforts as required
83.15 under section 260C.221; and

83.16 (8) ensure appropriate planning for the child's safe, permanent, and independent living
83.17 arrangement after the child's 18th birthday.

83.18 Sec. 87. Minnesota Statutes 2018, section 260D.09, is amended to read:

83.19 **260D.09 PERMANENCY REVIEW AFTER ADJUDICATION UNDER CHAPTER**
83.20 **260C.**

83.21 (a) If a child has been ordered into foster care under section 260C.178 or 260C.201,
83.22 subdivision 1, and the conditions that led to the court's order have been corrected so that
83.23 the child could safely return home except for the child's need to continue in foster care for
83.24 treatment due to the child's disability, the child's parent and the agency may enter into a
83.25 voluntary foster care for treatment agreement under this chapter using the procedure set out
83.26 in paragraph (b).

83.27 (b) When the agency and the parent agree to enter into a voluntary foster care for
83.28 treatment agreement under this chapter, the agency must file a motion to terminate jurisdiction
83.29 under section 260C.193, subdivision 6, and to dismiss the order for foster care under section
83.30 260C.178 or 260C.201, subdivision 1, together with the petition required under section
83.31 260D.07, paragraph (b), for permanency review and the court's approval of the voluntary
83.32 arrangement.

(c) The court shall send the motion and the petition filed under subdivision 2 together with a notice of hearing by mail as required in section 260D.07, paragraph (e).

(d) The petition and motion under this section must be filed no later than the time the agency is required to file a petition for permanent placement under section 260C.505 but may be filed as soon as the agency and the parent agree that the child should remain in foster care under a voluntary foster care for treatment agreement, because the child needs treatment and voluntary foster care is in the child's best interest.

(e) In order for the agency to have continuous legal authority to place the child, the parent and the agency must execute a voluntary foster care for treatment agreement for the child's continuation in foster care for treatment prior to the termination of the order for foster care under section 260C.178 or 260C.201, subdivision 1. The parent and agency may execute the voluntary foster care agreement at or before the permanency review hearing required under this section. The voluntary foster care for treatment agreement shall not be effective until the court terminates jurisdiction under section 260C.193, subdivision 6, and dismisses the order for foster care under section 260C.178 or 260C.201, subdivision 1. Unless the agency and the parent execute a voluntary placement agreement for the child to continue in voluntary foster care for treatment, the agency shall not have legal authority to place the child after the court terminates jurisdiction under chapter 260C.

Sec. 88. Minnesota Statutes 2018, section 477A.0126, subdivision 5, is amended to read:

Subd. 5. **Payments.** The commissioner of revenue must compute the amount of the reimbursement aid payable to each county and tribe under this section and Laws 2014, chapter 150, article 4, section 5. On or before August 1 of each year, the commissioner shall certify the amount to be paid to each county and tribe in the following year. The commissioner shall pay reimbursement aid annually at the times provided in section 477A.015.

EFFECTIVE DATE. This section is effective for aids payable in 2021 through 2024.

Sec. 89. Minnesota Statutes 2018, section 477A.0126, subdivision 7, is amended to read:

Subd. 7. **Appropriation.** (a) ~~\$5,000,000~~ \$8,000,000 is annually appropriated to the commissioner of revenue from the general fund to pay aid under this section, of which \$3,000,000 is appropriated under Laws 2014, chapter 150, article 4, section 6.

(b) \$390,000 is appropriated annually from the general fund to the commissioner of human services to implement subdivision 6.

85.1 **EFFECTIVE DATE.** This section is effective for aids payable in 2021 through 2024.

85.2 Sec. 90. Minnesota Statutes 2019 Supplement, section 477A.03, subdivision 2b, is amended
85.3 to read:

85.4 Subd. 2b. **Counties.** (a) For aids payable in 2018 and 2019, the total aid payable under
85.5 section 477A.0124, subdivision 3, is \$103,795,000, of which \$3,000,000 shall be allocated
85.6 as required under Laws 2014, chapter 150, article 4, section 6. For aids payable in 2020,
85.7 the total aid payable under section 477A.0124, subdivision 3, is \$116,795,000, of which
85.8 \$3,000,000 shall be allocated as required under Laws 2014, chapter 150, article 4, section
85.9 6. ~~For aids payable in 2021 through 2024, the total aid payable under section 477A.0124,~~
85.10 ~~subdivision 3, is \$118,795,000, of which \$3,000,000 shall be allocated as required under~~
85.11 ~~Laws 2014, chapter 150, article 4, section 6.~~ For aids payable in 2025 2021 and thereafter,
85.12 the total aid payable under section 477A.0124, subdivision 3, is \$115,795,000. Each calendar
85.13 year, \$500,000 of this appropriation shall be retained by the commissioner of revenue to
85.14 make reimbursements to the commissioner of management and budget for payments made
85.15 under section 611.27. The reimbursements shall be to defray the additional costs associated
85.16 with court-ordered counsel under section 611.27. Any retained amounts not used for
85.17 reimbursement in a year shall be included in the next distribution of county need aid that
85.18 is certified to the county auditors for the purpose of property tax reduction for the next taxes
85.19 payable year.

85.20 (b) For aids payable in 2018 and 2019, the total aid under section 477A.0124, subdivision
85.21 4, is \$130,873,444. For aids payable in 2020, the total aid under section 477A.0124,
85.22 subdivision 4, is \$143,873,444. For aids payable in 2021 and thereafter, the total aid under
85.23 section 477A.0124, subdivision 4, is \$145,873,444. The commissioner of revenue shall
85.24 transfer to the commissioner of management and budget \$207,000 annually for the cost of
85.25 preparation of local impact notes as required by section 3.987, and other local government
85.26 activities. The commissioner of revenue shall transfer to the commissioner of education
85.27 \$7,000 annually for the cost of preparation of local impact notes for school districts as
85.28 required by section 3.987. The commissioner of revenue shall deduct the amounts transferred
85.29 under this paragraph from the appropriation under this paragraph. The amounts transferred
85.30 are appropriated to the commissioner of management and budget and the commissioner of
85.31 education respectively.

85.32 **EFFECTIVE DATE.** This section is effective for aids payable in 2021 and thereafter.

86.1 Sec. 91. Minnesota Statutes 2018, section 518.005, subdivision 5, is amended to read:

86.2 Subd. 5. **Prohibited disclosure.** In all proceedings under this chapter and chapter 518A
86.3 in which public assistance is assigned under section 256.741 or the public authority provides
86.4 services to a party or parties to the proceedings, ~~notwithstanding statutory or other~~
86.5 ~~authorization for the public authority to~~ shall not release private data on the location of a
86.6 party to the action, ~~information on the location of one party may not be released by the~~
86.7 ~~public authority to the other party or the joint child~~ if:

86.8 (1) the public authority has knowledge that one party is currently subject to a protective
86.9 order with respect to the other party ~~has been entered~~ or the joint child and the protected
86.10 party or guardian of the joint child has not authorized disclosure; or

86.11 (2) the public authority has reason to believe that the release of the information may
86.12 result in physical or emotional harm to the other party.

86.13 Sec. 92. Minnesota Statutes 2018, section 518.005, is amended by adding a subdivision
86.14 to read:

86.15 Subd. 5a. **Disclosure to court; requirement to seal addresses.** The court shall not
86.16 disclose the party's or child's address if the public authority is prohibited from disclosing
86.17 private data pursuant to subdivision 5 about the location of a party or joint child, but the
86.18 public authority must release address information to the court for purposes of establishing,
86.19 modifying, or enforcing support. The court must file the address on a separate court document
86.20 and the address must not be accessible to the public or to the other parties on the case.

86.21 Sec. 93. Minnesota Statutes 2018, section 518A.53, subdivision 11, is amended to read:

86.22 Subd. 11. **Lump-sum payments.** Before transmittal to the obligor of a lump-sum payment
86.23 of \$500 or more including, but not limited to, severance pay, accumulated sick pay, vacation
86.24 pay, bonuses, commissions, or other pay or benefits, a payor of funds:

86.25 (1) who has been served with an order for or notice of income withholding under this
86.26 section shall:

86.27 (i) notify the public authority of the lump-sum payment that is to be paid to the obligor;

86.28 (ii) hold the lump-sum payment for 30 days after the date on which the lump-sum payment
86.29 would otherwise have been paid to the obligor, notwithstanding sections 176.221, 176.225,
86.30 176.521, 181.08, 181.101, 181.11, 181.13, and 181.145; and

87.1 (iii) upon order of the court, and after a showing of past willful nonpayment of support,
87.2 pay any specified amount of the lump-sum payment to the public authority for future support;
87.3 or

87.4 (2) shall pay the lessor of the amount of the lump-sum payment or the total amount of
87.5 the judgment and arrearages upon service by United States mail of a sworn affidavit from
87.6 the public authority or a court order that includes the following information:

87.7 (i) that a judgment entered pursuant to section 548.091, subdivision 1a, exists against
87.8 the obligor, or that other support arrearages exist;

87.9 (ii) the current balance of the judgment or arrearage; and

87.10 (iii) that a portion of the judgment or arrearage remains unpaid.

87.11 ~~The Consumer Credit Protection Act, title 15 of the United States Code, section 1673(b),~~
87.12 ~~does not apply to lump-sum payments.~~

87.13 Sec. 94. Minnesota Statutes 2018, section 518A.68, is amended to read:

87.14 **518A.68 RECREATIONAL LICENSE SUSPENSION.**

87.15 (a) Upon motion of an obligee or the public authority, ~~which has been properly served~~
87.16 ~~on the obligor by first class mail at the last known address or in person,~~ and if at a hearing,
87.17 the court finds that (1) the obligor is in arrears in court-ordered child support or maintenance
87.18 payments, or both, in an amount equal to or greater than six times the obligor's total monthly
87.19 support and maintenance payments and is not in compliance with a written payment
87.20 agreement pursuant to section 518A.69, or (2) has failed, after receiving notice, to comply
87.21 with a subpoena relating to a paternity or child support proceeding, the court may direct the
87.22 commissioner of natural resources to suspend or bar receipt of the obligor's recreational
87.23 license or licenses. Prior to utilizing this section, the court must find that other substantial
87.24 enforcement mechanisms have been attempted but have not resulted in compliance.

87.25 (b) For purposes of this section, a recreational license includes all licenses, permits, and
87.26 stamps issued centrally by the commissioner of natural resources under sections 97B.301,
87.27 97B.401, 97B.501, 97B.515, 97B.601, 97B.715, 97B.721, 97B.801, 97C.301, and 97C.305.

87.28 (c) ~~An obligor whose recreational license or licenses have been suspended or barred~~
87.29 ~~may provide proof to the court that the obligor is in compliance with all written payment~~
87.30 ~~agreements pursuant to section 518A.69.~~ A motion to reinstate a recreational license by the
87.31 obligor, obligee, or public authority may be granted if the court finds:

88.1 (1) the reason for the suspension was accrual of arrears and the obligor is in compliance
88.2 with all written payment agreements pursuant to section 518A.69 or has paid the arrears in
88.3 full;

88.4 (2) the reason for the suspension was failure to comply with a subpoena and the obligor
88.5 has complied with the subpoena; or

88.6 (3) the original motion to suspend was brought by the public authority and the public
88.7 authority attests that the IV-D case is eligible for closure.

88.8 Within 15 days of ~~receipt of that proof~~ issuance of an order to reinstate the recreational
88.9 license, the court shall notify the commissioner of natural resources that the obligor's
88.10 recreational license or licenses should no longer be suspended nor should receipt be barred.

88.11 Sec. 95. Minnesota Statutes 2018, section 518A.685, is amended to read:

88.12 **518A.685 CONSUMER REPORTING AGENCY; REPORTING ARREARS.**

88.13 (a) If a public authority determines that an obligor has not paid the current monthly
88.14 support obligation plus any required arrearage payment for three months, the public authority
88.15 must report this information to a consumer reporting agency.

88.16 (b) Before reporting that an obligor is in arrears for court-ordered child support, the
88.17 public authority must:

88.18 (1) provide written notice to the obligor that the public authority intends to report the
88.19 arrears to a consumer reporting agency; and

88.20 (2) mail the written notice to the obligor's last known mailing address at least 30 days
88.21 before the public authority reports the arrears to a consumer reporting agency.

88.22 (c) The obligor may, within 21 days of receipt of the notice, do the following to prevent
88.23 the public authority from reporting the arrears to a consumer reporting agency:

88.24 (1) pay the arrears in full; or

88.25 (2) request an administrative review. An administrative review is limited to issues of
88.26 mistaken identity, a pending legal action involving the arrears, or an incorrect arrears balance.

88.27 ~~(d) If the public authority has reported that an obligor is in arrears for court-ordered~~
88.28 ~~child support and subsequently determines that the obligor has paid the court-ordered child~~
88.29 ~~support arrears in full, or is paying the current monthly support obligation plus any required~~
88.30 ~~arrearage payment, the public authority must report to the consumer reporting agency that~~
88.31 ~~the obligor is currently paying child support as ordered by the court.~~

89.1 ~~(e)~~ (d) A public authority that reports arrearage information under this section must
89.2 make monthly reports to a consumer reporting agency. The monthly report must be consistent
89.3 with credit reporting industry standards for child support.

89.4 ~~(f)~~ (e) For purposes of this section, "consumer reporting agency" has the meaning given
89.5 in section 13C.001, subdivision 4, and United States Code, title 15, section 1681a(f).

89.6 Sec. 96. **[518A.80] MOTION TO TRANSFER TO TRIBAL COURT.**

89.7 Subdivision 1. Definitions. (a) For purposes of this section, the terms defined in this
89.8 subdivision have the meanings given them.

89.9 (b) "Case participant" means a party to the case that is a natural person.

89.10 (c) "District court" means a district court of the state of Minnesota.

89.11 (d) "Party" means a person or entity named or admitted as a party or seeking to be
89.12 admitted as a party in the district court action, including the county IV-D agency, whether
89.13 or not named in the caption.

89.14 (e) "Tribal court" means a tribal court of a federally recognized Indian tribe located in
89.15 Minnesota that is receiving funding from the federal government to operate a child support
89.16 program under United States Code, title 42, chapter 7, subchapter IV, part D, sections 654
89.17 to 669b.

89.18 (f) "Tribal IV-D agency" has the meaning given to "tribal IV-D agency" in Code of
89.19 Federal Regulations, title 45, part 309.05.

89.20 (g) "Title IV-D child support case" has the meaning given to "IV-D case" in section
89.21 518A.26, subdivision 10.

89.22 Subd. 2. Actions eligible for transfer. For purposes of this section, a postjudgment
89.23 child support, custody, or parenting time action is eligible for transfer to tribal court. A child
89.24 protection action or a dissolution action involving a child is not eligible for transfer to tribal
89.25 court pursuant to this section.

89.26 Subd. 3. Motion to transfer. (a) A party's or tribal IV-D agency's motion to transfer to
89.27 tribal court shall state and allege:

89.28 (1) the address of each case participant;

89.29 (2) the tribal affiliation of each case participant, if any;

89.30 (3) the name, tribal affiliation, if any, and date of birth of each living minor or dependent
89.31 child of a case participant who is subject to the action; and

90.1 (4) the legal and factual basis for the court to make a finding that there is concurrent
90.2 jurisdiction in the case.

90.3 (b) A party or tribal IV-D agency bringing a motion to transfer to tribal court must file
90.4 with the court and serve the required documents on each party and the tribal IV-D agency,
90.5 regardless of whether the tribal IV-D agency is a party.

90.6 (c) A party's or tribal IV-D agency's motion to transfer must be accompanied by an
90.7 affidavit setting forth facts in support of its motion.

90.8 (d) When the tribal IV-D agency has not filed a motion to transfer to tribal court, an
90.9 affidavit of the tribal IV-D agency stating whether the tribal IV-D agency provides services
90.10 to a party must be filed and served on each party within 15 days from the date of service of
90.11 the motion.

90.12 Subd. 4. **Order to transfer to tribal court.** (a) Unless a hearing is held under subdivision
90.13 6, upon motion of a party or a tribal IV-D agency, a district court must transfer a
90.14 postjudgment child support, custody, or parenting time action to a tribal court when the
90.15 district court finds that:

90.16 (1) the district court and tribal court have concurrent jurisdiction;

90.17 (2) a case participant is receiving services from the tribal IV-D agency; and

90.18 (3) no party or tribal IV-D agency files and serves a timely objection to the transfer.

90.19 (b) When the requirements of this subdivision are satisfied, the district court is not
90.20 required to hold a hearing. The district court's order transferring the action to tribal court
90.21 must contain written findings fulfilling each requirement of this subdivision.

90.22 Subd. 5. **Objection to motion to transfer.** (a) To object to a motion to transfer to a
90.23 tribal court, a party or tribal IV-D agency must file with the court and serve on each party
90.24 and the tribal IV-D agency a responsive motion objecting to the motion to transfer within
90.25 30 days of the motion to transfer's date of service.

90.26 (b) If a party or tribal IV-D agency files with the court and properly serves a timely
90.27 objection to the motion to transfer to a tribal court, the district court must conduct a hearing.

90.28 Subd. 6. **Hearing.** If a hearing is held under this section, the district court must evaluate
90.29 and make written findings on all relevant factors, including:

90.30 (1) whether an issue requires interpretation of tribal law, including the tribal constitution,
90.31 statutes, bylaws, ordinances, resolutions, treaties, or case law;

90.32 (2) whether the action involves tribal traditional or cultural matters;

- 91.1 (3) whether the tribe is a party;
- 91.2 (4) whether tribal sovereignty, jurisdiction, or territory is an issue;
- 91.3 (5) the tribal membership status of each case participant;
- 91.4 (6) where the claim arises;
- 91.5 (7) the location of the residence of each case participant and the child;
- 91.6 (8) whether the parties have by contract chosen a forum or the law to be applied in the
- 91.7 event of a dispute;
- 91.8 (9) the timing of any motion to transfer to tribal court, considering each party's and the
- 91.9 court's expenditure of time and resources, and the district court's scheduling order;
- 91.10 (10) the court in which the action can be heard and decided most expeditiously;
- 91.11 (11) the burdens on each party, including cost, access to and admissibility of evidence,
- 91.12 and matters of procedure; and
- 91.13 (12) any other factor that the court determines relevant.

91.14 Subd. 7. **Future exercise of jurisdiction.** Nothing in this section shall be construed to

91.15 limit the district court's exercise of jurisdiction where the tribal court waives jurisdiction,

91.16 transfers the action back to district court, or otherwise declines to exercise jurisdiction over

91.17 the action.

91.18 Subd. 8. **Transfer to Red Lake Nation Tribal Court.** When a party or tribal IV-D

91.19 agency brings a motion to transfer to the Red Lake Nation Tribal Court, the court must

91.20 transfer the action if the case participants and child resided within the boundaries of the

91.21 Red Lake Reservation for the preceding six months.

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

91.23 Sec. 97. Laws 2014, chapter 150, article 4, section 6, is amended to read:

91.24 Sec. 6. **SUPPLEMENTAL COUNTY PROGRAM AID PAYMENTS.**

91.25 (a) Before the money appropriated to county need aid is apportioned among the counties,

91.26 as provided in Minnesota Statutes, section 477A.0124, subdivision 3, for aids payable in

91.27 2015 through ~~2024~~ 2020 only, the total aid paid to Beltrami County shall be increased by

91.28 \$3,000,000. For aids payable in 2021 through 2024, the total aid paid to Beltrami County

91.29 under Minnesota Statutes, section 477A.0126, shall be increased by \$3,000,000. The

91.30 increased aid shall be used for out-of-home placement costs. Upon certification by the

92.1 commissioner of human services to the commissioner of revenue that Red Lake Nation has
 92.2 assumed child welfare responsibilities under Minnesota Statutes, section 256.01, subdivision
 92.3 14b, for Red Lake members on the reservation, for any years remaining through aids payable
 92.4 in 2024, the increased aid shall be paid annually to Red Lake Nation as part of the
 92.5 reimbursement amount received under Minnesota Statutes, section 477A.0126. If the
 92.6 certification by the commissioner of human services to the commissioner of revenue is
 92.7 received after June 1 of any aids payable year, the commissioner of revenue shall pay
 92.8 Beltrami County the increased aid under this section and the county treasurer of Beltrami
 92.9 County must transfer the increased aid to Red Lake Nation by January 31 of the following
 92.10 aids payable year in the amount proportional to the calendar months that Red Lake Nation
 92.11 had assumed child welfare responsibilities under Minnesota Statutes, section 256.01,
 92.12 subdivision 14b.

92.13 (b) Before the money appropriated to county need aid is apportioned among the counties,
 92.14 as provided in Minnesota Statutes, section 477A.0124, subdivision 3, for aids payable in
 92.15 2015 only, the total aid paid to Mahnomen County shall be increased by \$1,500,000. Of
 92.16 this amount, \$750,000 shall be paid from Mahnomen County to the White Earth Band of
 92.17 Ojibwe for transition costs associated with health and human services.

92.18 (c) For aids payable in 2015 through 2020, the increased aid under this section shall be
 92.19 paid in the same manner and at the same time as the regular aid payments under Minnesota
 92.20 Statutes, section 477A.0124. For aids payable in 2021 through 2024, the increased aid under
 92.21 this section shall be paid in the same manner and at the same time as the regular aid payments
 92.22 under Minnesota Statutes, section 477A.0126.

92.23 (d) For aids payable in 2015 only, the total aid paid to counties under Minnesota Statutes,
 92.24 section 477A.03, subdivision 2b, paragraph (a), is \$105,295,000

92.25 (e) For aids payable in 2016 through ~~2024~~ 2020 only, the total aid paid to counties under
 92.26 Minnesota Statutes, section 477A.03, subdivision 2b, paragraph (a), is \$103,795,000. For
 92.27 aids payable in 2021 through 2024, the total aid paid to counties and tribes under Minnesota
 92.28 Statutes, section 477A.0126, subdivision 7, paragraph (a), is \$8,000,000.

92.29 **EFFECTIVE DATE.** This section is effective for aids payable in 2021 through 2024.

92.30 Sec. 98. **REPEALER.**

92.31 (a) Minnesota Statutes 2018, sections 256D.051, subdivisions 1, 1a, 2, 2a, 3, 3a, 3b, 6c,
 92.32 7, 8, 9, and 18; and 256D.052, subdivision 3, are repealed.

92.33 (b) Minnesota Statutes 2019 Supplement, section 256D.051, subdivision 6b, is repealed.

93.1 **EFFECTIVE DATE.** This section is effective August 1, 2020.

93.2 **ARTICLE 2**

93.3 **COMMUNITY SUPPORTS**

93.4 Section 1. Minnesota Statutes 2019 Supplement, section 245.4889, subdivision 1, is
93.5 amended to read:

93.6 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to
93.7 make grants from available appropriations to assist:

93.8 (1) counties;

93.9 (2) Indian tribes;

93.10 (3) children's collaboratives under section 124D.23 or 245.493; or

93.11 (4) mental health service providers.

93.12 (b) The following services are eligible for grants under this section:

93.13 (1) services to children with emotional disturbances as defined in section 245.4871,
93.14 subdivision 15, and their families;

93.15 (2) transition services under section 245.4875, subdivision 8, for young adults under
93.16 age 21 and their families;

93.17 (3) respite care services for children with emotional disturbances or severe emotional
93.18 disturbances who are at risk of out-of-home placement. A child is not required to have case
93.19 management services to receive respite care services;

93.20 (4) children's mental health crisis services;

93.21 (5) mental health services for people from cultural and ethnic minorities;

93.22 (6) children's mental health screening and follow-up diagnostic assessment and treatment;

93.23 (7) services to promote and develop the capacity of providers to use evidence-based
93.24 practices in providing children's mental health services;

93.25 (8) school-linked mental health services under section 245.4901;

93.26 (9) building evidence-based mental health intervention capacity for children birth to age
93.27 five;

93.28 (10) suicide prevention and counseling services that use text messaging statewide;

93.29 (11) mental health first aid training;

(12) training for parents, collaborative partners, and mental health providers on the impact of adverse childhood experiences and trauma and development of an interactive website to share information and strategies to promote resilience and prevent trauma;

(13) transition age services to develop or expand mental health treatment and supports for adolescents and young adults 26 years of age or younger;

(14) early childhood mental health consultation;

(15) evidence-based interventions for youth at risk of developing or experiencing a first episode of psychosis, and a public awareness campaign on the signs and symptoms of psychosis;

(16) psychiatric consultation for primary care practitioners; and

(17) providers to begin operations and meet program requirements when establishing a new children's mental health program. These may be start-up grants.

(c) Services under paragraph (b) must be designed to help each child to function and remain with the child's family in the community and delivered consistent with the child's treatment plan. Transition services to eligible young adults under this paragraph must be designed to foster independent living in the community.

(d) As a condition of receiving grant funds, a grantee shall obtain all available third-party reimbursement sources, if applicable.

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

Sec. 2. Minnesota Statutes 2019 Supplement, section 245A.03, subdivision 7, is amended to read:

Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter for a physical location that will not be the primary residence of the license holder for the entire period of licensure. If a license is issued during this moratorium, and the license holder changes the license holder's primary residence away from the physical location of the foster care license, the commissioner shall revoke the license according to section 245A.07. The commissioner shall not issue an initial license for a community residential setting licensed under chapter 245D. When approving an exception under this paragraph, the commissioner shall consider the resource need determination process in paragraph (h), the availability of foster care licensed beds in the geographic area in which the licensee

95.1 seeks to operate, the results of a person's choices during their annual assessment and service
95.2 plan review, and the recommendation of the local county board. The determination by the
95.3 commissioner is final and not subject to appeal. Exceptions to the moratorium include:

95.4 (1) foster care settings that are required to be registered under chapter 144D;

95.5 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
95.6 community residential setting licenses replacing adult foster care licenses in existence on
95.7 December 31, 2013, and determined to be needed by the commissioner under paragraph
95.8 (b);

95.9 (3) new foster care licenses or community residential setting licenses determined to be
95.10 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
95.11 or regional treatment center; restructuring of state-operated services that limits the capacity
95.12 of state-operated facilities; or allowing movement to the community for people who no
95.13 longer require the level of care provided in state-operated facilities as provided under section
95.14 256B.092, subdivision 13, or 256B.49, subdivision 24;

95.15 (4) new foster care licenses or community residential setting licenses determined to be
95.16 needed by the commissioner under paragraph (b) for persons requiring hospital level care;

95.17 ~~(5) new foster care licenses or community residential setting licenses determined to be~~
95.18 ~~needed by the commissioner for the transition of people from personal care assistance to~~
95.19 ~~the home and community-based services;~~

95.20 ~~(6)~~ (5) new foster care licenses or community residential setting licenses determined to
95.21 be needed by the commissioner for the transition of people from the residential care waiver
95.22 services to foster care services. This exception applies only when:

95.23 (i) the person's case manager provided the person with information about the choice of
95.24 service, service provider, and location of service to help the person make an informed choice;
95.25 and

95.26 (ii) the person's foster care services are less than or equal to the cost of the person's
95.27 services delivered in the residential care waiver service setting as determined by the lead
95.28 agency; or

95.29 ~~(7)~~ (6) new foster care licenses or community residential setting licenses for people
95.30 receiving services under chapter 245D and residing in an unlicensed setting before May 1,
95.31 2017, and for which a license is required. This exception does not apply to people living in
95.32 their own home. For purposes of this clause, there is a presumption that a foster care or
95.33 community residential setting license is required for services provided to three or more

people in a dwelling unit when the setting is controlled by the provider. A license holder subject to this exception may rebut the presumption that a license is required by seeking a reconsideration of the commissioner's determination. The commissioner's disposition of a request for reconsideration is final and not subject to appeal under chapter 14. The exception is available until June 30, 2018. This exception is available when:

(i) the person's case manager provided the person with information about the choice of service, service provider, and location of service, including in the person's home, to help the person make an informed choice; and

(ii) the person's services provided in the licensed foster care or community residential setting are less than or equal to the cost of the person's services delivered in the unlicensed setting as determined by the lead agency.

(b) The commissioner shall determine the need for newly licensed foster care homes or community residential settings as defined under this subdivision. As part of the determination, the commissioner shall consider the availability of foster care capacity in the area in which the licensee seeks to operate, and the recommendation of the local county board. The determination by the commissioner must be final. A determination of need is not required for a change in ownership at the same address.

(c) When an adult resident served by the program moves out of a foster home that is not the primary residence of the license holder according to section 256B.49, subdivision 15, paragraph (f), or the adult community residential setting, the county shall immediately inform the Department of Human Services Licensing Division. The department may decrease the statewide licensed capacity for adult foster care settings.

(d) Residential settings that would otherwise be subject to the decreased license capacity established in paragraph (c) shall be exempt if the license holder's beds are occupied by residents whose primary diagnosis is mental illness and the license holder is certified under the requirements in subdivision 6a or section 245D.33.

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

97.1 or location to improve services, increase the independence of residents, and better meet
97.2 needs identified by the long-term services and supports reports and statewide data and
97.3 information.

97.4 (f) At the time of application and reapplication for licensure, the applicant and the license
97.5 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
97.6 required to inform the commissioner whether the physical location where the foster care
97.7 will be provided is or will be the primary residence of the license holder for the entire period
97.8 of licensure. If the primary residence of the applicant or license holder changes, the applicant
97.9 or license holder must notify the commissioner immediately. The commissioner shall print
97.10 on the foster care license certificate whether or not the physical location is the primary
97.11 residence of the license holder.

97.12 (g) License holders of foster care homes identified under paragraph (f) that are not the
97.13 primary residence of the license holder and that also provide services in the foster care home
97.14 that are covered by a federally approved home and community-based services waiver, as
97.15 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
97.16 services licensing division that the license holder provides or intends to provide these
97.17 waiver-funded services.

97.18 (h) The commissioner may adjust capacity to address needs identified in section
97.19 144A.351. Under this authority, the commissioner may approve new licensed settings or
97.20 delicense existing settings. Delicensing of settings will be accomplished through a process
97.21 identified in section 256B.493. Annually, by August 1, the commissioner shall provide
97.22 information and data on capacity of licensed long-term services and supports, actions taken
97.23 under the subdivision to manage statewide long-term services and supports resources, and
97.24 any recommendations for change to the legislative committees with jurisdiction over the
97.25 health and human services budget.

97.26 (i) The commissioner must notify a license holder when its corporate foster care or
97.27 community residential setting licensed beds are reduced under this section. The notice of
97.28 reduction of licensed beds must be in writing and delivered to the license holder by certified
97.29 mail or personal service. The notice must state why the licensed beds are reduced and must
97.30 inform the license holder of its right to request reconsideration by the commissioner. The
97.31 license holder's request for reconsideration must be in writing. If mailed, the request for
97.32 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
97.33 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
97.34 reconsideration is made by personal service, it must be received by the commissioner within
97.35 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

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

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

Sec. 3. Minnesota Statutes 2018, section 245D.071, subdivision 3, is amended to read:

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

(b) Within the scope of services, the license holder must, at a minimum, complete assessments in the following areas before the 45-day planning meeting:

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

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

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

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

Assessments based on older information must be documented and justified. Assessments must be conducted annually at a minimum or within 30 days of a written request from the

99.1 person or the person's legal representative or case manager. The results must be reviewed
99.2 by the support team or expanded support team as part of a service plan review.

99.3 (c) Within 45 days of service initiation, the license holder must meet with the person,
99.4 the person's legal representative, the case manager, and other members of the support team
99.5 or expanded support team to determine the following based on information obtained from
99.6 the assessments identified in paragraph (b), the person's identified needs in the coordinated
99.7 service and support plan, and the requirements in subdivision 4 and section 245D.07,
99.8 subdivision 1a:

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

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

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

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

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

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

99.21 (7) opportunities to develop and strengthen personal relationships with preferred people
99.22 in the community;

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

99.25 ~~(5)~~ (9) how services must be coordinated across other providers licensed under this
99.26 chapter serving the person and members of the support team or expanded support team to
99.27 ensure continuity of care and coordination of services for the person.

99.28 (d) A discussion of how technology might be used to meet the person's desired outcomes
99.29 must be included in the 45-day planning meeting. The coordinated service and support plan
99.30 or support plan addendum must include a summary of this discussion. The summary must
99.31 include a statement regarding any decision that is made regarding the use of technology
99.32 and a description of any further research that needs to be completed before a decision

100.1 regarding the use of technology can be made. Nothing in this paragraph requires that the
100.2 coordinated service and support plan include the use of technology for the provision of
100.3 services.

100.4 Sec. 4. Minnesota Statutes 2018, section 245F.02, subdivision 7, is amended to read:

100.5 Subd. 7. **Clinically managed program.** "Clinically managed program" means a
100.6 residential setting with staff comprised of a medical director and a licensed practical nurse.
100.7 A licensed practical nurse must be on site 24 hours a day, seven days a week. A ~~qualified~~
100.8 ~~medical professional~~ licensed practitioner must be available by telephone or in person for
100.9 consultation 24 hours a day. Patients admitted to this level of service receive medical
100.10 observation, evaluation, and stabilization services during the detoxification process; access
100.11 to medications administered by trained, licensed staff to manage withdrawal; and a
100.12 comprehensive assessment pursuant to section ~~245G.05~~ 245F.06.

100.13 Sec. 5. Minnesota Statutes 2018, section 245F.02, subdivision 14, is amended to read:

100.14 Subd. 14. **Medically monitored program.** "Medically monitored program" means a
100.15 residential setting with staff that includes a registered nurse and a medical director. A
100.16 registered nurse must be on site 24 hours a day. A ~~medical director~~ licensed practitioner
100.17 must be ~~on-site~~ available seven days a week, and patients must have the ability to be seen
100.18 by a ~~medical director~~ licensed practitioner within 24 hours. Patients admitted to this level
100.19 of service receive medical observation, evaluation, and stabilization services during the
100.20 detoxification process; medications administered by trained, licensed staff to manage
100.21 withdrawal; and a comprehensive assessment pursuant to ~~Minnesota Rules, part 9530.6422~~
100.22 section 245F.06.

100.23 Sec. 6. Minnesota Statutes 2018, section 245F.06, subdivision 2, is amended to read:

100.24 Subd. 2. **Comprehensive assessment and assessment summary.** (a) Prior to a medically
100.25 stable discharge, but not later than 72 hours following admission, a license holder must
100.26 provide a comprehensive assessment and assessment summary according to sections
100.27 245.4863, paragraph (a), and 245G.05, for each patient who has a positive screening for a
100.28 substance use disorder. If a patient's medical condition prevents a comprehensive assessment
100.29 from being completed within 72 hours, the license holder must document why the assessment
100.30 was not completed. The comprehensive assessment must include documentation of the
100.31 appropriateness of an involuntary referral through the civil commitment process.

101.1 (b) If available to the program, a patient's previous comprehensive assessment may be
101.2 used in the patient record. If a previously completed comprehensive assessment is used, its
101.3 contents must be reviewed to ensure the assessment is accurate and current and complies
101.4 with the requirements of this chapter. The review must be completed by a staff person
101.5 qualified according to section 245G.11, subdivision 5. The license holder must document
101.6 that the review was completed and that the previously completed assessment is accurate
101.7 and current, or the license holder must complete an updated or new assessment.

101.8 Sec. 7. Minnesota Statutes 2018, section 245F.12, subdivision 2, is amended to read:

101.9 Subd. 2. **Services provided at clinically managed programs.** In addition to the services
101.10 listed in subdivision 1, clinically managed programs must:

101.11 (1) have a licensed practical nurse on site 24 hours a day and a medical director;

101.12 (2) provide an initial health assessment conducted by a nurse upon admission;

101.13 (3) provide daily on-site medical evaluation by a nurse;

101.14 (4) have a registered nurse available by telephone or in person for consultation 24 hours
101.15 a day;

101.16 (5) have a ~~qualified medical professional~~ licensed practitioner available by telephone
101.17 or in person for consultation 24 hours a day; and

101.18 (6) have appropriately licensed staff available to administer medications according to
101.19 prescriber-approved orders.

101.20 Sec. 8. Minnesota Statutes 2018, section 245F.12, subdivision 3, is amended to read:

101.21 Subd. 3. **Services provided at medically monitored programs.** In addition to the
101.22 services listed in subdivision 1, medically monitored programs must have a registered nurse
101.23 on site 24 hours a day and a medical director. Medically monitored programs must provide
101.24 intensive inpatient withdrawal management services which must include:

101.25 (1) an initial health assessment conducted by a registered nurse upon admission;

101.26 (2) the availability of a medical evaluation and consultation with a registered nurse 24
101.27 hours a day;

101.28 (3) the availability of a ~~qualified medical professional~~ licensed practitioner by telephone
101.29 or in person for consultation 24 hours a day;

102.1 (4) the ability to be seen within 24 hours or sooner by a ~~qualified medical professional~~
102.2 licensed practitioner if the initial health assessment indicates the need to be seen;

102.3 (5) the availability of on-site monitoring of patient care seven days a week by a ~~qualified~~
102.4 ~~medical professional~~ licensed practitioner; and

102.5 (6) appropriately licensed staff available to administer medications according to
102.6 prescriber-approved orders.

102.7 Sec. 9. Minnesota Statutes 2018, section 245G.02, subdivision 2, is amended to read:

102.8 Subd. 2. **Exemption from license requirement.** This chapter does not apply to a county
102.9 or recovery community organization that is providing a service for which the county or
102.10 recovery community organization is an eligible vendor under section 254B.05. This chapter
102.11 does not apply to an organization whose primary functions are information, referral,
102.12 diagnosis, case management, and assessment for the purposes of client placement, education,
102.13 support group services, or self-help programs. This chapter does not apply to the activities
102.14 of a licensed professional in private practice. An individual referred to a licensed
102.15 nonresidential substance use disorder treatment program after a positive screen for alcohol
102.16 or substance misuse when receiving the initial set of substance use disorder services allowable
102.17 under section 254A.03, subdivision 3, paragraph (c), is exempt from sections 245G.05;
102.18 245G.06, subdivisions 1, 2, and 4; 245G.07, subdivisions 1, paragraph (a), clauses (2) to
102.19 (4), and 2, clauses (1) to (7); and 245G.17.

102.20 Sec. 10. Minnesota Statutes 2018, section 245G.09, subdivision 1, is amended to read:

102.21 Subdivision 1. **Client records required.** (a) A license holder must maintain a file of
102.22 current and accurate client records on the premises where the treatment service is provided
102.23 or coordinated. For services provided off site, client records must be available at the program
102.24 and adhere to the same clinical and administrative policies and procedures as services
102.25 provided on site. The content and format of client records must be uniform and entries in
102.26 each record must be signed and dated by the staff member making the entry. Client records
102.27 must be protected against loss, tampering, or unauthorized disclosure according to section
102.28 254A.09, chapter 13, and Code of Federal Regulations, title 42, chapter 1, part 2, subpart
102.29 B, sections 2.1 to 2.67, and title 45, parts 160 to 164.

102.30 (b) The program must have a policy and procedure that identifies how the program will
102.31 track and record client attendance at treatment activities, including the date, duration, and
102.32 nature of each treatment service provided to the client.

103.1 (c) The program must identify in the client record designation of an individual who is
103.2 receiving services under section 254A.03, subdivision 3, including the start date and end
103.3 date of services eligible under section 254A.03, subdivision 3. The requirements of sections
103.4 245G.05 and 245G.06 become effective upon the end date identified.

103.5 Sec. 11. Minnesota Statutes 2019 Supplement, section 254A.03, subdivision 3, is amended
103.6 to read:

103.7 Subd. 3. **Rules for substance use disorder care.** (a) The commissioner of human
103.8 services shall establish by rule criteria to be used in determining the appropriate level of
103.9 chemical dependency care for each recipient of public assistance seeking treatment for
103.10 substance misuse or substance use disorder. Upon federal approval of a comprehensive
103.11 assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding
103.12 the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, an eligible vendor of
103.13 comprehensive assessments under section 254B.05 may determine and approve the
103.14 appropriate level of substance use disorder treatment for a recipient of public assistance.
103.15 The process for determining an individual's financial eligibility for the consolidated chemical
103.16 dependency treatment fund or determining an individual's enrollment in or eligibility for a
103.17 publicly subsidized health plan is not affected by the individual's choice to access a
103.18 comprehensive assessment for placement.

103.19 (b) The commissioner shall develop and implement a utilization review process for
103.20 publicly funded treatment placements to monitor and review the clinical appropriateness
103.21 and timeliness of all publicly funded placements in treatment.

103.22 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for
103.23 alcohol or substance use disorder that is provided to a recipient of public assistance within
103.24 a primary care clinic, hospital, or other medical setting or school setting establishes medical
103.25 necessity and approval for an initial set of substance use disorder services identified in
103.26 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose
103.27 screen result is positive may include any combination of up to four hours of individual or
103.28 group substance use disorder treatment, two hours of substance use disorder treatment
103.29 coordination, or two hours of substance use disorder peer support services provided by a
103.30 qualified individual according to chapter 245G. A recipient must obtain an assessment
103.31 pursuant to paragraph (a) to be approved for additional treatment services. Minnesota Rules,
103.32 parts 9530.6600 to 9530.6655, and a comprehensive assessment pursuant to section 245G.05
103.33 are not applicable to the initial set of services allowed under this subdivision. A positive

104.1 screen result establishes eligibility for the initial set of services allowed under this
104.2 subdivision.

104.3 Sec. 12. Minnesota Statutes 2019 Supplement, section 254B.05, subdivision 1, is amended
104.4 to read:

104.5 Subdivision 1. **Licensure required.** (a) Programs licensed by the commissioner are
104.6 eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors,
104.7 notwithstanding the provisions of section 245A.03. American Indian programs that provide
104.8 substance use disorder treatment, extended care, transitional residence, or outpatient treatment
104.9 services, and are licensed by tribal government are eligible vendors.

104.10 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
104.11 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
104.12 vendor of a comprehensive assessment and assessment summary provided according to
104.13 section 245G.05, and treatment services provided according to sections 245G.06 and
104.14 245G.07, subdivision 1, paragraphs (a), clauses (1) to (4), and (b); and subdivision 2.

104.15 (c) A county is an eligible vendor for a comprehensive assessment and assessment
104.16 summary when provided by an individual who meets the staffing credentials of section
104.17 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
104.18 245G.05. A county is an eligible vendor of care coordination services when provided by an
104.19 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and
104.20 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),
104.21 clause (5).

104.22 (d) A recovery community organization that meets certification requirements identified
104.23 by the commissioner is an eligible vendor of peer support services.

104.24 (e) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
104.25 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
104.26 nonresidential substance use disorder treatment or withdrawal management program by the
104.27 commissioner or by tribal government or do not meet the requirements of subdivisions 1a
104.28 and 1b are not eligible vendors.

104.29 Sec. 13. Minnesota Statutes 2018, section 256B.0625, subdivision 5l, is amended to read:

104.30 Subd. 5l. **Intensive mental health outpatient treatment.** Medical assistance covers
104.31 intensive mental health outpatient treatment for dialectical behavioral therapy ~~for adults~~.
104.32 The commissioner shall establish:

- 105.1 (1) certification procedures to ensure that providers of these services are qualified; and
- 105.2 (2) treatment protocols including required service components and criteria for admission,
- 105.3 continued treatment, and discharge.

105.4 Sec. 14. Minnesota Statutes 2018, section 256B.0652, subdivision 10, is amended to read:

105.5 Subd. 10. **Authorization for foster care setting.** (a) Home care services provided in

105.6 an adult or child foster care setting must receive authorization by the commissioner according

105.7 to the limits established in subdivision 11.

105.8 (b) The commissioner may not authorize:

105.9 (1) home care services that are the responsibility of the foster care provider under the

105.10 terms of the foster care placement agreement, difficulty of care rate as of January 1, 2010,

105.11 and administrative rules;

105.12 (2) personal care assistance services when the foster care license holder is also the

105.13 personal care provider or personal care assistant, unless the foster home is the licensed

105.14 provider's primary residence as defined in section 256B.0625, subdivision 19a; or

105.15 (3) personal care assistant and home care nursing services when the licensed capacity

105.16 is greater than four, unless all conditions for a variance under section 245A.04, subdivision

105.17 9a, are satisfied for a sibling, as defined in section 260C.007, subdivision 32.

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

105.19 Sec. 15. Minnesota Statutes 2018, section 256B.0941, subdivision 1, is amended to read:

105.20 Subdivision 1. **Eligibility.** (a) An individual who is eligible for mental health treatment

105.21 services in a psychiatric residential treatment facility must meet all of the following criteria:

105.22 (1) before admission, services are determined to be medically necessary ~~by the state's~~

105.23 ~~medical review agent~~ according to Code of Federal Regulations, title 42, section 441.152;

105.24 (2) is younger than 21 years of age at the time of admission. Services may continue until

105.25 the individual meets criteria for discharge or reaches 22 years of age, whichever occurs

105.26 first;

105.27 (3) has a mental health diagnosis as defined in the most recent edition of the Diagnostic

105.28 and Statistical Manual for Mental Disorders, as well as clinical evidence of severe aggression,

105.29 or a finding that the individual is a risk to self or others;

106.1 (4) has functional impairment and a history of difficulty in functioning safely and
106.2 successfully in the community, school, home, or job; an inability to adequately care for
106.3 one's physical needs; or caregivers, guardians, or family members are unable to safely fulfill
106.4 the individual's needs;

106.5 (5) requires psychiatric residential treatment under the direction of a physician to improve
106.6 the individual's condition or prevent further regression so that services will no longer be
106.7 needed;

106.8 (6) utilized and exhausted other community-based mental health services, or clinical
106.9 evidence indicates that such services cannot provide the level of care needed; and

106.10 (7) was referred for treatment in a psychiatric residential treatment facility by a qualified
106.11 mental health professional licensed as defined in section 245.4871, subdivision 27, clauses
106.12 (1) to (6).

106.13 (b) A mental health professional making a referral shall submit documentation to the
106.14 state's medical review agent containing all information necessary to determine medical
106.15 necessity, including a standard diagnostic assessment completed within 180 days of the
106.16 individual's admission. Documentation shall include evidence of family participation in the
106.17 individual's treatment planning and signed consent for services.

106.18 Sec. 16. Minnesota Statutes 2018, section 256B.0941, subdivision 3, is amended to read:

106.19 Subd. 3. **Per diem rate.** (a) The commissioner shall establish a statewide per diem rate
106.20 for psychiatric residential treatment facility services for individuals 21 years of age or
106.21 younger. The rate for a provider must not exceed the rate charged by that provider for the
106.22 same service to other payers. Payment must not be made to more than one entity for each
106.23 individual for services provided under this section on a given day. The commissioner shall
106.24 set rates prospectively for the annual rate period. The commissioner shall require providers
106.25 to submit annual cost reports on a uniform cost reporting form and shall use submitted cost
106.26 reports to inform the rate-setting process. The cost reporting shall be done according to
106.27 federal requirements for Medicare cost reports.

106.28 (b) The following are included in the rate:

106.29 (1) costs necessary for licensure and accreditation, meeting all staffing standards for
106.30 participation, meeting all service standards for participation, meeting all requirements for
106.31 active treatment, maintaining medical records, conducting utilization review, meeting
106.32 inspection of care, and discharge planning. The direct services costs must be determined

107.1 using the actual cost of salaries, benefits, payroll taxes, and training of direct services staff
107.2 and service-related transportation; and

107.3 (2) payment for room and board provided by facilities meeting all accreditation and
107.4 licensing requirements for participation.

107.5 (c) A facility may submit a claim for payment outside of the per diem for professional
107.6 services arranged by and provided at the facility by an appropriately licensed professional
107.7 who is enrolled as a provider with Minnesota health care programs. Arranged services ~~must~~
107.8 ~~be billed by the facility on a separate claim, and the facility shall be responsible for payment~~
107.9 ~~to the provider~~ may be billed by either the facility or the licensed professional. These services
107.10 must be included in the individual plan of care and are subject to prior authorization ~~by the~~
107.11 ~~state's medical review agent.~~

107.12 (d) Medicaid shall reimburse for concurrent services as approved by the commissioner
107.13 to support continuity of care and successful discharge from the facility. "Concurrent services"
107.14 means services provided by another entity or provider while the individual is admitted to a
107.15 psychiatric residential treatment facility. Payment for concurrent services may be limited
107.16 and these services are subject to prior authorization by the state's medical review agent.
107.17 Concurrent services may include targeted case management, assertive community treatment,
107.18 clinical care consultation, team consultation, and treatment planning.

107.19 (e) Payment rates under this subdivision shall not include the costs of providing the
107.20 following services:

107.21 (1) educational services;

107.22 (2) acute medical care or specialty services for other medical conditions;

107.23 (3) dental services; and

107.24 (4) pharmacy drug costs.

107.25 (f) For purposes of this section, "actual cost" means costs that are allowable, allocable,
107.26 reasonable, and consistent with federal reimbursement requirements in Code of Federal
107.27 Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and the Office of
107.28 Management and Budget Circular Number A-122, relating to nonprofit entities.

107.29 Sec. 17. Minnesota Statutes 2018, section 256B.0949, subdivision 2, is amended to read:

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

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

108.6 (c) "Autism spectrum disorder or a related condition" or "ASD or a related condition"
108.7 means either autism spectrum disorder (ASD) as defined in the current version of the
108.8 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found
108.9 to be closely related to ASD, as identified under the current version of the DSM, and meets
108.10 all of the following criteria:

108.11 (1) is severe and chronic;

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

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

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

108.20 (i) self-regulation;

108.21 (ii) self-care;

108.22 (iii) behavioral challenges;

108.23 (iv) expressive communication;

108.24 (v) receptive communication;

108.25 (vi) cognitive functioning; or

108.26 (vii) safety.

108.27 (d) "Person" means a person under 21 years of age.

108.28 (e) "Clinical supervision" means the overall responsibility for the control and direction
108.29 of EIDBI service delivery, including individual treatment planning, staff supervision,
108.30 individual treatment plan progress monitoring, and treatment review for each person. Clinical

109.1 supervision is provided by a qualified supervising professional (QSP) who takes full
109.2 professional responsibility for the service provided by each supervisee.

109.3 (f) "Commissioner" means the commissioner of human services, unless otherwise
109.4 specified.

109.5 (g) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
109.6 evaluation of a person to determine medical necessity for EIDBI services based on the
109.7 requirements in subdivision 5.

109.8 (h) "Department" means the Department of Human Services, unless otherwise specified.

109.9 (i) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
109.10 benefit" means a variety of individualized, intensive treatment modalities approved by the
109.11 commissioner that are based in behavioral and developmental science consistent with best
109.12 practices on effectiveness, including applied behavioral analysis.

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

109.17 (k) "Incident" means when any of the following occur:

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

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

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

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

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

109.31 (n) "Mental health professional" has the meaning given in section 245.4871, subdivision
109.32 27, clauses (1) to (6).

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

(p) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II, or level III treatment provider.

Sec. 18. Minnesota Statutes 2018, section 256B.0949, subdivision 5, is amended to read:

Subd. 5. Comprehensive multidisciplinary evaluation. (a) A CMDE must be completed to determine medical necessity of EIDBI services. For the commissioner to authorize EIDBI services, the CMDE provider must submit the CMDE to the commissioner and the person or the person's legal representative as determined by the commissioner. Information and assessments must be performed, reviewed, and relied upon for the eligibility determination, treatment and services recommendations, and treatment plan development for the person.

(b) The CMDE must:

(1) include an assessment of the person's developmental skills, functional behavior, needs, and capacities based on direct observation of the person which must be administered by a CMDE provider, include medical or assessment information from the person's physician or advanced practice registered nurse, and may also include input from family members, school personnel, child care providers, or other caregivers, as well as any medical or assessment information from other licensed professionals such as rehabilitation or habilitation therapists, licensed school personnel, or mental health professionals; and

(2) include and document the person's legal representative's or primary caregiver's preferences for involvement in the person's treatment; and.

~~(3) provide information about the range of current EIDBI treatment modalities recognized by the commissioner.~~

Sec. 19. Minnesota Statutes 2018, section 256B.0949, subdivision 6, is amended to read:

Subd. 6. Individual treatment plan. (a) The QSP, level I treatment provider, or level II treatment provider who integrates and coordinates person and family information from the CMDE and ITP progress monitoring process to develop the ITP must develop and monitor the ITP.

(b) Each person's ITP must be:

- 111.1 (1) culturally and linguistically appropriate, as required under subdivision 3a,
111.2 individualized, and person-centered; and
- 111.3 (2) based on the diagnosis and CMDE information specified in subdivisions 4 and 5.
- 111.4 (c) The ITP must specify:
- 111.5 (1) the medically necessary treatment and service;
- 111.6 (2) the treatment ~~modality~~ method that ~~shall~~ must be used to meet the goals and objectives,
111.7 including:
- 111.8 (i) baseline measures and projected dates of accomplishment;
- 111.9 (ii) the frequency, intensity, location, and duration of each service provided;
- 111.10 (iii) the level of legal representative or primary caregiver training and counseling;
- 111.11 (iv) any change or modification to the physical and social environments necessary to
111.12 provide a service;
- 111.13 (v) significant changes in the person's condition or family circumstance;
- 111.14 ~~(vi) any specialized equipment or material required;~~
- 111.15 ~~(vii)~~ (vi) techniques that support and are consistent with the person's communication
111.16 mode and learning style;
- 111.17 ~~(viii)~~ (vii) the name of the QSP; and
- 111.18 ~~(ix)~~ (viii) progress monitoring results and goal mastery data; and
- 111.19 (3) the discharge criteria that ~~shall~~ must be used and a defined transition plan that meets
111.20 the requirement of paragraph (g).
- 111.21 (d) Implementation of the ITP must be supervised by a QSP.
- 111.22 (e) The ITP must be submitted to the commissioner and the person or the person's legal
111.23 representative for approval in a manner determined by the commissioner for this purpose.
- 111.24 (f) A service included in the ITP must meet all applicable requirements for medical
111.25 necessity and coverage.
- 111.26 (g) To terminate service, the provider must send notice of termination to the person or
111.27 the person's legal representative. The transition period begins when the person or the person's
111.28 legal representative receives notice of termination from the EIDBI service and ends when
111.29 the EIDBI service is terminated. Up to 30 days of continued service is allowed during the

112.1 transition period. Services during the transition period shall be consistent with the ITP. The
112.2 transition plan ~~shall~~ must include:

112.3 (1) protocols for changing service when medically necessary;

112.4 (2) how the transition will occur;

112.5 (3) the time allowed to make the transition; and

112.6 (4) a description of how the person or the person's legal representative will be informed
112.7 of and involved in the transition.

112.8 Sec. 20. Minnesota Statutes 2018, section 256B.0949, subdivision 9, is amended to read:

112.9 Subd. 9. **Revision of treatment options.** ~~(a)~~ The commissioner may revise covered
112.10 treatment ~~options~~ methods and practices as needed based on outcome data and other evidence.
112.11 EIDBI treatment modalities approved by the department must:

112.12 (1) cause no harm to the person or the person's family;

112.13 (2) be individualized and person-centered;

112.14 (3) be developmentally appropriate and highly structured, with well-defined goals and
112.15 objectives that provide a strategic direction for treatment;

112.16 (4) be based in recognized principles of developmental and behavioral science;

112.17 (5) utilize sound practices that are replicable across providers and maintain the fidelity
112.18 of the ~~specific modality~~ treatment method;

112.19 (6) demonstrate an evidentiary basis;

112.20 (7) have goals and objectives that are measurable, achievable, and regularly evaluated
112.21 and adjusted to ensure that adequate progress is being made;

112.22 (8) be provided intensively with a high staff-to-person ratio; and

112.23 (9) include participation by the person and the person's legal representative in decision
112.24 making, knowledge building and capacity building, and developing and implementing the
112.25 person's ITP.

112.26 ~~(b) Before revisions in department recognized treatment modalities become effective,~~
112.27 ~~the commissioner must provide public notice of the changes, the reasons for the change,~~
112.28 ~~and a 30-day public comment period to those who request notice through an electronic list~~
112.29 ~~accessible to the public on the department's website.~~

113.1 Sec. 21. Minnesota Statutes 2018, section 256B.0949, subdivision 13, is amended to read:

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

113.11 (b) ~~EIDBI modalities include, but are not limited to:~~ treatment must be based in
113.12 developmental and behavioral evidence-based practices or practice-based evidence and
113.13 meet the requirements outlined in subdivision 9.

113.14 ~~(1) applied behavior analysis (ABA);~~

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

113.16 ~~(3) early start Denver model (ESDM);~~

113.17 ~~(4) PLAY project; or~~

113.18 ~~(5) relationship development intervention (RDI).~~

113.19 ~~(c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),~~
113.20 ~~clauses (1) to (5), as the primary modality for treatment as a covered service, or several~~
113.21 ~~EIDBI modalities in combination as the primary modality of treatment, as approved by the~~
113.22 ~~commissioner. An EIDBI provider that identifies and provides assurance of qualifications~~
113.23 ~~for a single specific treatment modality must document the required qualifications to meet~~
113.24 ~~fidelity to the specific model. Additional EIDBI modalities not listed in paragraph (b) may~~
113.25 ~~be covered upon approval by the commissioner.~~

113.26 (c) A qualified EIDBI provider is a person who identifies and provides assurance of
113.27 qualifications for professional licensure certification, or training in evidence-based treatment
113.28 methods, and who must document the required qualifications outlined in subdivision 15 in
113.29 a manner determined by the commissioner.

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

(e) EIDBI intervention observation and direction is the clinical direction and oversight of EIDBI services by the QSP, level I treatment provider, or level II treatment provider, including developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for the direct benefit of a person. EIDBI intervention observation and direction ~~informs any~~ requires modification of the ~~methods~~ current treatment protocol to support the outcomes outlined in the ITP. ~~EIDBI intervention observation and direction provides a real-time response to EIDBI interventions to maximize the benefit to the person.~~

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

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

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

~~(f)~~ (g) ITP development and ITP progress monitoring is development of the initial, annual, and progress monitoring of an ITP. ITP development and ITP progress monitoring documents, ~~provides~~ provide oversight and ongoing evaluation of a person's treatment and progress on targeted goals and objectives; and ~~integrates~~ integrate and ~~coordinates~~ coordinate the person's and the person's legal representative's information from the CMDE and ITP progress monitoring. This service must be reviewed and completed by the QSP, and may include input from a level I ~~treatment~~ provider or a level II ~~treatment~~ provider.

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

~~(h)~~ (i) A coordinated care conference is a voluntary face-to-face 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.

115.1 This service must be provided by the QSP and may include the CMDE provider or a level
 115.2 I ~~treatment~~ provider or a level II ~~treatment~~ provider.

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

115.8 ~~(j)~~ (k) Medical assistance covers medically necessary EIDBI services and consultations
 115.9 delivered by a licensed health care provider via telemedicine, as defined under section
 115.10 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered
 115.11 in person. ~~Medical assistance coverage is limited to three telemedicine services per person~~
 115.12 ~~per calendar week.~~

115.13 Sec. 22. Minnesota Statutes 2018, section 256B.0949, subdivision 14, is amended to read:

115.14 Subd. 14. **Person's rights.** A person or the person's legal representative has the right to:

115.15 (1) protection as defined under the health care bill of rights under section 144.651;

115.16 (2) designate an advocate to be present in all aspects of the person's and person's family's
 115.17 services at the request of the person or the person's legal representative;

115.18 (3) be informed of the agency policy on assigning staff to a person;

115.19 (4) be informed of the opportunity to observe the person while receiving services;

115.20 (5) be informed of services in a manner that respects and takes into consideration the
 115.21 person's and the person's legal representative's culture, values, and preferences in accordance
 115.22 with subdivision 3a;

115.23 (6) be free from seclusion and restraint, except for emergency use of manual restraint
 115.24 in emergencies as defined in section 245D.02, subdivision 8a;

115.25 (7) be under the supervision of a responsible adult at all times;

115.26 (8) be notified by the agency within 24 hours if an incident occurs or the person is injured
 115.27 while receiving services, including what occurred and how agency staff responded to the
 115.28 incident;

115.29 (9) request a voluntary coordinated care conference; ~~and~~

115.30 (10) request a CMDE provider of the person's or the person's legal representative's
 115.31 choice; and

116.1 (11) be free of all prohibitions as defined in Minnesota Rules, part 9544.0060.

116.2 Sec. 23. Minnesota Statutes 2018, section 256B.0949, subdivision 15, is amended to read:

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

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

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

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

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

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

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

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

116.29 (iii) a board-certified behavior analyst; or

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

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

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

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

117.11 (ii) has certification as a board-certified assistant behavior analyst from the Behavior
117.12 Analyst Certification Board;

117.13 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification
117.14 Board; or

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

117.17 (2) a person who has:

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

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

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

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

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

- 118.1 (i) is fluent in a non-English language;
- 118.2 (ii) completed the level III EIDBI training requirements; and
- 118.3 (iii) receives observation and direction from a QSP or level I treatment provider at least
- 118.4 once a week until the person meets 1,000 hours of supervised clinical experience.
- 118.5 (d) A level III treatment provider must be employed by an agency, have completed the
- 118.6 level III training requirement, be at least 18 years of age, and have at least one of the
- 118.7 following:
- 118.8 (1) a high school diploma or commissioner of education-selected high school equivalency
- 118.9 certification;
- 118.10 (2) fluency in a non-English language; ~~or~~
- 118.11 (3) one year of experience as a primary personal care assistant, community health worker,
- 118.12 waiver service provider, or special education assistant to a person with ASD or a related
- 118.13 condition within the previous five years; or
- 118.14 (4) completion of all required EIDBI training within six months of employment.

118.15 Sec. 24. Minnesota Statutes 2018, section 256B.0949, subdivision 16, is amended to read:

118.16 Subd. 16. **Agency duties.** (a) An agency delivering an EIDBI service under this section

118.17 must:

- 118.18 (1) enroll as a medical assistance Minnesota health care program provider according to
- 118.19 Minnesota Rules, part 9505.0195, and section 256B.04, subdivision 21, and meet all
- 118.20 applicable provider standards and requirements;
- 118.21 (2) demonstrate compliance with federal and state laws for EIDBI service;
- 118.22 (3) verify and maintain records of a service provided to the person or the person's legal
- 118.23 representative as required under Minnesota Rules, parts 9505.2175 and 9505.2197;
- 118.24 (4) demonstrate that while enrolled or seeking enrollment as a Minnesota health care
- 118.25 program provider the agency did not have a lead agency contract or provider agreement
- 118.26 discontinued because of a conviction of fraud; or did not have an owner, board member, or
- 118.27 manager fail a state or federal criminal background check or appear on the list of excluded
- 118.28 individuals or entities maintained by the federal Department of Human Services Office of
- 118.29 Inspector General;

119.1 (5) have established business practices including written policies and procedures, internal
119.2 controls, and a system that demonstrates the organization's ability to deliver quality EIDBI
119.3 services;

119.4 (6) have an office located in Minnesota or a border state;

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

119.7 (8) report maltreatment according to sections 626.556 and 626.557;

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

119.10 (10) provide training for all agency staff on the requirements and responsibilities listed
119.11 in the Maltreatment of Minors Act, section 626.556, and the Vulnerable Adult Protection
119.12 Act, section 626.557, including mandated and voluntary reporting, nonretaliation, and the
119.13 agency's policy for all staff on how to report suspected abuse and neglect;

119.14 (11) have a written policy to resolve issues collaboratively with the person and the
119.15 person's legal representative when possible. The policy must include a timeline for when
119.16 the person and the person's legal representative will be notified about issues that arise in
119.17 the provision of services;

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

119.22 (13) before starting a service, provide the person or the person's legal representative a
119.23 description of the treatment modality that the person shall receive, including the staffing
119.24 certification levels and training of the staff who shall provide a treatment.

119.25 (b) When delivering the ITP, and annually thereafter, an agency must provide the person
119.26 or the person's legal representative with:

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

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

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

120.4 Sec. 25. Minnesota Statutes 2018, section 256D.02, subdivision 17, is amended to read:

120.5 Subd. 17. **Professional certification.** "Professional certification" means a statement
120.6 about a person's illness, injury, or incapacity that is signed by a "qualified professional" as
120.7 defined in section ~~256J.08, subdivision 73a~~ 256P.01, subdivision 6a.

120.8 Sec. 26. Minnesota Statutes 2018, section 256I.03, subdivision 3, is amended to read:

120.9 Subd. 3. **Housing support.** "Housing support" means ~~a group living situation~~ assistance
120.10 that provides at a minimum room and board to ~~unrelated~~ persons who meet the eligibility
120.11 requirements of section 256I.04. To receive payment for ~~a group residence rate~~ housing
120.12 support, the residence must meet the requirements under section 256I.04, subdivisions 2a
120.13 to 2f.

120.14 Sec. 27. Minnesota Statutes 2018, section 256I.03, subdivision 14, is amended to read:

120.15 Subd. 14. **Qualified professional.** "Qualified professional" means an individual as
120.16 defined in section ~~256J.08, subdivision 73a~~, or 245G.11, subdivision 3, 4, or 5, or 256P.01,
120.17 subdivision 6a; or an individual approved by the director of human services or a designee
120.18 of the director.

120.19 Sec. 28. Minnesota Statutes 2019 Supplement, section 256I.04, subdivision 2b, is amended
120.20 to read:

120.21 Subd. 2b. **Housing support agreements.** (a) Agreements between agencies and providers
120.22 of housing support must be in writing on a form developed and approved by the commissioner
120.23 and must specify the name and address under which the establishment subject to the
120.24 agreement does business and under which the establishment, or service provider, if different
120.25 from the ~~group residential housing~~ establishment, is licensed by the Department of Health
120.26 or the Department of Human Services; the specific license or registration from the
120.27 Department of Health or the Department of Human Services held by the provider and the
120.28 number of beds subject to that license; the address of the location or locations at which
120.29 group residential housing support is provided under this agreement; the per diem and monthly
120.30 rates that are to be paid from housing support funds for each eligible resident at each location;
120.31 the number of beds at each location which are subject to the agreement; whether the license

121.1 holder is a not-for-profit corporation under section 501(c)(3) of the Internal Revenue Code;
121.2 and a statement that the agreement is subject to the provisions of sections 256I.01 to 256I.06
121.3 and subject to any changes to those sections.

121.4 (b) Providers are required to verify the following minimum requirements in the
121.5 agreement:

121.6 (1) current license or registration, including authorization if managing or monitoring
121.7 medications;

121.8 (2) all staff who have direct contact with recipients meet the staff qualifications;

121.9 (3) the provision of housing support;

121.10 (4) the provision of supplementary services, if applicable;

121.11 (5) reports of adverse events, including recipient death or serious injury;

121.12 (6) submission of residency requirements that could result in recipient eviction; and

121.13 (7) confirmation that the provider will not limit or restrict the number of hours an
121.14 applicant or recipient chooses to be employed, as specified in subdivision 5.

121.15 (c) Agreements may be terminated with or without cause by the commissioner, the
121.16 agency, or the provider with two calendar months prior notice. The commissioner may
121.17 immediately terminate an agreement under subdivision 2d.

121.18 Sec. 29. Minnesota Statutes 2018, section 256I.05, subdivision 1a, is amended to read:

121.19 Subd. 1a. **Supplementary service rates.** (a) Subject to the provisions of section 256I.04,
121.20 subdivision 3, the county agency may negotiate a payment not to exceed \$426.37 for other
121.21 services necessary to provide room and board if the residence is licensed by or registered
121.22 by the Department of Health, or licensed by the Department of Human Services to provide
121.23 services in addition to room and board, and if the provider of services is not also concurrently
121.24 receiving funding for services for a recipient under a home and community-based waiver
121.25 under title XIX of the Social Security Act; or funding from the medical assistance program
121.26 under section 256B.0659, for personal care services for residents in the setting; or residing
121.27 in a setting which receives funding under section 245.73. If funding is available for other
121.28 necessary services through a home and community-based waiver, or personal care services
121.29 under section 256B.0659, then the housing support rate is limited to the rate set in subdivision
121.30 1. Unless otherwise provided in law, in no case may the supplementary service rate exceed
121.31 \$426.37. The registration and licensure requirement does not apply to establishments which
121.32 are exempt from state licensure because they are located on Indian reservations and for

122.1 which the tribe has prescribed health and safety requirements. Service payments under this
122.2 section may be prohibited under rules to prevent the supplanting of federal funds with state
122.3 funds. The commissioner shall pursue the feasibility of obtaining the approval of the Secretary
122.4 of Health and Human Services to provide home and community-based waiver services under
122.5 title XIX of the Social Security Act for residents who are not eligible for an existing home
122.6 and community-based waiver due to a primary diagnosis of mental illness or chemical
122.7 dependency and shall apply for a waiver if it is determined to be cost-effective.

122.8 (b) The commissioner is authorized to make cost-neutral transfers from the housing
122.9 support fund for beds under this section to other funding programs administered by the
122.10 department after consultation with the ~~county or counties~~ agency in which the affected beds
122.11 are located. The commissioner may also make cost-neutral transfers from the housing support
122.12 fund to county human service agencies for beds permanently removed from the housing
122.13 support census under a plan submitted by the county agency and approved by the
122.14 commissioner. The commissioner shall report the amount of any transfers under this provision
122.15 annually to the legislature.

122.16 (c) Counties must not negotiate supplementary service rates with providers of housing
122.17 support that are licensed as board and lodging with special services and that do not encourage
122.18 a policy of sobriety on their premises and make referrals to available community services
122.19 for volunteer and employment opportunities for residents.

122.20 Sec. 30. Minnesota Statutes 2018, section 256I.05, subdivision 1c, is amended to read:

122.21 Subd. 1c. **Rate increases.** An agency may not increase the rates negotiated for housing
122.22 support above those in effect on June 30, 1993, except as provided in paragraphs (a) to (f).

122.23 (a) An agency may increase the rates for room and board to the MSA equivalent rate
122.24 for those settings whose current rate is below the MSA equivalent rate.

122.25 (b) An agency may increase the rates for residents in adult foster care whose difficulty
122.26 of care has increased. The total housing support rate for these residents must not exceed the
122.27 maximum rate specified in subdivisions 1 and 1a. Agencies must not include nor increase
122.28 difficulty of care rates for adults in foster care whose difficulty of care is eligible for funding
122.29 by home and community-based waiver programs under title XIX of the Social Security Act.

122.30 (c) The room and board rates will be increased each year when the MSA equivalent rate
122.31 is adjusted for SSI cost-of-living increases by the amount of the annual SSI increase, less
122.32 the amount of the increase in the medical assistance personal needs allowance under section
122.33 256B.35.

123.1 (d) When housing support pays for an individual's room and board, or other costs
123.2 necessary to provide room and board, the rate payable to the residence must continue for
123.3 up to 18 calendar days per incident that the person is temporarily absent from the residence,
123.4 not to exceed 60 days in a calendar year, if the absence or absences ~~have received the prior~~
123.5 ~~approval of~~ are reported in advance to the county agency's social service staff. ~~Prior approval~~
123.6 Advance reporting is not required for emergency absences due to crisis, illness, or injury.

123.7 (e) For facilities meeting substantial change criteria within the prior year. Substantial
123.8 change criteria exists if the establishment experiences a 25 percent increase or decrease in
123.9 the total number of its beds, if the net cost of capital additions or improvements is in excess
123.10 of 15 percent of the current market value of the residence, or if the residence physically
123.11 moves, or changes its licensure, and incurs a resulting increase in operation and property
123.12 costs.

123.13 (f) Until June 30, 1994, an agency may increase by up to five percent the total rate paid
123.14 for recipients of assistance under sections 256D.01 to 256D.21 or 256D.33 to 256D.54 who
123.15 reside in residences that are licensed by the commissioner of health as a boarding care home,
123.16 but are not certified for the purposes of the medical assistance program. However, an increase
123.17 under this clause must not exceed an amount equivalent to 65 percent of the 1991 medical
123.18 assistance reimbursement rate for nursing home resident class A, in the geographic grouping
123.19 in which the facility is located, as established under Minnesota Rules, parts 9549.0051 to
123.20 9549.0058.

123.21 Sec. 31. Minnesota Statutes 2018, section 256I.05, subdivision 1n, is amended to read:

123.22 Subd. 1n. **Supplemental rate; Mahnomen County.** Notwithstanding the provisions of
123.23 this section, for the rate period July 1, 2010, to June 30, 2011, a county agency shall negotiate
123.24 a supplemental service rate in addition to the rate specified in subdivision 1, not to exceed
123.25 \$753 per month or the existing rate, including any legislative authorized inflationary
123.26 adjustments, for a ~~group residential~~ housing support provider located in Mahnomen County
123.27 that operates a 28-bed facility providing 24-hour care to individuals who are homeless,
123.28 disabled, chemically dependent, mentally ill, or chronically homeless.

123.29 Sec. 32. Minnesota Statutes 2018, section 256I.05, subdivision 8, is amended to read:

123.30 Subd. 8. **State participation.** For a ~~resident of a group residence~~ person who is eligible
123.31 under section 256I.04, subdivision 1, paragraph (b), state participation in the ~~group residential~~
123.32 housing support payment is determined according to section 256D.03, subdivision 2. For
123.33 a ~~resident of a group residence~~ person who is eligible under section 256I.04, subdivision 1,

124.1 paragraph (a), state participation in the ~~group-residential~~ housing support rate is determined
124.2 according to section 256D.36.

124.3 Sec. 33. Minnesota Statutes 2018, section 256I.05, subdivision 11, is amended to read:

124.4 Subd. 11. **Transfer of emergency shelter funds.** (a) The commissioner shall make a
124.5 cost-neutral transfer of funding from the housing support fund to ~~county human service~~
124.6 ~~agencies~~ the agency for emergency shelter beds removed from the housing support census
124.7 under a biennial plan submitted by the ~~county~~ agency and approved by the commissioner.
124.8 The plan must describe: (1) anticipated and actual outcomes for persons experiencing
124.9 homelessness in emergency shelters; (2) improved efficiencies in administration; (3)
124.10 requirements for individual eligibility; and (4) plans for quality assurance monitoring and
124.11 quality assurance outcomes. The commissioner shall review the ~~county~~ agency plan to
124.12 monitor implementation and outcomes at least biennially, and more frequently if the
124.13 commissioner deems necessary.

124.14 (b) The funding under paragraph (a) may be used for the provision of room and board
124.15 or supplemental services according to section 256I.03, subdivisions 2 and 8. Providers must
124.16 meet the requirements of section 256I.04, subdivisions 2a to 2f. Funding must be allocated
124.17 annually, and the room and board portion of the allocation shall be adjusted according to
124.18 the percentage change in the housing support room and board rate. The room and board
124.19 portion of the allocation shall be determined at the time of transfer. The commissioner or
124.20 county may return beds to the housing support fund with 180 days' notice, including financial
124.21 reconciliation.

124.22 Sec. 34. Minnesota Statutes 2018, section 256I.06, subdivision 2, is amended to read:

124.23 Subd. 2. **Time of payment.** A county agency may make payments in advance for an
124.24 individual whose stay is expected to last beyond the calendar month for which the payment
124.25 is made. Housing support payments made by a county agency on behalf of an individual
124.26 who is not expected to remain in the ~~group-residence~~ establishment beyond the month for
124.27 which payment is made must be made subsequent to the individual's departure from the
124.28 residence.

124.29 Sec. 35. Minnesota Statutes 2018, section 256I.06, is amended by adding a subdivision
124.30 to read:

124.31 Subd. 10. **Correction of overpayments and underpayments.** The agency shall make
124.32 an adjustment to housing support payments issued to individuals consistent with requirements

125.1 of federal law and regulation and state law and rule and shall issue or recover benefits as
125.2 appropriate. A recipient or former recipient is not responsible for overpayments due to
125.3 agency error, unless the amount of the overpayment is large enough that a reasonable person
125.4 would know it is an error.

125.5 Sec. 36. Minnesota Statutes 2018, section 256J.08, subdivision 73a, is amended to read:

125.6 Subd. 73a. **Qualified professional.** "Qualified professional" means an individual as
125.7 defined in section 256P.01, subdivision 6a. (a) For physical illness, injury, or incapacity, a
125.8 "qualified professional" means a licensed physician, a physician assistant, a nurse practitioner,
125.9 or a licensed chiropractor.

125.10 (b) For developmental disability and intelligence testing, a "qualified professional"
125.11 means an individual qualified by training and experience to administer the tests necessary
125.12 to make determinations, such as tests of intellectual functioning, assessments of adaptive
125.13 behavior, adaptive skills, and developmental functioning. These professionals include
125.14 licensed psychologists, certified school psychologists, or certified psychometrists working
125.15 under the supervision of a licensed psychologist.

125.16 (c) For learning disabilities, a "qualified professional" means a licensed psychologist or
125.17 school psychologist with experience determining learning disabilities.

125.18 (d) For mental health, a "qualified professional" means a licensed physician or a qualified
125.19 mental health professional. A "qualified mental health professional" means:

125.20 (1) for children, in psychiatric nursing, a registered nurse who is licensed under sections
125.21 148.171 to 148.285, and who is certified as a clinical specialist in child and adolescent
125.22 psychiatric or mental health nursing by a national nurse certification organization or who
125.23 has a master's degree in nursing or one of the behavioral sciences or related fields from an
125.24 accredited college or university or its equivalent, with at least 4,000 hours of post-master's
125.25 supervised experience in the delivery of clinical services in the treatment of mental illness;

125.26 (2) for adults, in psychiatric nursing, a registered nurse who is licensed under sections
125.27 148.171 to 148.285, and who is certified as a clinical specialist in adult psychiatric and
125.28 mental health nursing by a national nurse certification organization or who has a master's
125.29 degree in nursing or one of the behavioral sciences or related fields from an accredited
125.30 college or university or its equivalent, with at least 4,000 hours of post-master's supervised
125.31 experience in the delivery of clinical services in the treatment of mental illness;

125.32 (3) in clinical social work, a person licensed as an independent clinical social worker
125.33 under chapter 148D, or a person with a master's degree in social work from an accredited

126.1 college or university, with at least 4,000 hours of post-master's supervised experience in
126.2 the delivery of clinical services in the treatment of mental illness;

126.3 (4) in psychology, an individual licensed by the Board of Psychology under sections
126.4 148.88 to 148.98, who has stated to the Board of Psychology competencies in the diagnosis
126.5 and treatment of mental illness;

126.6 (5) in psychiatry, a physician licensed under chapter 147 and certified by the American
126.7 Board of Psychiatry and Neurology or eligible for board certification in psychiatry;

126.8 (6) in marriage and family therapy, the mental health professional must be a marriage
126.9 and family therapist licensed under sections 148B.29 to 148B.39, with at least two years of
126.10 post-master's supervised experience in the delivery of clinical services in the treatment of
126.11 mental illness; and

126.12 (7) in licensed professional clinical counseling, the mental health professional shall be
126.13 a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours
126.14 of post-master's supervised experience in the delivery of clinical services in the treatment
126.15 of mental illness.

126.16 Sec. 37. Minnesota Statutes 2018, section 256P.01, is amended by adding a subdivision
126.17 to read:

126.18 Subd. 6a. **Qualified professional.** (a) For physical illness, injury, or incapacity, a
126.19 "qualified professional" means a licensed physician, physician assistant, nurse practitioner,
126.20 physical therapist, occupational therapist, or licensed chiropractor.

126.21 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
126.22 professional" means a licensed physician, physician assistant, nurse practitioner, licensed
126.23 independent clinical social worker, licensed psychologist, certified school psychologist, or
126.24 certified psychometrist working under the supervision of a licensed psychologist.

126.25 (c) For mental health, a "qualified professional" means a licensed physician, physician
126.26 assistant, nurse practitioner, or qualified mental health professional under section 245.462,
126.27 subdivision 18, clauses (1) to (6).

126.28 (d) For substance use disorder, a "qualified professional" means an individual as defined
126.29 in section 245G.11, subdivision 3, 4, or 5.

127.1 Sec. 38. **REVISOR INSTRUCTION; CORRECTING TERMINOLOGY.**

127.2 In Minnesota Statutes, sections 256.01, subdivisions 2 and 24; 256.975, subdivision 7;
127.3 256B.0911, subdivisions 1a, 3b, and 4d; and 256B.439, subdivision 4, the revisor of statutes
127.4 must substitute the term "Disability Linkage Line" or similar terms for "Disability Hub" or
127.5 similar terms. The revisor must also make grammatical changes related to the changes in
127.6 terms.

127.7 Sec. 39. **REPEALER.**

127.8 Minnesota Statutes 2018, section 245F.02, subdivision 20, is repealed.

127.9 **ARTICLE 3**

127.10 **CONTINUING CARE FOR OLDER ADULTS**

127.11 Section 1. Minnesota Statutes 2018, section 256R.02, subdivision 4, is amended to read:

127.12 Subd. 4. **Administrative costs.** "Administrative costs" means the identifiable costs for
127.13 administering the overall activities of the nursing home. These costs include salaries and
127.14 wages of the administrator, assistant administrator, business office employees, security
127.15 guards, purchasing and inventory employees, and associated fringe benefits and payroll
127.16 taxes, fees, contracts, or purchases related to business office functions, licenses, permits
127.17 except as provided in the external fixed costs category, employee recognition, travel including
127.18 meals and lodging, all training except as specified in subdivision 17, voice and data
127.19 communication or transmission, office supplies, property and liability insurance and other
127.20 forms of insurance except insurance that is a fringe benefit under subdivision 22, personnel
127.21 recruitment, legal services, accounting services, management or business consultants, data
127.22 processing, information technology, website, central or home office costs, business meetings
127.23 and seminars, postage, fees for professional organizations, subscriptions, security services,
127.24 nonpromotional advertising, board of directors fees, working capital interest expense, bad
127.25 debts, bad debt collection fees, and costs incurred for travel and ~~housing~~ lodging for persons
127.26 employed by a Minnesota-registered supplemental nursing services agency as defined in
127.27 section 144A.70, subdivision 6.

127.28 Sec. 2. Minnesota Statutes 2018, section 256R.02, subdivision 17, is amended to read:

127.29 Subd. 17. **Direct care costs.** "Direct care costs" means costs for the wages of nursing
127.30 administration, direct care registered nurses, licensed practical nurses, certified nursing
127.31 assistants, trained medication aides, employees conducting training in resident care topics
127.32 and associated fringe benefits and payroll taxes; services from a Minnesota-registered

128.1 supplemental nursing services agency up to the maximum allowable charges under section
 128.2 144A.74, excluding associated lodging and travel costs; supplies that are stocked at nursing
 128.3 stations or on the floor and distributed or used individually, including, but not limited to:
 128.4 rubbing alcohol or alcohol swabs, applicators, cotton balls, incontinence pads, disposable
 128.5 ice bags, dressings, bandages, water pitchers, tongue depressors, disposable gloves, enemas,
 128.6 enema equipment, personal hygiene soap, medication cups, diapers, ~~plastic waste bags~~,
 128.7 sanitary products, disposable thermometers, hypodermic needles and syringes, ~~clinical~~
 128.8 ~~reagents or similar diagnostic agents~~, drugs ~~that are not paid~~ not payable on a separate fee
 128.9 schedule by the medical assistance program or any other payer, and ~~technology-related~~
 128.10 clinical software costs specific to the provision of nursing care to residents, such as electronic
 128.11 charting systems; costs of materials used for resident care training, and training courses
 128.12 outside of the facility attended by direct care staff on resident care topics; and costs for
 128.13 nurse consultants, pharmacy consultants, and medical directors. Salaries and payroll taxes
 128.14 for nurse consultants who work out of a central office must be allocated proportionately by
 128.15 total resident days or by direct identification to the nursing facilities served by those
 128.16 consultants.

128.17 Sec. 3. Minnesota Statutes 2018, section 256R.02, subdivision 18, is amended to read:

128.18 Subd. 18. **Employer health insurance costs.** "Employer health insurance costs" means
 128.19 premium expenses for group coverage; and actual expenses incurred for self-insured plans,
 128.20 including reinsurance; actual claims paid, stop-loss premiums, plan fees, and employer
 128.21 contributions to employee health reimbursement and health savings accounts. Actual costs
 128.22 of self-insurance plans must not include any allowance for future funding unless the plan
 128.23 meets the Medicare requirements for reporting on a premium basis when the Medicare
 128.24 regulations define the actual costs. Premium and expense costs and contributions are
 128.25 allowable for (1) all employees and (2) the spouse and dependents of those employees who
 128.26 are employed on average at least 30 hours per week.

128.27 Sec. 4. Minnesota Statutes 2019 Supplement, section 256R.02, subdivision 19, is amended
 128.28 to read:

128.29 Subd. 19. **External fixed costs.** "External fixed costs" means costs related to the nursing
 128.30 home surcharge under section 256.9657, subdivision 1; licensure fees under section 144.122;
 128.31 family advisory council fee under section 144A.33; scholarships under section 256R.37;
 128.32 planned closure rate adjustments under section 256R.40; consolidation rate adjustments
 128.33 under section 144A.071, subdivisions 4c, paragraph (a), clauses (5) and (6), and 4d;
 128.34 single-bed room incentives under section 256R.41; property taxes, special assessments, and

129.1 payments in lieu of taxes; employer health insurance costs; quality improvement incentive
129.2 payment rate adjustments under section 256R.39; performance-based incentive payments
129.3 under section 256R.38; special dietary needs under section 256R.51; ~~rate adjustments for~~
129.4 ~~compensation-related costs for minimum wage changes under section 256R.49 provided~~
129.5 ~~on or after January 1, 2018~~; Public Employees Retirement Association employer costs; and
129.6 border city rate adjustments under section 256R.481.

129.7 Sec. 5. Minnesota Statutes 2018, section 256R.02, subdivision 29, is amended to read:

129.8 Subd. 29. **Maintenance and plant operations costs.** "Maintenance and plant operations
129.9 costs" means the costs for the salaries and wages of the maintenance supervisor, engineers,
129.10 heating-plant employees, and other maintenance employees and associated fringe benefits
129.11 and payroll taxes. It also includes identifiable costs for maintenance and operation of the
129.12 building and grounds, including, but not limited to, fuel, electricity, plastic waste bags,
129.13 medical waste and garbage removal, water, sewer, supplies, tools, and repairs, and minor
129.14 equipment not requiring capitalization under Medicare guidelines.

129.15 Sec. 6. Minnesota Statutes 2018, section 256R.02, is amended by adding a subdivision to
129.16 read:

129.17 Subd. 32a. **Minor equipment.** "Minor equipment" means equipment that does not qualify
129.18 as either fixed equipment or depreciable moveable equipment as defined in section 256R.261.

129.19 Sec. 7. Minnesota Statutes 2018, section 256R.02, subdivision 42a, is amended to read:

129.20 Subd. 42a. **Real estate taxes.** "Real estate taxes" means the real estate tax liability shown
129.21 on the annual property tax ~~statement~~ statements of the nursing facility for the reporting
129.22 period. The term does not include personnel costs or fees for late payment.

129.23 Sec. 8. Minnesota Statutes 2018, section 256R.02, subdivision 48a, is amended to read:

129.24 Subd. 48a. **Special assessments.** "Special assessments" means the actual special
129.25 assessments and related interest paid during the reporting period that are not voluntary costs.
129.26 The term does not include personnel costs ~~or~~, fees for late payment, or special assessments
129.27 for projects that are reimbursed in the property rate.

129.28 Sec. 9. Minnesota Statutes 2018, section 256R.07, subdivision 1, is amended to read:

129.29 Subdivision 1. **Criteria.** A nursing facility ~~shall~~ must keep adequate documentation. In
129.30 order to be adequate, documentation must:

- 130.1 (1) be maintained in orderly, well-organized files;
- 130.2 (2) not include documentation of more than one nursing facility in one set of files unless
- 130.3 transactions may be traced by the commissioner to the nursing facility's annual cost report;
- 130.4 (3) include a paid invoice or copy of a paid invoice with date of purchase, vendor name
- 130.5 and address, purchaser name and delivery destination address, listing of items or services
- 130.6 purchased, cost of items purchased, account number to which the cost is posted, and a
- 130.7 breakdown of any allocation of costs between accounts or nursing facilities. If any of the
- 130.8 information is not available, the nursing facility ~~shall~~ must document its good faith attempt
- 130.9 to obtain the information;
- 130.10 (4) include contracts, agreements, amortization schedules, mortgages, other debt
- 130.11 instruments, and all other documents necessary to explain the nursing facility's costs or
- 130.12 revenues; ~~and~~
- 130.13 (5) include signed and dated position descriptions; and
- 130.14 (6) be retained by the nursing facility to support the five most recent annual cost reports.
- 130.15 The commissioner may extend the period of retention if the field audit was postponed
- 130.16 because of inadequate record keeping or accounting practices as in section 256R.13,
- 130.17 subdivisions 2 and 4, the records are necessary to resolve a pending appeal, or the records
- 130.18 are required for the enforcement of sections 256R.04; 256R.05, subdivision 2; 256R.06,
- 130.19 subdivisions 2, 6, and 7; 256R.08, subdivisions 1 ~~to~~ and 3; and 256R.09, subdivisions 3 and
- 130.20 4.
- 130.21 Sec. 10. Minnesota Statutes 2018, section 256R.07, subdivision 2, is amended to read:
- 130.22 Subd. 2. **Documentation of compensation.** Compensation for personal services,
- 130.23 regardless of whether treated as identifiable costs or costs that are not identifiable, must be
- 130.24 documented on payroll records. Payrolls must be supported by time and attendance or
- 130.25 equivalent records for individual employees. Salaries and wages of employees which are
- 130.26 allocated to more than one cost category must be supported by time distribution records.
- 130.27 ~~The method used must produce a proportional distribution of actual time spent, or an accurate~~
- 130.28 ~~estimate of time spent performing assigned duties. The nursing facility that chooses to~~
- 130.29 ~~estimate time spent must use a statistically valid method. The compensation must reflect~~
- 130.30 ~~an amount proportionate to a full-time basis if the services are rendered on less than a~~
- 130.31 ~~full-time basis.~~ Salary allocations are allowable using the Medicare-approved allocation
- 130.32 basis and methodology only if the salary costs cannot be directly determined, including
- 130.33 when employees provide shared services to noncovered operations.

131.1 Sec. 11. Minnesota Statutes 2018, section 256R.07, subdivision 3, is amended to read:

131.2 Subd. 3. **Adequate documentation supporting nursing facility payrolls.** Payroll
131.3 records supporting compensation costs claimed by nursing facilities must be supported by
131.4 affirmative time and attendance records prepared by each individual at intervals of not more
131.5 than one month. The requirements of this subdivision are met when documentation is
131.6 provided under either clause (1) or (2) as follows:

131.7 (1) the affirmative time and attendance record must identify the individual's name; the
131.8 days worked during each pay period; the number of hours worked each day; and the number
131.9 of hours taken each day by the individual for vacation, sick, and other leave. The affirmative
131.10 time and attendance record must include a signed verification by the individual and the
131.11 individual's supervisor, if any, that the entries reported on the record are correct; or

131.12 (2) if the affirmative time and attendance records identifying the individual's name, the
131.13 days worked each pay period, the number of hours worked each day, and the number of
131.14 hours taken each day by the individual for vacation, sick, and other leave are ~~placed on~~
131.15 ~~microfilm~~ stored electronically, equipment must be made available for viewing and printing
131.16 ~~them, or if the records are stored as automated data, summary data must be available for~~
131.17 ~~viewing and printing the records.~~

131.18 Sec. 12. Minnesota Statutes 2018, section 256R.08, subdivision 1, is amended to read:

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

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

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

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

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

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

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

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

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

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

132.25 Sec. 13. Minnesota Statutes 2018, section 256R.09, subdivision 2, is amended to read:

132.26 Subd. 2. **Reporting of statistical and cost information.** All nursing facilities ~~shall~~ must
132.27 provide information annually to the commissioner on a form and in a manner determined
132.28 by the commissioner. The commissioner may separately require facilities to submit in a
132.29 manner specified by the commissioner documentation of statistical and cost information
132.30 included in the report to ensure accuracy in establishing payment rates and to perform audit
132.31 and appeal review functions under this chapter. The commissioner may also require nursing
132.32 facilities to provide statistical and cost information for a subset of the items in the annual
132.33 report on a semiannual basis. Nursing facilities ~~shall~~ must report only costs directly related
132.34 to the operation of the nursing facility. The facility ~~shall~~ must not include costs which are

133.1 separately reimbursed or reimbursable by residents, medical assistance, or other payors.
133.2 Allocations of costs from central, affiliated, or corporate office and related organization
133.3 transactions shall be reported according to sections 256R.07, subdivision 3, and 256R.12,
133.4 subdivisions 1 to 7. The commissioner ~~shall~~ must not grant facilities extensions to the filing
133.5 deadline.

133.6 Sec. 14. Minnesota Statutes 2018, section 256R.09, subdivision 5, is amended to read:

133.7 Subd. 5. **Method of accounting.** The accrual method of accounting in accordance with
133.8 generally accepted accounting principles is the only method acceptable for purposes of
133.9 satisfying the reporting requirements of this chapter. If a governmentally owned nursing
133.10 facility demonstrates that the accrual method of accounting is not applicable to its accounts
133.11 and that a cash or modified accrual method of accounting more accurately reports the nursing
133.12 facility's financial operations, the commissioner ~~shall~~ must permit the governmentally owned
133.13 nursing facility to use a cash or modified accrual method of accounting. For reimbursement
133.14 purposes, the accrued expense must be paid within 90 days following the end of the reporting
133.15 period. An expense disallowed under this section in any cost report period may not be
133.16 claimed on a subsequent cost report. Specific exemptions to the 90-day rule may be granted
133.17 by the commissioner for documented contractual arrangements such as receivership, property
133.18 tax installment payments, and pension contributions.

133.19 Sec. 15. Minnesota Statutes 2018, section 256R.13, subdivision 4, is amended to read:

133.20 Subd. 4. **Extended record retention requirements.** The commissioner ~~shall~~ must extend
133.21 the period for retention of records under section 256R.09, subdivision 3, for purposes of
133.22 performing field audits as necessary to enforce sections 256R.04; 256R.05, subdivision 2;
133.23 256R.06, subdivisions 2, 6, and 7; 256R.08, subdivisions 1 ~~to~~ and 3; and 256R.09,
133.24 subdivisions 3 and 4, with written notice to the facility postmarked no later than 90 days
133.25 prior to the expiration of the record retention requirement.

133.26 Sec. 16. Minnesota Statutes 2018, section 256R.16, subdivision 1, is amended to read:

133.27 Subdivision 1. **Calculation of a quality score.** (a) The commissioner ~~shall~~ must
133.28 determine a quality score for each nursing facility using quality measures established in
133.29 section 256B.439, according to methods determined by the commissioner in consultation
133.30 with stakeholders and experts, and using the most recently available data as provided in the
133.31 Minnesota Nursing Home Report Card. These methods ~~shall~~ must be exempt from the
133.32 rulemaking requirements under chapter 14.

(b) For each quality measure, a score ~~shall~~ must be determined with the number of points assigned as determined by the commissioner using the methodology established according to this subdivision. The determination of the quality measures to be used and the methods of calculating scores may be revised annually by the commissioner.

(c) The quality score ~~shall~~ must include up to 50 points related to the Minnesota quality indicators score derived from the minimum data set, up to 40 points related to the resident quality of life score derived from the consumer survey conducted under section 256B.439, subdivision 3, and up to ten points related to the state inspection results score.

(d) The commissioner, in cooperation with the commissioner of health, may adjust the formula in paragraph (c), or the methodology for computing the total quality score, ~~effective July 1 of any year,~~ with five months advance public notice. In changing the formula, the commissioner ~~shall~~ must consider quality measure priorities registered by report card users, advice of stakeholders, and available research.

Sec. 17. Minnesota Statutes 2018, section 256R.17, subdivision 3, is amended to read:

Subd. 3. **Resident assessment schedule.** (a) Nursing facilities ~~shall~~ must conduct and submit case mix classification assessments according to the schedule established by the commissioner of health under section 144.0724, subdivisions 4 and 5.

(b) The case mix classifications established under section 144.0724, subdivision 3a, ~~shall~~ must be effective the day of admission for new admission assessments. The effective date for significant change assessments ~~shall~~ and significant correction assessments must be the assessment reference date. The effective date for annual and quarterly assessments ~~shall~~ must be the first day of the month following assessment reference date.

Sec. 18. Minnesota Statutes 2019 Supplement, section 256R.26, subdivision 1, is amended to read:

Subdivision 1. **Determination of limited undepreciated replacement cost.** A facility's limited URC is the lesser of:

(1) the facility's recognized URC from the appraisal; or

(2) the product of (i) the number of the facility's licensed beds three months prior to the beginning of the rate year, (ii) the construction cost per square foot value, and (iii) 1,000 square feet.

135.1 Sec. 19. Minnesota Statutes 2018, section 256R.37, is amended to read:

135.2 **256R.37 SCHOLARSHIPS.**

135.3 ~~(a) For the 27-month period beginning October 1, 2015, through December 31, 2017,~~
135.4 ~~the commissioner shall allow a scholarship per diem of up to 25 cents for each nursing~~
135.5 ~~facility with no scholarship per diem that is requesting a scholarship per diem to be added~~
135.6 ~~to the external fixed payment rate to be used:~~

135.7 ~~(1) for employee scholarships that satisfy the following requirements:~~

135.8 ~~(i) scholarships are available to all employees who work an average of at least ten hours~~
135.9 ~~per week at the facility except the administrator, and to reimburse student loan expenses~~
135.10 ~~for newly hired registered nurses and licensed practical nurses, and training expenses for~~
135.11 ~~nursing assistants as specified in section 144A.611, subdivisions 2 and 4, who are newly~~
135.12 ~~hired; and~~

135.13 ~~(ii) the course of study is expected to lead to career advancement with the facility or in~~
135.14 ~~long-term care, including medical care interpreter services and social work; and~~

135.15 ~~(2) to provide job-related training in English as a second language.~~

135.16 ~~(b) All facilities may annually request a rate adjustment under this section by submitting~~
135.17 ~~information to the commissioner on a schedule and in a form supplied by the commissioner.~~
135.18 ~~The commissioner shall allow a scholarship payment rate equal to the reported and allowable~~
135.19 ~~costs divided by resident days.~~

135.20 ~~(c) In calculating the per diem under paragraph (b), the commissioner shall allow costs~~
135.21 ~~related to tuition, direct educational expenses, and reasonable costs as defined by the~~
135.22 ~~commissioner for child care costs and transportation expenses related to direct educational~~
135.23 ~~expenses.~~

135.24 ~~(d) The rate increase under this section is an optional rate add-on that the facility must~~
135.25 ~~request from the commissioner in a manner prescribed by the commissioner. The rate~~
135.26 ~~increase must be used for scholarships as specified in this section.~~

135.27 ~~(e) For instances in which a rate adjustment will be 15 cents or greater, nursing facilities~~
135.28 ~~that close beds during a rate year may request to have their scholarship adjustment under~~
135.29 ~~paragraph (b) recalculated by the commissioner for the remainder of the rate year to reflect~~
135.30 ~~the reduction in resident days compared to the cost report year.~~

135.31 (a) The commissioner must provide to each facility the scholarship per diem determined
135.32 in paragraph (b). This per diem must be in the external fixed payment rate and must be

136.1 based on the allowable costs of the following for facility employees who work an average
 136.2 of at least ten hours per week in the licensed nursing facility building:

136.3 (1) course of study that is expected to lead to career advancement with the facility or in
 136.4 long-term care;

136.5 (2) job-related training in English as a second language;

136.6 (3) reimbursement of allowable student loan expenses for newly hired registered nurses
 136.7 and licensed practical nurses, as determined by the commissioner; and

136.8 (4) training expenses as specified in section 144A.611, subdivisions 2 and 4. The
 136.9 ten-hour-per-week work requirement does not apply to nursing assistants for scholarships
 136.10 granted for the training expenses specified in section 144A.611, subdivisions 2 and 4.

136.11 (b) The scholarship per diem must be equal to the allowable reported scholarship costs
 136.12 divided by resident days.

136.13 (c) Allowable scholarship costs include the following: tuition; other direct educational
 136.14 expenses; reasonable costs for child care and transportation expenses directly related to
 136.15 education, as defined by the commissioner; and allowable student loan expenses.

136.16 (d) For instances in which a rate adjustment will be 15 cents or greater, nursing facilities
 136.17 that close beds during a rate year may request to have their scholarship adjustment under
 136.18 paragraph (b) recalculated by the commissioner for the remainder of the rate year to reflect
 136.19 the reduction in resident days compared to the cost report year.

136.20 (e) Facility administrators are not eligible for the program.

136.21 Sec. 20. Minnesota Statutes 2018, section 256R.39, is amended to read:

136.22 **256R.39 QUALITY IMPROVEMENT INCENTIVE PROGRAM.**

136.23 The commissioner ~~shall~~ must develop a quality improvement incentive program in
 136.24 consultation with stakeholders. The annual funding pool available for quality improvement
 136.25 incentive payments ~~shall~~ must be equal to 0.8 percent of all operating payments, not including
 136.26 any rate components resulting from equitable cost-sharing for publicly owned nursing
 136.27 facility program participation under section 256R.48, critical access nursing facility program
 136.28 participation under section 256R.47, or performance-based incentive payment program
 136.29 participation under section 256R.38. ~~For the period from October 1, 2015, to December 31,~~
 136.30 ~~2016, rate adjustments provided under this section shall be effective for 15 months. Beginning~~
 136.31 ~~January 1, 2017,~~ An annual rate adjustments adjustment provided under this section shall
 136.32 must be effective for one rate year.

137.1 Sec. 21. **REPEALER.**

137.2 Minnesota Statutes 2018, sections 256R.08, subdivision 2; and 256R.49, are repealed.

137.3 **ARTICLE 4**

137.4 **DIRECT CARE AND TREATMENT**

137.5 Section 1. Minnesota Statutes 2018, section 245D.10, subdivision 3a, is amended to read:

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

137.11 (b) The license holder must permit each person to remain in the program and must not
137.12 terminate services unless:

137.13 (1) the termination is necessary for the person's welfare and the facility cannot meet the
137.14 person's needs ~~cannot be met in the facility~~;

137.15 (2) the safety of the person or others in the program is endangered and positive support
137.16 strategies were attempted and have not achieved and effectively maintained safety for the
137.17 person or others;

137.18 (3) the health of the person or others in the program would otherwise be endangered;

137.19 (4) the program has not been paid for services;

137.20 (5) the program ceases to operate; ~~or~~

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

137.22 (7) for state-operated community-based services, the person no longer demonstrates
137.23 complex behavioral needs that cannot be met by private community-based providers
137.24 identified in section 252.50, subdivision 5, paragraph (a), clause (1).

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

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

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

138.5 (3) consultation with the person's support team or expanded support team to identify
138.6 that the person no longer demonstrates complex behavioral needs that cannot be met by
138.7 private community-based providers identified in section 252.50, subdivision 5, paragraph
138.8 (a), clause (1).

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

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

138.14 (1) the license holder must notify the person or the person's legal representative and the
138.15 case manager in writing of the intended service termination. If the service termination is
138.16 from residential supports and services as defined in section 245D.03, subdivision 1, paragraph
138.17 (c), clause (3), the license holder must also notify the commissioner in writing; and

138.18 (2) the notice must include:

138.19 (i) the reason for the action;

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

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

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

138.28 (e) Notice of the proposed termination of service, including those situations that began
138.29 with a temporary service suspension, must be given at least 60 days prior to termination
138.30 when a license holder is providing intensive supports and services identified in section
138.31 245D.03, subdivision 1, paragraph (c), 90 days prior to termination of services under section
138.32 245D.10, subdivision 3a, paragraph (b), clause (7), and 30 days prior to termination for all

139.1 other services licensed under this chapter. This notice may be given in conjunction with a
139.2 notice of temporary service suspension under subdivision 3.

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

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

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

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

139.9 Sec. 2. Minnesota Statutes 2018, section 253B.02, subdivision 17, is amended to read:

139.10 Subd. 17. **Person who is mentally ill and dangerous to the public.** (a) A "person who
139.11 is mentally ill and dangerous to the public" is a person:

139.12 (1) who is mentally ill; and

139.13 (2) who as a result of that mental illness presents a clear danger to the safety of others
139.14 as demonstrated by the facts that (i) the person has engaged in an overt act causing or
139.15 attempting to cause serious physical harm to another and (ii) there is a substantial likelihood
139.16 that the person will engage in acts capable of inflicting serious physical harm on another.

139.17 ~~(b) A person committed as a sexual psychopathic personality or sexually dangerous~~
139.18 ~~person as defined in subdivisions 18a and 18b is subject to the provisions of this chapter~~
139.19 ~~that apply to persons who are mentally ill and dangerous to the public.~~

139.20 Sec. 3. Minnesota Statutes 2018, section 253B.10, subdivision 1, is amended to read:

139.21 Subdivision 1. **Administrative requirements.** (a) When a person is committed, the
139.22 court shall issue a warrant or an order committing the patient to the custody of the head of
139.23 the treatment facility. The warrant or order shall state that the patient meets the statutory
139.24 criteria for civil commitment.

139.25 (b) The commissioner shall prioritize patients being admitted from jail or a correctional
139.26 institution who are:

139.27 (1) ordered confined in a state hospital for an examination under Minnesota Rules of
139.28 Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and 20.02, subdivision 2;

139.29 (2) under civil commitment for competency treatment and continuing supervision under
139.30 Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7;

(3) found not guilty by reason of mental illness under Minnesota Rules of Criminal Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be detained in a state hospital or other facility pending completion of the civil commitment proceedings; or

(4) committed under this chapter to the commissioner after dismissal of the patient's criminal charges.

Patients described in this paragraph must be admitted to a service operated by the commissioner within 48 hours. The commitment must be ordered by the court as provided in section 253B.09, subdivision 1, paragraph (c).

(c) Upon the arrival of a patient at the designated treatment facility, the head of the facility shall retain the duplicate of the warrant and endorse receipt upon the original warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must be filed in the court of commitment. After arrival, the patient shall be under the control and custody of the head of the treatment facility.

(d) Copies of the petition for commitment, the court's findings of fact and conclusions of law, the court order committing the patient, the report of the examiners, and the prepetition report, and any medical and behavioral information available shall be provided at the time of admission of a patient to the designated treatment facility. Upon a patient's civil commitment to the commissioner of human services, any inpatient hospital, treatment facility, jail, or correctional facility that has provided care or supervision to the patient in the previous two years shall, when requested by the treatment facility or commissioner, provide copies of the patient's medical and behavioral records to the Department of Human Services for use in care and treatment, including for preadmission planning. This information shall also be provided by the head of the treatment facility to treatment facility staff in a consistent and timely manner and pursuant to all applicable laws.

Sec. 4. Minnesota Statutes 2018, section 253B.18, subdivision 5a, is amended to read:

Subd. 5a. **Victim notification of petition and release; right to submit statement.** (a) As used in this subdivision:

(1) "crime" has the meaning given to "violent crime" in section 609.1095, and includes criminal sexual conduct in the fifth degree and offenses within the definition of "crime against the person" in section 253B.02, subdivision 4a, and also includes offenses listed in section 253D.02, subdivision 8, paragraph (b), regardless of whether they are sexually motivated;

141.1 (2) "victim" means a person who has incurred loss or harm as a result of a crime the
141.2 behavior for which forms the basis for a commitment under this section or chapter 253D;
141.3 and

141.4 (3) "convicted" and "conviction" have the meanings given in section 609.02, subdivision
141.5 5, and also include juvenile court adjudications, findings under Minnesota Rules of Criminal
141.6 Procedure, rule 20.02, that the elements of a crime have been proved, and findings in
141.7 commitment cases under this section or chapter 253D that an act or acts constituting a crime
141.8 occurred.

141.9 (b) A county attorney who files a petition to commit a person under this section or chapter
141.10 253D shall make a reasonable effort to provide prompt notice of filing the petition to any
141.11 victim of a crime for which the person was convicted. In addition, the county attorney shall
141.12 make a reasonable effort to promptly notify the victim of the resolution of the petition.

141.13 (c) Before provisionally discharging, discharging, granting pass-eligible status, approving
141.14 a pass plan, or otherwise permanently or temporarily releasing a person committed under
141.15 this section from a treatment facility, the head of the treatment facility shall make a reasonable
141.16 effort to notify any victim of a crime for which the person was convicted that the person
141.17 may be discharged or released and that the victim has a right to submit a written statement
141.18 regarding decisions of the medical director, special review board, or commissioner with
141.19 respect to the person. To the extent possible, the notice must be provided at least 14 days
141.20 before any special review board hearing or before a determination on a pass plan.

141.21 ~~Notwithstanding section 611A.06, subdivision 4, the commissioner shall provide the judicial~~
141.22 ~~appeal panel with victim information in order to comply with the provisions of this section.~~
141.23 ~~The judicial appeal panel shall ensure that the data on victims remains private as provided~~
141.24 ~~for in section 611A.06, subdivision 4. The head of the treatment facility shall make a~~
141.25 reasonable effort to promptly notify the victim of the resolution of a petition for a reduction
141.26 in custody or pass-eligible status.

141.27 (d) If a patient is on provisional discharge status and the head of the treatment facility
141.28 becomes aware that the patient has eloped from designated agency supervision, the head of
141.29 the treatment facility shall make a reasonable effort to promptly notify a victim of the
141.30 elopement and of the elopement ending. The head of the treatment facility shall make a
141.31 reasonable effort to promptly notify a victim when a patient's provisional discharge is
141.32 revoked and when any appeal of that revocation is resolved.

141.33 ~~(d)~~ (e) This subdivision applies only to victims who have requested notification through
141.34 the Department of Corrections electronic victim notification system, or by contacting, in

writing, the county attorney in the county where the conviction for the crime occurred. A request for notice under this subdivision received by the commissioner of corrections through the Department of Corrections electronic victim notification system shall be promptly forwarded to the prosecutorial authority with jurisdiction over the offense to which the notice relates or, following commitment, the head of the treatment facility. A county attorney who receives a request for notification under this paragraph following commitment shall promptly forward the request to the commissioner of human services.

~~(e)~~ (f) The rights under this subdivision are in addition to rights available to a victim under chapter 611A. This provision does not give a victim all the rights of a "notified person" or a person "entitled to statutory notice" under subdivision 4a, 4b, or 5 or section 253D.14.

Sec. 5. Minnesota Statutes 2018, section 253B.18, is amended by adding a subdivision to read:

Subd. 6a. **Transfer; voluntary readmission to secure treatment facility.** (a) After a patient has transferred out of a secure treatment facility pursuant to subdivision 6, the patient, with the medical director's consent, may voluntarily return to a secure treatment facility for a period of up to 60 days.

(b) If the patient voluntarily returns to a secure treatment facility, and within 60 days of being readmitted to a secure treatment facility does not return to the facility to which the person was originally transferred pursuant to subdivision 6, the commissioner shall revoke the transfer and the patient shall remain in a secure treatment facility. The medical director shall immediately notify the patient of the revocation in writing.

(c) If the commissioner has not revoked the transfer and the patient returns to the facility to which the patient was originally transferred pursuant to subdivision 6 with no substantive change to the conditions of the transfer ordered pursuant to subdivision 6, the special review board and commissioner are not required to take any action.

EFFECTIVE DATE. This section is effective the day following final enactment and applies to any patient who is or retroactively to any patient who has been transferred out of a secure treatment facility pursuant to Minnesota Statutes, section 253B.18, subdivision 6, on or after that date.

143.1 Sec. 6. Minnesota Statutes 2018, section 253B.18, is amended by adding a subdivision to
143.2 read:

143.3 Subd. 6b. **Transfer; revocation.** (a) The medical director may revoke a patient's transfer
143.4 pursuant to subdivision 6 and require a patient to return to a secure treatment facility if:

143.5 (1) remaining in a nonsecure setting will not provide a reasonable degree of safety to
143.6 the patient or others; or

143.7 (2) the facility to which the patient transferred is no longer sufficient to meet the patient's
143.8 treatment needs.

143.9 (b) Upon revoking the transfer, the facility must immediately return the patient to a
143.10 secure treatment facility. The medical director must issue a report documenting the reasons
143.11 for revocation within seven days of the patient's return to the secure treatment facility. The
143.12 facility is not required to give advance notice to the patient of the revocation.

143.13 (c) The medical director must provide a copy of the revocation report to the patient and
143.14 inform the patient, orally and in writing, of the patient's rights under this subdivision. The
143.15 facility's medical director must serve the revocation report on the patient and the patient's
143.16 counsel. The report must outline the specific reasons for the revocation including but not
143.17 limited to the specific facts upon which the revocation is based.

143.18 (d) If a facility revokes a patient's transfer, the patient may re-petition for transfer
143.19 according to subdivision 5.

143.20 (e) A patient who disputes a transfer revocation decision may petition the special review
143.21 board within seven days, excluding Saturdays, Sundays, and holidays as defined in section
143.22 645.44, subdivision 5, after receiving the revocation report for a review of the revocation.
143.23 The special review board must schedule the matter for review within 30 days of receiving
143.24 the patient's petition. The special review board must review the circumstances leading to
143.25 the revocation and, after considering the factors in paragraph (a), must recommend to the
143.26 commissioner whether or not the commissioner should uphold the revocation. The special
143.27 review board may also recommend transferring the patient out of a secure treatment facility
143.28 pursuant to subdivision 6 at the time of the revocation hearing.

143.29 **EFFECTIVE DATE.** This section is effective the day following final enactment and
143.30 applies to any patient who is or retroactively to any patient who has been transferred out of
143.31 a secure treatment facility pursuant to Minnesota Statutes, section 253B.18, subdivision 6,
143.32 on or after that date.

144.1 Sec. 7. Minnesota Statutes 2018, section 253B.18, subdivision 13, is amended to read:

144.2 Subd. 13. **Appeal.** Any patient aggrieved by a provisional discharge revocation decision
144.3 or any interested person may petition the special review board within seven days, exclusive
144.4 of Saturdays, Sundays, and ~~legal~~ holidays as defined in section 645.44, subdivision 5, after
144.5 receipt of the revocation report for a review of the revocation. The matter shall be scheduled
144.6 within 30 days. The special review board shall review the circumstances leading to the
144.7 revocation and shall recommend to the commissioner whether or not the revocation shall
144.8 be upheld. The special review board may also recommend a new provisional discharge at
144.9 the time of a revocation hearing.

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

144.11 Sec. 8. Minnesota Statutes 2018, section 253B.18, subdivision 15, is amended to read:

144.12 Subd. 15. **Discharge.** A patient who is mentally ill and dangerous shall not be discharged
144.13 unless it appears to the satisfaction of the commissioner, after a hearing and a favorable
144.14 recommendation by a majority of the special review board, that the patient ~~is capable of~~
144.15 ~~making an acceptable adjustment to open society,~~ is no longer dangerous to the public, and
144.16 self or others or is no longer in need of treatment and or supervision as a person who is
144.17 mentally ill.

144.18 In determining whether a discharge shall be recommended, the special review board and
144.19 commissioner shall consider whether specific conditions exist to provide a reasonable degree
144.20 of protection to the public and to assist the patient in adjusting to the community. ~~If the~~
144.21 ~~desired conditions do not exist, the discharge shall not be granted.~~

144.22 **EFFECTIVE DATE.** This section is effective the day following final enactment for
144.23 any person committed as mentally ill and dangerous, a sexually dangerous person, or a
144.24 person with a sexual psychopathic personality.

144.25 Sec. 9. Minnesota Statutes 2018, section 253D.02, subdivision 13, is amended to read:

144.26 Subd. 13. **Secure treatment facility.** "Secure treatment facility" means the Minnesota
144.27 sex offender program ~~facility~~ facilities in Moose Lake and ~~any portion of the Minnesota~~
144.28 ~~sex offender program operated by the Minnesota sex offender program at the Minnesota~~
144.29 ~~Security Hospital~~ St. Peter, but does not include services or programs administered by the
144.30 Minnesota sex offender program outside a secure environment.

145.1 Sec. 10. Minnesota Statutes 2018, section 253D.14, subdivision 3, is amended to read:

145.2 Subd. 3. **Notice of discharge or release.** Before ~~provisionally discharging, discharging,~~
145.3 ~~granting pass-eligible status, approving a pass plan,~~ a person civilly committed under this
145.4 chapter is discharged or transferred out of a secure treatment facility, provisionally
145.5 discharged, or otherwise permanently or temporarily ~~releasing a person committed under~~
145.6 ~~this chapter released~~ from a treatment facility, the executive director shall make a reasonable
145.7 effort to notify any victim of a crime for which the person was convicted that the person
145.8 may be discharged or released and that the victim has a right to submit a written statement
145.9 regarding decisions of the executive director, or special review board, with respect to the
145.10 person. To the extent possible, the notice must be provided at least 14 days before any
145.11 special review board hearing ~~or before a determination on a pass plan. Notwithstanding~~
145.12 ~~section 611A.06, subdivision 4, the commissioner shall provide the judicial appeal panel~~
145.13 ~~with victim information in order to comply with the provisions of this chapter. The judicial~~
145.14 ~~appeal panel shall ensure that the data on victims remains private as provided for in section~~
145.15 ~~611A.06, subdivision 4.~~ The executive director shall make a reasonable effort to promptly
145.16 notify the victim of the resolution of a petition for a reduction in custody.

145.17 Sec. 11. Minnesota Statutes 2018, section 253D.14, is amended by adding a subdivision
145.18 to read:

145.19 Subd. 3a. **Elopement or revocation.** If a committed person is on provisional discharge
145.20 status and elopes from supervision, the executive director shall make a reasonable effort to
145.21 promptly notify a victim of the elopement and of the elopement ending. The executive
145.22 director shall make a reasonable effort to promptly notify a victim when a patient's
145.23 provisional discharge is revoked and when any appeal of that revocation is resolved.

145.24 Sec. 12. Minnesota Statutes 2018, section 253D.23, is amended to read:

145.25 **253D.23 PASSES.**

145.26 A committed person ~~may~~ shall not be released on a pass ~~only as provided by section~~
145.27 ~~253B.18, subdivisions 4a and 4b.~~

145.28 Sec. 13. Minnesota Statutes 2018, section 253D.27, subdivision 2, is amended to read:

145.29 Subd. 2. **Filing.** A petition for a reduction in custody ~~or an appeal of a revocation of~~
145.30 ~~provisional discharge~~ may be filed by either the committed person or by the executive
145.31 director and must be filed with and considered by a panel of the special review board

146.1 authorized under section 253B.18, subdivision 4c. A committed person may not petition
146.2 the special review board any sooner than six months following either:

146.3 (1) the entry of judgment in the district court of the order for commitment issued under
146.4 section 253D.07, subdivision 5, or upon the exhaustion of all related appeal rights in state
146.5 court relating to that order, whichever is later; or

146.6 (2) any recommendation of the special review board or order of the judicial appeal panel,
146.7 or upon the exhaustion of all appeal rights in state court, whichever is later. The executive
146.8 director may petition at any time. The special review board proceedings are not contested
146.9 cases as defined in chapter 14.

146.10 Sec. 14. Minnesota Statutes 2018, section 253D.27, subdivision 4, is amended to read:

146.11 Subd. 4. **Report.** Within 30 days of the hearing, the special review board shall issue a
146.12 report with written findings of fact and shall recommend denial or approval of the petition
146.13 to the judicial appeal panel established under section 253B.19. The commissioner shall
146.14 forward the report of the special review board to the judicial appeal panel and to every
146.15 person entitled to statutory notice. ~~No reduction in custody or reversal of a revocation of~~
146.16 ~~provisional discharge recommended by the special review board is effective until it has~~
146.17 ~~been reviewed by the judicial appeal panel and until 15 days after an order from the judicial~~
146.18 ~~appeal panel affirming, modifying, or denying the recommendation. The judicial appeal~~
146.19 panel decides the final disposition of the petition for reduction in custody or the appeal of
146.20 a revocation of transfer or provisional discharge according to the procedures of section
146.21 253D.28.

146.22 Sec. 15. Minnesota Statutes 2018, section 253D.28, is amended to read:

146.23 **253D.28 JUDICIAL APPEAL PANEL.**

146.24 Subdivision 1. **Rehearing and reconsideration.** (a) A person committed as a sexually
146.25 dangerous person or a person with a sexual psychopathic personality under this chapter, or
146.26 committed as both mentally ill and dangerous to the public under section 253B.18 and as
146.27 a sexually dangerous person or a person with a sexual psychopathic personality under this
146.28 chapter; the county attorney of the county from which the person was committed or the
146.29 county of financial responsibility; or the commissioner may petition the judicial appeal
146.30 panel established under section 253B.19, subdivision 1, for a rehearing and reconsideration
146.31 of a recommendation of the special review board under section 253D.27.

(b) The petition must be filed with the supreme court within 30 days after the recommendation is ~~mailed~~ forwarded to the court by the commissioner as required in section 253D.27, subdivision 4. The hearing must be held within 180 days of the filing of the petition unless an extension is granted for good cause.

(c) If no party petitions the judicial appeal panel for a rehearing or reconsideration within 30 days, the judicial appeal panel shall either issue an order adopting the recommendations of the special review board or set the matter on for a hearing pursuant to this section.

Subd. 2. **Procedure.** (a) The supreme court shall refer a petition for rehearing and reconsideration to the chief judge of the judicial appeal panel. The chief judge shall notify the committed person, the county attorneys of the county of commitment and county of financial responsibility, the commissioner, the executive director, any interested person, and other persons the chief judge designates, of the time and place of the hearing on the petition. The notice shall be given at least 14 days prior to the date of the hearing. The hearing may be conducted by interactive video conference under General Rules of Practice, rule 131, and Minnesota Rules of Civil Commitment, rule 14.

(b) Any person may oppose the petition. The committed person, the committed person's counsel, the county attorneys of the committing county and county of financial responsibility, and the commissioner shall participate as parties to the proceeding pending before the judicial appeal panel ~~and shall, no later than 20 days before the hearing on the petition, inform the judicial appeal panel and the opposing party in writing whether they support or oppose the petition and provide a summary of facts in support of their position.~~

(c) The judicial appeal panel may appoint examiners and may adjourn the hearing from time to time. It shall hear and receive all relevant testimony and evidence and make a record of all proceedings. ~~The committed person, the committed person's counsel, and the county attorney of the committing county or the county of financial responsibility parties~~ parties have the right to be present and may, through their attorneys, present and cross-examine all witnesses and offer a factual and legal basis in support of their positions.

(d) The petitioning party seeking discharge or provisional discharge bears the burden of going forward with the evidence, which means presenting a prima facie case with competent evidence to show that the person is entitled to the requested relief. If the petitioning party has met this burden, the party opposing discharge or provisional discharge bears the burden of proof by clear and convincing evidence that the discharge or provisional discharge should be denied.

(e) A party seeking transfer under section 253D.29 must establish by a preponderance of the evidence that the transfer is appropriate.

Subd. 3. **Decision.** A majority of the judicial appeal panel shall rule upon the petition. The panel shall consider the petition de novo. No order of the judicial appeal panel granting a transfer, discharge, or provisional discharge ~~shall be made effective sooner than 15~~ may take effect until 14 days after it is issued for a transfer and 28 days after it is issued for a provisional discharge or a discharge. If the 14th or 28th day is a legal holiday as defined in section 645.44, subdivision 5, the order is not effective until the next day that is not a Saturday or Sunday or a legal holiday. The panel may not consider petitions for relief other than those considered by the special review board from which the appeal is taken. The judicial appeal panel may not grant a transfer or provisional discharge on terms or conditions that were not presented to the special review board.

Subd. 4. **Appeal.** A party aggrieved by an order of the appeal panel may appeal that order ~~as provided under section 253B.19, subdivision 5.~~ to the court of appeals as in other civil cases. A party may seek review of a decision by the appeals panel within 60 days after the order is issued by the clerk of appellate courts. The filing of an appeal shall immediately suspend the operation of any order granting transfer, discharge, or provisional discharge, pending the determination of the appeal. The suspension ends the day following the entry of judgment by the clerk of appellate courts.

Sec. 16. Minnesota Statutes 2018, section 253D.30, subdivision 3, is amended to read:

Subd. 3. **Review.** A provisional discharge pursuant to this chapter shall not automatically terminate. A full discharge shall occur only as provided in section 253D.31. The terms of a provisional discharge continue unless ~~the committed person requests and is granted, upon the request of a party, the judicial appeal panel approves~~ a change in the conditions of provisional discharge or unless the committed person petitions the special review board for a full discharge and the discharge is granted by the judicial appeal panel.

Sec. 17. Minnesota Statutes 2018, section 253D.31, is amended to read:

253D.31 DISCHARGE.

A person who is committed as a sexually dangerous person or a person with a sexual psychopathic personality shall not be discharged unless it appears to the satisfaction of the judicial appeal panel, after a hearing and recommendation by a majority of the special review board, that the committed person ~~is capable of making an acceptable adjustment to open society,~~ is no longer dangerous to the public, and or is no longer in need of treatment and

149.1 or supervision for a condition that impairs the committed person's ability to control sexual
149.2 behavior.

149.3 In determining whether a discharge shall be recommended, the special review board and
149.4 judicial appeal panel shall consider whether specific conditions exist to provide a reasonable
149.5 degree of protection to the public and to assist the committed person in adjusting to the
149.6 community. ~~If the desired conditions do not exist, the discharge shall not be granted.~~

149.7 **EFFECTIVE DATE.** This section is effective the day following final enactment for
149.8 any person committed as mentally ill and dangerous, a sexually dangerous person, or a
149.9 person with a sexual psychopathic personality.

149.10 Sec. 18. Minnesota Statutes 2018, section 253D.35, is amended to read:

149.11 **253D.35 AFTERCARE SERVICES.**

149.12 Subdivision 1. **Provision.** The Minnesota sex offender program shall provide ~~the~~
149.13 supervision, and aftercare, and shall coordinate with designated agency case management
149.14 services for a person under commitment as a sexually dangerous person or a person with a
149.15 sexual psychopathic personality. The designated agency, as defined in section 253B.02,
149.16 subdivision 5, shall assist with eligibility for public welfare benefits and will provide those
149.17 services that are available exclusively through county government.

149.18 Subd. 2. **Plan.** Prior to the date of ~~discharge or~~ provisional discharge of any person
149.19 committed as a sexually dangerous person or a person with a sexual psychopathic personality,
149.20 the executive director shall establish a continuing plan of aftercare services for the committed
149.21 person, including a plan for medical and behavioral health services, financial sustainability,
149.22 housing, social supports, or other assistance the committed person needs. The Minnesota
149.23 sex offender program shall provide case management services and shall assist the committed
149.24 person in finding employment, suitable shelter, and adequate medical and behavioral health
149.25 services and otherwise assist in the committed person's readjustment to the community.
149.26 Upon discharge from civil commitment, the Minnesota sex offender program shall provide
149.27 the discharged individual with contact information for resources in the area where the
149.28 individual plans to reside.

ARTICLE 5**HEALTH CARE**

Section 1. Minnesota Statutes 2018, section 62U.03, is amended to read:

62U.03 PAYMENT RESTRUCTURING; CARE COORDINATION PAYMENTS.

(a) By January 1, 2010, health plan companies shall include health care homes in their provider networks and by July 1, 2010, shall pay a care coordination fee for their members who choose to enroll in health care homes certified by the ~~commissioners of health and human services~~ commissioner under section 256B.0751. Health plan companies shall develop payment conditions and terms for the care coordination fee for health care homes participating in their network in a manner that is consistent with the system developed under section 256B.0753. Nothing in this section shall restrict the ability of health plan companies to selectively contract with health care providers, including health care homes. Health plan companies may reduce or reallocate payments to other providers to ensure that implementation of care coordination payments is cost neutral.

(b) By July 1, 2010, the commissioner of management and budget shall implement the care coordination payments for participants in the state employee group insurance program. The commissioner of management and budget may reallocate payments within the health care system in order to ensure that the implementation of this section is cost neutral.

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

Sec. 2. Minnesota Statutes 2018, section 62U.04, subdivision 11, is amended to read:

Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's designee shall only use the data submitted under subdivisions 4 and 5 for the following purposes:

(1) to evaluate the performance of the health care home program as authorized under ~~sections~~ section 256B.0751, subdivision 6, ~~and 256B.0752, subdivision 2;~~

(2) to study, in collaboration with the reducing avoidable readmissions effectively (RARE) campaign, hospital readmission trends and rates;

(3) to analyze variations in health care costs, quality, utilization, and illness burden based on geographical areas or populations;

151.1 (4) to evaluate the state innovation model (SIM) testing grant received by the Departments
151.2 of Health and Human Services, including the analysis of health care cost, quality, and
151.3 utilization baseline and trend information for targeted populations and communities; and

151.4 (5) to compile one or more public use files of summary data or tables that must:

151.5 (i) be available to the public for no or minimal cost by March 1, 2016, and available by
151.6 web-based electronic data download by June 30, 2019;

151.7 (ii) not identify individual patients, payers, or providers;

151.8 (iii) be updated by the commissioner, at least annually, with the most current data
151.9 available;

151.10 (iv) contain clear and conspicuous explanations of the characteristics of the data, such
151.11 as the dates of the data contained in the files, the absence of costs of care for uninsured
151.12 patients or nonresidents, and other disclaimers that provide appropriate context; and

151.13 (v) not lead to the collection of additional data elements beyond what is authorized under
151.14 this section as of June 30, 2015.

151.15 (b) The commissioner may publish the results of the authorized uses identified in
151.16 paragraph (a) so long as the data released publicly do not contain information or descriptions
151.17 in which the identity of individual hospitals, clinics, or other providers may be discerned.

151.18 (c) Nothing in this subdivision shall be construed to prohibit the commissioner from
151.19 using the data collected under subdivision 4 to complete the state-based risk adjustment
151.20 system assessment due to the legislature on October 1, 2015.

151.21 (d) The commissioner or the commissioner's designee may use the data submitted under
151.22 subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until July 1,
151.23 2023.

151.24 (e) The commissioner shall consult with the all-payer claims database work group
151.25 established under subdivision 12 regarding the technical considerations necessary to create
151.26 the public use files of summary data described in paragraph (a), clause (5).

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

151.28 Sec. 3. Minnesota Statutes 2018, section 256.01, subdivision 29, is amended to read:

151.29 Subd. 29. **State medical review team.** (a) To ensure the timely processing of
151.30 determinations of disability by the commissioner's state medical review team under sections
151.31 256B.055, ~~subdivision~~ subdivisions 7, paragraph (b), and 12, and 256B.057, subdivision 9,

152.1 ~~and 256B.055, subdivision 12,~~ the commissioner shall review all medical evidence submitted
152.2 ~~by county agencies with a referral~~ and seek additional information from providers, applicants,
152.3 and enrollees to support the determination of disability where necessary. Disability shall
152.4 be determined according to the rules of title XVI and title XIX of the Social Security Act
152.5 and pertinent rules and policies of the Social Security Administration.

152.6 (b) Prior to a denial or withdrawal of a requested determination of disability due to
152.7 insufficient evidence, the commissioner shall (1) ensure that the missing evidence is necessary
152.8 and appropriate to a determination of disability, and (2) assist applicants and enrollees to
152.9 obtain the evidence, including, but not limited to, medical examinations and electronic
152.10 medical records.

152.11 (c) The commissioner shall provide the chairs of the legislative committees with
152.12 jurisdiction over health and human services finance and budget the following information
152.13 on the activities of the state medical review team by February 1 of each year:

152.14 (1) the number of applications to the state medical review team that were denied,
152.15 approved, or withdrawn;

152.16 (2) the average length of time from receipt of the application to a decision;

152.17 (3) the number of appeals, appeal results, and the length of time taken from the date the
152.18 person involved requested an appeal for a written decision to be made on each appeal;

152.19 (4) for applicants, their age, health coverage at the time of application, hospitalization
152.20 history within three months of application, and whether an application for Social Security
152.21 or Supplemental Security Income benefits is pending; and

152.22 (5) specific information on the medical certification, licensure, or other credentials of
152.23 the person or persons performing the medical review determinations and length of time in
152.24 that position.

152.25 (d) Any appeal made under section 256.045, subdivision 3, of a disability determination
152.26 made by the state medical review team must be decided according to the timelines under
152.27 section 256.0451, subdivision 22, paragraph (a). If a written decision is not issued within
152.28 the timelines under section 256.0451, subdivision 22, paragraph (a), the appeal must be
152.29 immediately reviewed by the chief human services judge.

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

153.1 Sec. 4. Minnesota Statutes 2018, section 256B.056, subdivision 1a, is amended to read:

153.2 Subd. 1a. **Income and assets generally.** (a)(1) Unless specifically required by state law
153.3 or rule or federal law or regulation, the methodologies used in counting income and assets
153.4 to determine eligibility for medical assistance for persons whose eligibility category is based
153.5 on blindness, disability, or age of 65 or more years, the methodologies for the Supplemental
153.6 Security Income program shall be used, except as provided under subdivision 3, paragraph
153.7 (a), clause (6).

153.8 (2) Increases in benefits under title II of the Social Security Act shall not be counted as
153.9 income for purposes of this subdivision until July 1 of each year. Effective upon federal
153.10 approval, for children eligible under section 256B.055, subdivision 12, or for home and
153.11 community-based waiver services whose eligibility for medical assistance is determined
153.12 without regard to parental income, child support payments, including any payments made
153.13 by an obligor in satisfaction of or in addition to a temporary or permanent order for child
153.14 support, and Social Security payments are not counted as income.

153.15 (b)(1) The modified adjusted gross income methodology as defined in ~~the Affordable~~
153.16 ~~Care Act~~ United States Code, title 42, section 1396a(e)(14), shall be used for eligibility
153.17 categories based on:

153.18 (i) children under age 19 and their parents and relative caretakers as defined in section
153.19 256B.055, subdivision 3a;

153.20 (ii) children ages 19 to 20 as defined in section 256B.055, subdivision 16;

153.21 (iii) pregnant women as defined in section 256B.055, subdivision 6;

153.22 (iv) infants as defined in sections 256B.055, subdivision 10, and 256B.057, subdivision
153.23 8 1; and

153.24 (v) adults without children as defined in section 256B.055, subdivision 15.

153.25 For these purposes, a "methodology" does not include an asset or income standard, or
153.26 accounting method, or method of determining effective dates.

153.27 (2) For individuals whose income eligibility is determined using the modified adjusted
153.28 gross income methodology in clause (1);

153.29 (i) the commissioner shall subtract from the individual's modified adjusted gross income
153.30 an amount equivalent to five percent of the federal poverty guidelines; and

153.31 (ii) the individual's current monthly income and household size is used to determine
153.32 eligibility for the 12-month eligibility period. If an individual's income is expected to vary

154.1 month to month, eligibility is determined based on the income predicted for the 12-month
154.2 eligibility period.

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

154.4 Sec. 5. Minnesota Statutes 2018, section 256B.056, subdivision 4, is amended to read:

154.5 Subd. 4. **Income.** (a) To be eligible for medical assistance, a person eligible under section
154.6 256B.055, subdivisions 7, 7a, and 12, may have income up to 100 percent of the federal
154.7 poverty guidelines. Effective January 1, 2000, and each successive January, recipients of
154.8 Supplemental Security Income may have an income up to the Supplemental Security Income
154.9 standard in effect on that date.

154.10 (b) ~~Effective January 1, 2014,~~ To be eligible for medical assistance, under section
154.11 256B.055, subdivision 3a, a parent or caretaker relative may have an income up to 133
154.12 percent of the federal poverty guidelines for the household size.

154.13 (c) To be eligible for medical assistance under section 256B.055, subdivision 15, a
154.14 person may have an income up to 133 percent of federal poverty guidelines for the household
154.15 size.

154.16 (d) To be eligible for medical assistance under section 256B.055, subdivision 16, a child
154.17 age 19 to 20 may have an income up to 133 percent of the federal poverty guidelines for
154.18 the household size.

154.19 (e) To be eligible for medical assistance under section 256B.055, subdivision 3a, a child
154.20 under age 19 may have income up to 275 percent of the federal poverty guidelines for the
154.21 household size ~~or an equivalent standard when converted using modified adjusted gross~~
154.22 ~~income methodology as required under the Affordable Care Act. Children who are enrolled~~
154.23 ~~in medical assistance as of December 31, 2013, and are determined ineligible for medical~~
154.24 ~~assistance because of the elimination of income disregards under modified adjusted gross~~
154.25 ~~income methodology as defined in subdivision 1a remain eligible for medical assistance~~
154.26 ~~under the Children's Health Insurance Program Reauthorization Act of 2009, Public Law~~
154.27 ~~441-3, until the date of their next regularly scheduled eligibility redetermination as required~~
154.28 ~~in subdivision 7a.~~

154.29 (f) In computing income to determine eligibility of persons under paragraphs (a) to (e)
154.30 who are not residents of long-term care facilities, the commissioner shall disregard increases
154.31 in income as required by Public Laws 94-566, section 503; 99-272; and 99-509. For persons
154.32 eligible under paragraph (a), veteran aid and attendance benefits and Veterans Administration
154.33 unusual medical expense payments are considered income to the recipient.

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

155.2 Sec. 6. Minnesota Statutes 2018, section 256B.056, subdivision 7, is amended to read:

155.3 Subd. 7. **Period of eligibility.** (a) Eligibility is available for the month of application
155.4 and for three months prior to application if the person was eligible in those prior months.
155.5 A redetermination of eligibility must occur every 12 months.

155.6 (b) For a person eligible for an insurance affordability program who reports a change
155.7 that makes the person eligible for medical assistance, eligibility is available for the month
155.8 the change was reported and for three months prior to the month the change was reported,
155.9 if the person was eligible in those prior months.

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

155.11 Sec. 7. Minnesota Statutes 2019 Supplement, section 256B.056, subdivision 7a, is amended
155.12 to read:

155.13 Subd. 7a. **Periodic renewal of eligibility.** (a) The commissioner shall make an annual
155.14 redetermination of eligibility based on information contained in the enrollee's case file and
155.15 other information available to the agency, including but not limited to information accessed
155.16 through an electronic database, without requiring the enrollee to submit any information
155.17 when sufficient data is available for the agency to renew eligibility.

155.18 (b) If the commissioner cannot renew eligibility in accordance with paragraph (a), the
155.19 commissioner must provide the enrollee with a prepopulated renewal form containing
155.20 eligibility information available to the agency and permit the enrollee to submit the form
155.21 with any corrections or additional information to the agency and sign the renewal form via
155.22 any of the modes of submission specified in section 256B.04, subdivision 18.

155.23 (c) An enrollee who is terminated for failure to complete the renewal process may
155.24 subsequently submit the renewal form and required information within four months after
155.25 the date of termination and have coverage reinstated without a lapse, if otherwise eligible
155.26 under this chapter. The local agency may close the enrollee's case file if the required
155.27 information is not submitted within four months of termination.

155.28 (d) Notwithstanding paragraph (a), ~~individuals~~ a person who is eligible under subdivision
155.29 ~~5 shall be required to renew eligibility~~ subject to a review of the person's income every six
155.30 months.

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

156.1 Sec. 8. Minnesota Statutes 2018, section 256B.056, subdivision 10, is amended to read:

156.2 Subd. 10. **Eligibility verification.** (a) The commissioner shall require women who are
156.3 applying for the continuation of medical assistance coverage following the end of the 60-day
156.4 postpartum period to update their income and asset information and to submit any required
156.5 income or asset verification.

156.6 (b) The commissioner shall determine the eligibility of private-sector health care coverage
156.7 for infants less than one year of age eligible under section 256B.055, subdivision 10, or
156.8 256B.057, subdivision 1, paragraph ~~(b)~~ (c), and shall pay for private-sector coverage if this
156.9 is determined to be cost-effective.

156.10 (c) The commissioner shall verify assets and income for all applicants, and for all
156.11 recipients upon renewal.

156.12 (d) The commissioner shall utilize information obtained through the electronic service
156.13 established by the secretary of the United States Department of Health and Human Services
156.14 and other available electronic data sources in Code of Federal Regulations, title 42, sections
156.15 435.940 to 435.956, to verify eligibility requirements. The commissioner shall establish
156.16 standards to define when information obtained electronically is reasonably compatible with
156.17 information provided by applicants and enrollees, including use of self-attestation, to
156.18 accomplish real-time eligibility determinations and maintain program integrity.

156.19 (e) Each person applying for or receiving medical assistance under section 256B.055,
156.20 subdivision 7, and any other person whose resources are required by law to be disclosed to
156.21 determine the applicant's or recipient's eligibility must authorize the commissioner to obtain
156.22 information from financial institutions to identify unreported accounts as required in section
156.23 256.01, subdivision 18f. If a person refuses or revokes the authorization, the commissioner
156.24 may determine that the applicant or recipient is ineligible for medical assistance. For purposes
156.25 of this paragraph, an authorization to identify unreported accounts meets the requirements
156.26 of the Right to Financial Privacy Act, United States Code, title 12, chapter 35, and need not
156.27 be furnished to the financial institution.

156.28 (f) County and tribal agencies shall comply with the standards established by the
156.29 commissioner for appropriate use of the asset verification system specified in section 256.01,
156.30 subdivision 18f.

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

157.1 Sec. 9. Minnesota Statutes 2018, section 256B.0561, subdivision 2, is amended to read:

157.2 Subd. 2. **Periodic data matching.** (a) ~~Beginning April 1, 2018,~~ The commissioner shall
157.3 conduct periodic data matching to identify recipients who, based on available electronic
157.4 data, may not meet eligibility criteria for the public health care program in which the recipient
157.5 is enrolled. The commissioner shall conduct data matching for medical assistance or
157.6 MinnesotaCare recipients at least once during a recipient's 12-month period of eligibility.

157.7 (b) If data matching indicates a recipient may no longer qualify for medical assistance
157.8 or MinnesotaCare, the commissioner must notify the recipient and allow the recipient no
157.9 more than 30 days to confirm the information obtained through the periodic data matching
157.10 or provide a reasonable explanation for the discrepancy to the state or county agency directly
157.11 responsible for the recipient's case. If a recipient does not respond within the advance notice
157.12 period or does not respond with information that demonstrates eligibility or provides a
157.13 reasonable explanation for the discrepancy within the 30-day time period, the commissioner
157.14 shall terminate the recipient's eligibility in the manner provided for by the laws and
157.15 regulations governing the health care program for which the recipient has been identified
157.16 as being ineligible.

157.17 (c) The commissioner shall not terminate eligibility for a recipient who is cooperating
157.18 with the requirements of paragraph (b) and needs additional time to provide information in
157.19 response to the notification.

157.20 (d) A recipient whose eligibility was terminated according to paragraph (b) may be
157.21 eligible for medical assistance no earlier than the first day of the month in which the recipient
157.22 provides information that demonstrates the recipient's eligibility.

157.23 ~~(d)~~ (e) Any termination of eligibility for benefits under this section may be appealed as
157.24 provided for in sections 256.045 to 256.0451, and the laws governing the health care
157.25 programs for which eligibility is terminated.

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

157.27 Sec. 10. Minnesota Statutes 2018, section 256B.057, subdivision 1, is amended to read:

157.28 Subdivision 1. **Infants and pregnant women.** (a) An infant less than two years of age
157.29 ~~or a pregnant woman~~ is eligible for medical assistance if the ~~individual's~~ infant's countable
157.30 household income is equal to or less than ~~275~~ 283 percent of the federal poverty guideline
157.31 for the same household size ~~or an equivalent standard when converted using modified~~
157.32 ~~adjusted gross income methodology as required under the Affordable Care Act.~~ Medical
157.33 assistance for an uninsured infant younger than two years of age may be paid with federal

158.1 funds available under title XXI of the Social Security Act and the state children's health
158.2 insurance program, for an infant with countable income above 275 percent and equal to or
158.3 less than 283 percent of the federal poverty guideline for the household size.

158.4 (b) A pregnant woman is eligible for medical assistance if the woman's countable income
158.5 is equal to or less than 278 percent of the federal poverty guideline for the applicable
158.6 household size.

158.7 ~~(b)~~ (c) An infant born to a woman who was eligible for and receiving medical assistance
158.8 on the date of the child's birth shall continue to be eligible for medical assistance without
158.9 redetermination until the child's first birthday.

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

158.11 Sec. 11. Minnesota Statutes 2018, section 256B.0575, subdivision 1, is amended to read:

158.12 Subdivision 1. **Income deductions.** When an institutionalized person is determined
158.13 eligible for medical assistance, the income that exceeds the deductions in paragraphs (a)
158.14 and (b) must be applied to the cost of institutional care.

158.15 (a) The following amounts must be deducted from the institutionalized person's income
158.16 in the following order:

158.17 (1) the personal needs allowance under section 256B.35 or, for a veteran who does not
158.18 have a spouse or child, or a surviving spouse of a veteran having no child, the amount of
158.19 an improved pension received from the veteran's administration ~~not exceeding \$90 per~~
158.20 ~~month,~~ whichever amount is greater;

158.21 (2) the personal allowance for disabled individuals under section 256B.36;

158.22 (3) if the institutionalized person has a legally appointed guardian or conservator, five
158.23 percent of the recipient's gross monthly income up to \$100 as reimbursement for guardianship
158.24 or conservatorship services;

158.25 (4) a monthly income allowance determined under section 256B.058, subdivision 2, but
158.26 only to the extent income of the institutionalized spouse is made available to the community
158.27 spouse;

158.28 (5) a monthly allowance for children under age 18 which, together with the net income
158.29 of the children, would provide income equal to the medical assistance standard for families
158.30 and children according to section 256B.056, subdivision 4, for a family size that includes
158.31 only the minor children. This deduction applies only if the children do not live with the
158.32 community spouse and only to the extent that the deduction is not included in the personal

159.1 needs allowance under section 256B.35, subdivision 1, as child support garnished under a
159.2 court order;

159.3 (6) a monthly family allowance for other family members, equal to one-third of the
159.4 difference between 122 percent of the federal poverty guidelines and the monthly income
159.5 for that family member;

159.6 (7) reparations payments made by the Federal Republic of Germany and reparations
159.7 payments made by the Netherlands for victims of Nazi persecution between 1940 and 1945;

159.8 (8) all other exclusions from income for institutionalized persons as mandated by federal
159.9 law; and

159.10 (9) amounts for reasonable expenses, as specified in subdivision 2, incurred for necessary
159.11 medical or remedial care for the institutionalized person that are recognized under state law,
159.12 not medical assistance covered expenses, and not subject to payment by a third party.

159.13 For purposes of clause (6), "other family member" means a person who resides with the
159.14 community spouse and who is a minor or dependent child, dependent parent, or dependent
159.15 sibling of either spouse. "Dependent" means a person who could be claimed as a dependent
159.16 for federal income tax purposes under the Internal Revenue Code.

159.17 (b) Income shall be allocated to an institutionalized person for a period of up to three
159.18 calendar months, in an amount equal to the medical assistance standard for a family size of
159.19 one if:

159.20 (1) a physician or advanced practice registered nurse certifies that the person is expected
159.21 to reside in the long-term care facility for three calendar months or less;

159.22 (2) if the person has expenses of maintaining a residence in the community; and

159.23 (3) if one of the following circumstances apply:

159.24 (i) the person was not living together with a spouse or a family member as defined in
159.25 paragraph (a) when the person entered a long-term care facility; or

159.26 (ii) the person and the person's spouse become institutionalized on the same date, in
159.27 which case the allocation shall be applied to the income of one of the spouses.

159.28 For purposes of this paragraph, a person is determined to be residing in a licensed nursing
159.29 home, regional treatment center, or medical institution if the person is expected to remain
159.30 for a period of one full calendar month or more.

160.1 Sec. 12. Minnesota Statutes 2018, section 256B.0575, subdivision 2, is amended to read:

160.2 Subd. 2. **Reasonable expenses.** For the purposes of subdivision 1, paragraph (a), clause
160.3 (9), reasonable expenses are limited to expenses that have not been previously used as a
160.4 deduction from income and were not:

160.5 (1) for long-term care expenses incurred during a period of ineligibility as defined in
160.6 section 256B.0595, subdivision 2;

160.7 (2) incurred more than three months before the month of application associated with the
160.8 current period of eligibility;

160.9 (3) for expenses incurred by a recipient that are duplicative of services that are covered
160.10 under chapter 256B; ~~or~~

160.11 (4) nursing facility expenses incurred without a timely assessment as required under
160.12 section 256B.0911; or

160.13 (5) for private room fees incurred by an assisted living client as defined in section
160.14 144G.01, subdivision 3.

160.15 **EFFECTIVE DATE.** This section is effective August 1, 2020, or upon federal approval,
160.16 whichever is later. The commissioner of human services shall notify the revisor of statutes
160.17 when federal approval is obtained.

160.18 Sec. 13. Minnesota Statutes 2018, section 256B.0625, subdivision 1, is amended to read:

160.19 Subdivision 1. **Inpatient hospital services.** (a) Medical assistance covers inpatient
160.20 hospital services performed by hospitals holding Medicare certifications for the services
160.21 performed. ~~A second medical opinion is required prior to reimbursement for elective surgeries~~
160.22 ~~requiring a second opinion. The commissioner shall publish in the State Register a list of~~
160.23 ~~elective surgeries that require a second medical opinion prior to reimbursement, and the~~
160.24 ~~criteria and standards for deciding whether an elective surgery should require a second~~
160.25 ~~medical opinion. The list and the criteria and standards are not subject to the requirements~~
160.26 ~~of sections 14.001 to 14.69. The commissioner's decision whether a second medical opinion~~
160.27 ~~is required, made in accordance with rules governing that decision, is not subject to~~
160.28 ~~administrative appeal.~~

160.29 (b) When determining medical necessity for inpatient hospital services, the medical
160.30 review agent shall follow industry standard medical necessity criteria in determining the
160.31 following:

160.32 (1) whether a recipient's admission is medically necessary;

161.1 (2) whether the inpatient hospital services provided to the recipient were medically
161.2 necessary;

161.3 (3) whether the recipient's continued stay was or will be medically necessary; and

161.4 (4) whether all medically necessary inpatient hospital services were provided to the
161.5 recipient.

161.6 The medical review agent will determine medical necessity of inpatient hospital services,
161.7 including inpatient psychiatric treatment, based on a review of the patient's medical condition
161.8 and records, in conjunction with industry standard evidence-based criteria to ensure consistent
161.9 and optimal application of medical appropriateness criteria.

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

161.11 Sec. 14. Minnesota Statutes 2018, section 256B.0625, subdivision 27, is amended to read:

161.12 Subd. 27. **Organ and tissue transplants.** ~~All organ transplants must be performed at~~
161.13 ~~transplant centers meeting united network for organ sharing criteria or at Medicare-approved~~
161.14 ~~organ transplant centers.~~ Organ and tissue transplants are a covered service. Stem cell or
161.15 bone marrow transplant centers must meet the standards established by the Foundation for
161.16 the Accreditation of Hematopoietic Cell Therapy.

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

161.18 Sec. 15. Minnesota Statutes 2018, section 256B.0625, subdivision 58, is amended to read:

161.19 Subd. 58. **Early and periodic screening, diagnosis, and treatment services.** (a) Medical
161.20 assistance covers early and periodic screening, diagnosis, and treatment services (EPSDT)
161.21 in accordance with Code of Federal Regulations, title 42, section 441.55. The commissioner
161.22 may contract for the administration of the outreach services as required within the EPSDT
161.23 program.

161.24 (b) The payment amount for a complete EPSDT screening shall not include charges for
161.25 health care services and products that are available at no cost to the provider and shall not
161.26 exceed the rate established per Minnesota Rules, part 9505.0445, item M, effective October
161.27 1, 2010.

162.1 Sec. 16. Minnesota Statutes 2018, section 256B.0751, is amended to read:

162.2 **256B.0751 HEALTH CARE HOMES.**

162.3 Subdivision 1. **Definitions.** (a) For purposes of ~~sections~~ section 256B.0751 ~~to 256B.0753~~,
162.4 the following definitions apply.

162.5 (b) "Commissioner" means the commissioner of ~~human services~~ health.

162.6 ~~(e) "Commissioners" means the commissioner of human services and the commissioner~~
162.7 ~~of health, acting jointly.~~

162.8 ~~(d)~~ (c) "Health plan company" has the meaning provided in section 62Q.01, subdivision
162.9 4.

162.10 ~~(e)~~ (d) "Personal clinician" means a physician licensed under chapter 147, a physician
162.11 assistant licensed and practicing under chapter 147A, or an advanced practice nurse licensed
162.12 and registered to practice under chapter 148.

162.13 ~~(f) "State health care program" means the medical assistance and MinnesotaCare~~
162.14 ~~programs.~~

162.15 Subd. 2. **Development and implementation of standards.** (a) ~~By July 1, 2009, The~~
162.16 ~~commissioners~~ commissioner of health and ~~human services~~ shall develop and implement
162.17 standards of certification for health care homes ~~for state health care programs~~. In developing
162.18 these standards, the ~~commissioners~~ commissioner shall consider existing standards developed
162.19 by national independent accrediting and medical home organizations. The standards
162.20 developed by the ~~commissioners~~ commissioner must meet the following criteria:

162.21 (1) emphasize, enhance, and encourage the use of primary care, and include the use of
162.22 primary care physicians, advanced practice nurses, and physician assistants as personal
162.23 clinicians;

162.24 (2) focus on delivering high-quality, efficient, and effective health care services;

162.25 (3) encourage patient-centered care, including active participation by the patient and
162.26 family or a legal guardian, or a health care agent as defined in chapter 145C, as appropriate
162.27 in decision making and care plan development, and providing care that is appropriate to the
162.28 patient's race, ethnicity, and language;

162.29 (4) provide patients with a consistent, ongoing contact with a personal clinician or team
162.30 of clinical professionals to ensure continuous and appropriate care for the patient's condition;

163.1 (5) ensure that health care homes develop and maintain appropriate comprehensive care
163.2 plans for their patients with complex or chronic conditions, including an assessment of
163.3 health risks and chronic conditions;

163.4 (6) enable and encourage utilization of a range of qualified health care professionals,
163.5 including dedicated care coordinators, in a manner that enables providers to practice to the
163.6 fullest extent of their license;

163.7 (7) focus initially on patients who have or are at risk of developing chronic health
163.8 conditions;

163.9 (8) incorporate measures of quality, resource use, cost of care, and patient experience;

163.10 (9) ensure the use of health information technology and systematic follow-up, including
163.11 the use of patient registries; and

163.12 (10) encourage the use of scientifically based health care, patient decision-making aids
163.13 that provide patients with information about treatment options and their associated benefits,
163.14 risks, costs, and comparative outcomes, and other clinical decision support tools.

163.15 (b) In developing these standards, the ~~commissioners~~ commissioner shall consult with
163.16 national and local organizations working on health care home models, physicians, relevant
163.17 state agencies, health plan companies, hospitals, other providers, patients, and patient
163.18 advocates. ~~The commissioners may satisfy this requirement by continuing the provider~~
163.19 ~~directed care coordination advisory committee.~~

163.20 (c) For the purposes of developing and implementing these standards, the ~~commissioners~~
163.21 commissioner may use the expedited rulemaking process under section 14.389.

163.22 Subd. 3. **Requirements for clinicians certified as health care homes.** (a) A personal
163.23 clinician or a primary care clinic may be certified as a health care home. If a primary care
163.24 clinic is certified, all of the primary care clinic's clinicians must meet the criteria of a health
163.25 care home. ~~In order~~ To be certified as a health care home, a clinician or clinic must meet
163.26 the standards set by the ~~commissioners~~ commissioner in accordance with this section.
163.27 Certification as a health care home is voluntary. ~~In order~~ To maintain their status as health
163.28 care homes, clinicians or clinics must renew their certification every three years.

163.29 (b) Clinicians or clinics certified as health care homes must offer their health care home
163.30 services to all their patients with complex or chronic health conditions who are interested
163.31 in participation.

163.32 (c) Health care homes must participate in the health care home collaborative established
163.33 under subdivision 5.

164.1 Subd. 4. **Alternative models and waivers of requirements.** (a) Nothing in this section
164.2 ~~shall preclude~~ precludes the continued development of existing medical or health care home
164.3 projects currently operating or under development by the commissioner of human services
164.4 or ~~preclude~~ precludes the commissioner of human services from establishing alternative
164.5 models and payment mechanisms for persons who are enrolled in integrated Medicare and
164.6 Medicaid programs under section 256B.69, subdivisions 23 and 28, are enrolled in managed
164.7 care long-term care programs under section 256B.69, subdivision 6b, are dually eligible for
164.8 Medicare and medical assistance, are in the waiting period for Medicare, or who have other
164.9 primary coverage.

164.10 (b) The commissioner ~~of health~~ shall waive health care home certification requirements
164.11 if an applicant demonstrates that compliance with a certification requirement will create a
164.12 major financial hardship or is not feasible, and the applicant establishes an alternative way
164.13 to accomplish the objectives of the certification requirement.

164.14 Subd. 5. **Health care home collaborative.** ~~By July 1, 2009, The commissioners~~
164.15 commissioner shall establish a health care home collaborative to provide an opportunity for
164.16 health care homes and state agencies to exchange information related to quality improvement
164.17 and best practices.

164.18 Subd. 6. **Evaluation and continued development.** (a) For continued certification under
164.19 this section, health care homes must meet process, outcome, and quality standards as
164.20 developed and specified by the ~~commissioners~~ commissioner. The ~~commissioners~~
164.21 commissioner shall collect data from health care homes necessary for monitoring compliance
164.22 with certification standards and for evaluating the impact of health care homes on health
164.23 care quality, cost, and outcomes.

164.24 (b) The ~~commissioners~~ commissioner may contract with a private entity to perform an
164.25 evaluation of the effectiveness of health care homes. Data collected under this subdivision
164.26 is classified as nonpublic data under chapter 13.

164.27 Subd. 7. **Outreach.** ~~Beginning July 1, 2009, The commissioner~~ of human services shall
164.28 encourage state health care program enrollees who have a complex or chronic condition to
164.29 select a primary care clinic with clinicians who have been certified as health care homes.

164.30 Subd. 8. **Coordination with local services.** The health care home and the county shall
164.31 coordinate care and services provided to patients enrolled with a health care home who have
164.32 complex medical needs or a disability, and who need and are eligible for additional local
164.33 services administered by counties, including but not limited to waived services, mental
164.34 health services, social services, public health services, transportation, and housing. The

165.1 coordination of care and services must be as provided in the plan established by the patient
165.2 and the health care home.

165.3 Subd. 9. **Pediatric care coordination.** The commissioner of human services shall
165.4 implement a pediatric care coordination service for children with high-cost medical or
165.5 high-cost psychiatric conditions who are at risk of recurrent hospitalization or emergency
165.6 room use for acute, chronic, or psychiatric illness, who receive medical assistance services.
165.7 Care coordination services must be targeted to children not already receiving care
165.8 coordination through another service and may include but are not limited to the provision
165.9 of health care home services to children admitted to hospitals that do not currently provide
165.10 care coordination. Care coordination services must be provided by care coordinators who
165.11 are directly linked to provider teams in the care delivery setting, but who may be part of a
165.12 community care team shared by multiple primary care providers or practices. For purposes
165.13 of this subdivision, the commissioner of human services shall, to the extent possible, use
165.14 the existing health care home certification and payment structure established under this
165.15 section and section 256B.0753.

165.16 Subd. 10. **Health care homes advisory committee.** (a) The ~~commissioners of health~~
165.17 ~~and human services~~ commissioner shall establish a health care homes advisory committee
165.18 to advise the ~~commissioners~~ commissioner on the ongoing statewide implementation of the
165.19 health care homes program authorized in this section.

165.20 (b) The ~~commissioners~~ commissioner shall establish an advisory committee that includes
165.21 representatives of the health care professions such as primary care providers; mental health
165.22 providers; nursing and care coordinators; certified health care home clinics with statewide
165.23 representation; health plan companies; state agencies; employers; academic researchers;
165.24 consumers; and organizations that work to improve health care quality in Minnesota. At
165.25 least 25 percent of the committee members must be consumers or patients in health care
165.26 homes. The ~~commissioners~~ commissioner, in making appointments to the committee, shall
165.27 ensure geographic representation of all regions of the state.

165.28 (c) The advisory committee shall advise the ~~commissioners~~ commissioner on ongoing
165.29 implementation of the health care homes program, including, but not limited to, the following
165.30 activities:

165.31 (1) implementation of certified health care homes across the state on performance
165.32 management and implementation of benchmarking;

165.33 (2) implementation of modifications to the health care homes program based on results
165.34 of the legislatively mandated health care homes evaluation;

166.1 (3) statewide solutions for engagement of employers and commercial payers;

166.2 (4) potential modifications of the health care homes rules or statutes;

166.3 (5) consumer engagement, including patient and family-centered care, patient activation
166.4 in health care, and shared decision making;

166.5 (6) oversight for health care homes subject matter task forces or workgroups; and

166.6 (7) other related issues as requested by the ~~commissioners~~ commissioner.

166.7 (d) The advisory committee shall have the ability to establish subcommittees on specific
166.8 topics. The advisory committee is governed by section 15.059. Notwithstanding section
166.9 15.059, the advisory committee does not expire.

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

166.11 Sec. 17. Minnesota Statutes 2018, section 256B.0753, subdivision 1, is amended to read:

166.12 Subdivision 1. **Development.** The commissioner of human services, in coordination
166.13 with the commissioner of health, shall develop a payment system that provides per-person
166.14 care coordination payments to health care homes certified under section 256B.0751 for
166.15 providing care coordination services and directly managing on-site or employing care
166.16 coordinators. The care coordination payments under this section are in addition to the quality
166.17 incentive payments in section 256B.0754, subdivision 1. The care coordination payment
166.18 system must vary the fees paid by thresholds of care complexity, with the highest fees being
166.19 paid for care provided to individuals requiring the most intensive care coordination. In
166.20 developing the criteria for care coordination payments, the commissioner shall consider the
166.21 feasibility of including the additional time and resources needed by patients with limited
166.22 English-language skills, cultural differences, or other barriers to health care. The
166.23 commissioner may determine a schedule for phasing in care coordination fees such that the
166.24 fees will be applied first to individuals who have, or are at risk of developing, complex or
166.25 chronic health conditions. ~~Development of the payment system must be completed by~~
166.26 ~~January 1, 2010.~~

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

166.28 Sec. 18. Minnesota Statutes 2018, section 256B.0753, is amended by adding a subdivision
166.29 to read:

166.30 **Subd. 1a. Definitions.** For the purposes of this section, the definitions in section
166.31 256B.0751, subdivision 1, apply.

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

167.2 Sec. 19. Minnesota Statutes 2018, section 256B.75, is amended to read:

167.3 **256B.75 HOSPITAL OUTPATIENT REIMBURSEMENT.**

167.4 (a) For outpatient hospital facility fee payments for services rendered on or after October
167.5 1, 1992, the commissioner of human services shall pay the lower of (1) submitted charge,
167.6 or (2) 32 percent above the rate in effect on June 30, 1992, except for those services for
167.7 which there is a federal maximum allowable payment. Effective for services rendered on
167.8 or after January 1, 2000, payment rates for nonsurgical outpatient hospital facility fees and
167.9 emergency room facility fees shall be increased by eight percent over the rates in effect on
167.10 December 31, 1999, except for those services for which there is a federal maximum allowable
167.11 payment. Services for which there is a federal maximum allowable payment shall be paid
167.12 at the lower of (1) submitted charge, or (2) the federal maximum allowable payment. Total
167.13 aggregate payment for outpatient hospital facility fee services shall not exceed the Medicare
167.14 upper limit. If it is determined that a provision of this section conflicts with existing or
167.15 future requirements of the United States government with respect to federal financial
167.16 participation in medical assistance, the federal requirements prevail. The commissioner
167.17 may, in the aggregate, prospectively reduce payment rates to avoid reduced federal financial
167.18 participation resulting from rates that are in excess of the Medicare upper limitations.

167.19 (b) Notwithstanding paragraph (a), payment for outpatient, emergency, and ambulatory
167.20 surgery hospital facility fee services for critical access hospitals designated under section
167.21 144.1483, clause (9), shall be paid on a cost-based payment system that is based on the
167.22 cost-finding methods and allowable costs of the Medicare program. Effective for services
167.23 provided on or after July 1, 2015, rates established for critical access hospitals under this
167.24 paragraph for the applicable payment year shall be the final payment and shall not be settled
167.25 to actual costs. Effective for services delivered on or after the first day of the hospital's fiscal
167.26 year ending in ~~2016~~ 2017, the rate for outpatient hospital services shall be computed using
167.27 information from each hospital's Medicare cost report as filed with Medicare for the year
167.28 that is two years before the year that the rate is being computed. Rates shall be computed
167.29 using information from Worksheet C series until the department finalizes the medical
167.30 assistance cost reporting process for critical access hospitals. After the cost reporting process
167.31 is finalized, rates shall be computed using information from Title XIX Worksheet D series.
167.32 The outpatient rate shall be equal to ancillary cost plus outpatient cost, excluding costs
167.33 related to rural health clinics and federally qualified health clinics, divided by ancillary

168.1 charges plus outpatient charges, excluding charges related to rural health clinics and federally
168.2 qualified health clinics.

168.3 (c) Effective for services provided on or after July 1, 2003, rates that are based on the
168.4 Medicare outpatient prospective payment system shall be replaced by a budget neutral
168.5 prospective payment system that is derived using medical assistance data. The commissioner
168.6 shall provide a proposal to the 2003 legislature to define and implement this provision.

168.7 (d) For fee-for-service services provided on or after July 1, 2002, the total payment,
168.8 before third-party liability and spenddown, made to hospitals for outpatient hospital facility
168.9 services is reduced by .5 percent from the current statutory rate.

168.10 (e) In addition to the reduction in paragraph (d), the total payment for fee-for-service
168.11 services provided on or after July 1, 2003, made to hospitals for outpatient hospital facility
168.12 services before third-party liability and spenddown, is reduced five percent from the current
168.13 statutory rates. Facilities defined under section 256.969, subdivision 16, are excluded from
168.14 this paragraph.

168.15 (f) In addition to the reductions in paragraphs (d) and (e), the total payment for
168.16 fee-for-service services provided on or after July 1, 2008, made to hospitals for outpatient
168.17 hospital facility services before third-party liability and spenddown, is reduced three percent
168.18 from the current statutory rates. Mental health services and facilities defined under section
168.19 256.969, subdivision 16, are excluded from this paragraph.

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

168.21 Sec. 20. Minnesota Statutes 2018, section 256L.03, subdivision 1, is amended to read:

168.22 Subdivision 1. **Covered health services.** (a) "Covered health services" means the health
168.23 services reimbursed under chapter 256B, with the exception of special education services,
168.24 home care nursing services, adult dental care services other than services covered under
168.25 section 256B.0625, subdivision 9, orthodontic services, nonemergency medical transportation
168.26 services, personal care assistance and case management services, behavioral health home
168.27 services, and nursing home or intermediate care facilities services.

168.28 (b) No public funds shall be used for coverage of abortion under MinnesotaCare except
168.29 where the life of the female would be endangered or substantial and irreversible impairment
168.30 of a major bodily function would result if the fetus were carried to term; or where the
168.31 pregnancy is the result of rape or incest.

168.32 (c) Covered health services shall be expanded as provided in this section.

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

Sec. 21. Minnesota Statutes 2018, section 256L.15, subdivision 1, is amended to read:

Subdivision 1. **Premium determination for MinnesotaCare.** (a) Families with children and individuals shall pay a premium determined according to subdivision 2.

(b) Members of the military and their families who meet the eligibility criteria for MinnesotaCare upon eligibility approval made within 24 months following the end of the member's tour of active duty shall have their premiums paid by the commissioner. The effective date of coverage for an individual or family who meets the criteria of this paragraph shall be the first day of the month following the month in which eligibility is approved. This exemption applies for 12 months.

(c) Beginning July 1, 2009, American Indians enrolled in MinnesotaCare and their families shall have their premiums waived by the commissioner in accordance with section 5006 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. An individual must indicate status as an American Indian, as defined under Code of Federal Regulations, title 42, section 447.50, to qualify for the waiver of premiums. The commissioner shall accept attestation of an individual's status as an American Indian as verification until the United States Department of Health and Human Services approves an electronic data source for this purpose.

~~(d) For premiums effective August 1, 2015, and after, the commissioner, after consulting with the chairs and ranking minority members of the legislative committees with jurisdiction over human services, shall increase premiums under subdivision 2 for recipients based on June 2015 program enrollment. Premium increases shall be sufficient to increase projected revenue to the fund described in section 16A.724 by at least \$27,800,000 for the biennium ending June 30, 2017. The commissioner shall publish the revised premium scale on the Department of Human Services website and in the State Register no later than June 15, 2015. The revised premium scale applies to all premiums on or after August 1, 2015, in place of the scale under subdivision 2.~~

~~(e) By July 1, 2015, the commissioner shall provide the chairs and ranking minority members of the legislative committees with jurisdiction over human services the revised premium scale effective August 1, 2015, and statutory language to codify the revised premium schedule.~~

~~(f) Premium changes authorized under paragraph (d) must only apply to enrollees not otherwise excluded from paying premiums under state or federal law. Premium changes authorized under paragraph (d) must satisfy the requirements for premiums for the Basic Health Program under title 42 of Code of Federal Regulations, section 600.505.~~

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

Sec. 22. **REVISOR INSTRUCTION.**

(a) The revisor of statutes shall renumber the provisions of Minnesota Statutes listed in column A to the references listed in column B.

Column A

Column B

256B.0751, subd. 1

62U.03, subd. 2

256B.0751, subd. 2

62U.03, subd. 3

256B.0751, subd. 3

62U.03, subd. 4

256B.0751, subd. 4

62U.03, subd. 5

256B.0751, subd. 5

62U.03, subd. 6

256B.0751, subd. 6

62U.03, subd. 7

256B.0751, subd. 7

62U.03, subd. 8

256B.0751, subd. 8

62U.03, subd. 9

256B.0751, subd. 9

62U.03, subd. 10

256B.0751, subd. 10

62U.03, subd. 11

(b) The revisor of statutes shall change the applicable references to Minnesota Statutes, section 256B.0751, to section 62U.03. The revisor shall make necessary cross-reference changes in Minnesota Statutes consistent with the renumbering. The revisor shall also make technical and other necessary changes to sentence structure to preserve the meaning of the text.

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

Sec. 23. **REPEALER.**

(a) Minnesota Statutes 2018, sections 62U.15, subdivision 2; 256B.057, subdivision 8; 256B.0752; and 256L.04, subdivision 13, are repealed.

(b) Minnesota Rules, parts 9505.0275; 9505.1693; 9505.1696, subparts 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, and 22; 9505.1699; 9505.1701; 9505.1703; 9505.1706; 9505.1712; 9505.1715; 9505.1718; 9505.1724; 9505.1727; 9505.1730; 9505.1733; 9505.1736; 9505.1739; 9505.1742; 9505.1745; and 9505.1748, are repealed.

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

171.2 **ARTICLE 6**
171.3 **OPERATIONS**

171.4 Section 1. Minnesota Statutes 2018, section 13.82, subdivision 1, is amended to read:

171.5 Subdivision 1. **Application.** This section shall apply to agencies which carry on a law
171.6 enforcement function, including but not limited to municipal police departments, county
171.7 sheriff departments, fire departments, the Bureau of Criminal Apprehension, the Minnesota
171.8 State Patrol, the Board of Peace Officer Standards and Training, the Department of
171.9 Commerce, the Department of Human Services, and county human service agency client
171.10 and provider fraud investigation, prevention, and control units operated or supervised by
171.11 the Department of Human Services.

171.12 Sec. 2. Minnesota Statutes 2018, section 245A.02, subdivision 2c, is amended to read:

171.13 Subd. 2c. **Annual or annually; family child care training requirements.** For the
171.14 purposes of ~~section~~ sections 245A.50, subdivisions 1 to 9 and 245A.53, "annual" or
171.15 "annually" means the 12-month period beginning on the license effective date or the annual
171.16 anniversary of the effective date and ending on the day prior to the annual anniversary of
171.17 the license effective date.

171.18 **EFFECTIVE DATE.** This section is effective September 30, 2020.

171.19 Sec. 3. Minnesota Statutes 2018, section 245A.041, is amended by adding a subdivision
171.20 to read:

171.21 **Subd. 5. First date of direct contact.** Except for family child care and family foster
171.22 care for children or adults provided in the license holder's residence, license holders must
171.23 document the first date a background study subject has direct contact with persons served
171.24 by the program, as defined in section 245C.02, subdivision 11. Unless otherwise required
171.25 by this chapter, if this date is not documented in the program's personnel files, the license
171.26 holder must be able to provide documentation that contains the date for each background
171.27 study subject to the commissioner upon request.

171.28 **EFFECTIVE DATE.** This section is effective August 1, 2020.

172.1 Sec. 4. Minnesota Statutes 2018, section 245A.11, is amended by adding a subdivision to
172.2 read:

172.3 Subd. 12. **Driver's license.** When a license holder provides transportation or contracts
172.4 to provide transportation for someone receiving services, the person driving must have a
172.5 current, valid driver's license to drive the transporting vehicle.

172.6 **EFFECTIVE DATE.** This section is effective January 1, 2021.

172.7 Sec. 5. Minnesota Statutes 2018, section 245A.11, is amended by adding a subdivision to
172.8 read:

172.9 Subd. 13. **License holder qualifications for child foster care.** (a) Child foster care
172.10 license holders and household members must maintain the ability to care for a foster child.
172.11 Child foster care license holders and adult household members must continue to be free
172.12 from substance use problems. License holders must immediately notify the licensing agency
172.13 of:

172.14 (1) any changes to the license holder or household member's health that may affect their
172.15 ability to care for a foster child or pose a risk to a foster child's health;

172.16 (2) a license holder or adult household member's substance use problems; and

172.17 (3) the removal of a child for whom the license holder is responsible from the license
172.18 holder's home.

172.19 (b) The licensing agency may request a license holder or adult household member to
172.20 undergo an evaluation by a specialist in such areas as health, mental health, or substance
172.21 use disorders to evaluate the license holder's ability to provide a safe environment for a
172.22 foster child.

172.23 **EFFECTIVE DATE.** This section is effective January 1, 2021.

172.24 Sec. 6. Minnesota Statutes 2018, section 245A.146, is amended by adding a subdivision
172.25 to read:

172.26 Subd. 7. **Cribs in child foster care.** (a) Each child foster care provider licensed under
172.27 chapter 245A and governed by Minnesota Rules, parts 2960.3000 to 2960.3340, that serves
172.28 infants younger than one year old must have a safe crib for each infant. A crib may include
172.29 a rigid-sided crib, a mesh-sided or fabric-sided play yard, a pack and play, or a playpen that
172.30 the United States Consumer Product Safety Commission has not identified as unsafe for
172.31 infants.

- 173.1 (b) The crib must:
173.2 (1) be in good repair;
173.3 (2) include secure hardware that is not loose;
173.4 (3) include a firm mattress;
173.5 (4) not have any gaps between the mattress and the sides of the crib; and
173.6 (5) be used in accordance with the manufacturer's recommended guidelines.
173.7 **EFFECTIVE DATE.** This section is effective January 1, 2021.

173.8 Sec. 7. Minnesota Statutes 2019 Supplement, section 245A.149, is amended to read:

173.9 **245A.149 SUPERVISION OF FAMILY CHILD CARE LICENSE HOLDER'S**
173.10 **OWN CHILD.**

173.11 (a) Notwithstanding Minnesota Rules, part 9502.0365, subpart 5, and with the license
173.12 holder's consent, an individual may be present in the licensed space, may supervise the
173.13 family child care license holder's own child both inside and outside of the licensed space,
173.14 and is exempt from the training and supervision requirements of this chapter and Minnesota
173.15 Rules, chapter 9502, if the individual:

173.16 (1) is related to the license holder or to the license holder's child, as defined in section
173.17 245A.02, subdivision 13, or is a household member who the license holder has reported to
173.18 the county agency;

173.19 (2) is not a designated caregiver, helper, or substitute for the licensed program;

173.20 (3) is involved only in the care of the license holder's own child; and

173.21 (4) does not have direct, unsupervised contact with any nonrelative children receiving
173.22 services.

173.23 (b) If the individual in paragraph (a) is not a household member, the individual is also
173.24 exempt from background study requirements under chapter 245C.

173.25 **EFFECTIVE DATE.** This section is effective September 30, 2020.

173.26 Sec. 8. Minnesota Statutes 2019 Supplement, section 245A.18, subdivision 2, is amended
173.27 to read:

173.28 Subd. 2. **Child passenger restraint systems; training requirement.** (a) Programs
173.29 licensed by the Department of Human Services under Minnesota Rules, chapter 2960, that

174.1 serve a child or children under eight years of age must document training that fulfills the
174.2 requirements in this subdivision.

174.3 (b) Before a license holder, staff person, or caregiver transports a child or children under
174.4 age eight in a motor vehicle, the person transporting the child must satisfactorily complete
174.5 training on the proper use and installation of child restraint systems in motor vehicles.
174.6 Training completed under this section may be used to meet initial or ongoing training under
174.7 Minnesota Rules, part 2960.3070, subparts 1 and 2.

174.8 (c) Training required under this section must be completed at orientation or initial training
174.9 and repeated at least once every five years. At a minimum, the training must address the
174.10 proper use of child restraint systems based on the child's size, weight, and age, and the
174.11 proper installation of a car seat or booster seat in the motor vehicle used by the license
174.12 holder to transport the child or children.

174.13 (d) Training under paragraph (c) must be provided by individuals who are certified and
174.14 approved by the Department of Public Safety, Office of Traffic Safety. License holders may
174.15 obtain a list of certified and approved trainers through the Department of Public Safety
174.16 website or by contacting the agency.

174.17 ~~(e) Notwithstanding paragraph (a), for an emergency relative placement under section~~
174.18 ~~245A.035, the commissioner may grant a variance to the training required by this subdivision~~
174.19 ~~for a relative who completes a child seat safety check up. The child seat safety check up~~
174.20 ~~trainer must be approved by the Department of Public Safety, Office of Traffic Safety, and~~
174.21 ~~must provide one-on-one instruction on placing a child of a specific age in the exact child~~
174.22 ~~passenger restraint in the motor vehicle in which the child will be transported. Once granted~~
174.23 ~~a variance, and if all other licensing requirements are met, the relative applicant may receive~~
174.24 ~~a license and may transport a relative foster child younger than eight years of age. A child~~
174.25 ~~seat safety check up must be completed each time a child requires a different size car seat~~
174.26 ~~according to car seat and vehicle manufacturer guidelines. A relative license holder must~~
174.27 ~~complete training that meets the other requirements of this subdivision prior to placement~~
174.28 ~~of another foster child younger than eight years of age in the home or prior to the renewal~~
174.29 ~~of the child foster care license.~~

174.30 **EFFECTIVE DATE.** This section is effective January 1, 2021.

175.1 Sec. 9. Minnesota Statutes 2019 Supplement, section 245A.40, subdivision 7, is amended
175.2 to read:

175.3 Subd. 7. **In-service.** (a) A license holder must ensure that the center director, staff
175.4 persons, substitutes, and unsupervised volunteers complete in-service training each calendar
175.5 year.

175.6 (b) The center director and staff persons who work more than 20 hours per week must
175.7 complete 24 hours of in-service training each calendar year. Staff persons who work 20
175.8 hours or less per week must complete 12 hours of in-service training each calendar year.
175.9 Substitutes and unsupervised volunteers must complete the requirements of paragraphs ~~(e)~~
175.10 ~~to (h)~~ (d) to (g) and do not otherwise have a minimum number of hours of training to
175.11 complete.

175.12 (c) The number of in-service training hours may be prorated for individuals not employed
175.13 for an entire year.

175.14 (d) Each year, in-service training must include:

175.15 (1) the center's procedures for maintaining health and safety according to section 245A.41
175.16 and Minnesota Rules, part 9503.0140, and handling emergencies and accidents according
175.17 to Minnesota Rules, part 9503.0110;

175.18 (2) the reporting responsibilities under section 626.556 and Minnesota Rules, part
175.19 9503.0130;

175.20 (3) at least one-half hour of training on the standards under section 245A.1435 and on
175.21 reducing the risk of sudden unexpected infant death as required under subdivision 5, if
175.22 applicable; and

175.23 (4) at least one-half hour of training on the risk of abusive head trauma from shaking
175.24 infants and young children as required under subdivision 5a, if applicable.

175.25 (e) Each year, or when a change is made, whichever is more frequent, in-service training
175.26 must be provided on: (1) the center's risk reduction plan under section 245A.66, subdivision
175.27 2; and (2) a child's individual child care program plan as required under Minnesota Rules,
175.28 part 9503.0065, subpart 3.

175.29 (f) At least once every two calendar years, the in-service training must include:

175.30 (1) child development and learning training under subdivision 2;

175.31 (2) pediatric first aid that meets the requirements of subdivision 3;

176.1 (3) pediatric cardiopulmonary resuscitation training that meets the requirements of
176.2 subdivision 4;

176.3 (4) cultural dynamics training to increase awareness of cultural differences; and

176.4 (5) disabilities training to increase awareness of differing abilities of children.

176.5 (g) At least once every five years, in-service training must include child passenger
176.6 restraint training that meets the requirements of subdivision 6, if applicable.

176.7 (h) The remaining hours of the in-service training requirement must be met by completing
176.8 training in the following content areas of the Minnesota Knowledge and Competency
176.9 Framework:

176.10 (1) Content area I: child development and learning;

176.11 (2) Content area II: developmentally appropriate learning experiences;

176.12 (3) Content area III: relationships with families;

176.13 (4) Content area IV: assessment, evaluation, and individualization;

176.14 (5) Content area V: historical and contemporary development of early childhood
176.15 education;

176.16 (6) Content area VI: professionalism;

176.17 (7) Content area VII: health, safety, and nutrition; and

176.18 (8) Content area VIII: application through clinical experiences.

176.19 (i) For purposes of this subdivision, the following terms have the meanings given them.

176.20 (1) "Child development and learning training" means training in understanding how
176.21 children develop physically, cognitively, emotionally, and socially and learn as part of the
176.22 children's family, culture, and community.

176.23 (2) "Developmentally appropriate learning experiences" means creating positive learning
176.24 experiences, promoting cognitive development, promoting social and emotional development,
176.25 promoting physical development, and promoting creative development.

176.26 (3) "Relationships with families" means training on building a positive, respectful
176.27 relationship with the child's family.

176.28 (4) "Assessment, evaluation, and individualization" means training in observing,
176.29 recording, and assessing development; assessing and using information to plan; and assessing
176.30 and using information to enhance and maintain program quality.

177.1 (5) "Historical and contemporary development of early childhood education" means
177.2 training in past and current practices in early childhood education and how current events
177.3 and issues affect children, families, and programs.

177.4 (6) "Professionalism" means training in knowledge, skills, and abilities that promote
177.5 ongoing professional development.

177.6 (7) "Health, safety, and nutrition" means training in establishing health practices, ensuring
177.7 safety, and providing healthy nutrition.

177.8 (8) "Application through clinical experiences" means clinical experiences in which a
177.9 person applies effective teaching practices using a range of educational programming models.

177.10 (j) The license holder must ensure that documentation, as required in subdivision 10,
177.11 includes the number of total training hours required to be completed, name of the training,
177.12 the Minnesota Knowledge and Competency Framework content area, number of hours
177.13 completed, and the director's approval of the training.

177.14 (k) In-service training completed by a staff person that is not specific to that child care
177.15 center is transferable upon a staff person's change in employment to another child care
177.16 program.

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

177.18 Sec. 10. Minnesota Statutes 2018, section 245A.50, as amended by Laws 2019, First
177.19 Special Session chapter 9, article 2, section 53, is amended to read:

177.20 **245A.50 FAMILY CHILD CARE TRAINING REQUIREMENTS.**

177.21 Subdivision 1. **Initial training.** (a) License holders, caregivers, ~~and~~ substitutes, and
177.22 helpers must comply with the training requirements in this section.

177.23 (b) The license holder, before initial licensure, and a caregiver, before caring for a child,
177.24 must complete:

177.25 (1) the six-hour Supervising for Safety for Family Child Care course that the
177.26 commissioner has developed;

177.27 (2) one of the following options, as required by subdivision 2:

177.28 (i) two hours in Knowledge and Competency Area I and two hours in Knowledge and
177.29 Competency Area II-C; or

177.30 (ii) four hours in Knowledge and Competency Area II-C; or

- 178.1 (iii) one four-hour course in both Knowledge and Competency Area I and Knowledge
178.2 and Competency Area II-C;
- 178.3 (3) pediatric first aid, as required by subdivision 3;
- 178.4 (4) pediatric cardiopulmonary resuscitation, as required by subdivision 4;
- 178.5 (5) training in reducing the risk of sudden unexpected infant death and abusive head
178.6 trauma, as required by subdivision 5, if applicable; and
- 178.7 (6) training in child passenger restraint systems, as required by subdivision 6, if
178.8 applicable.
- 178.9 (c) Before caring for a child, each substitute must complete:
- 178.10 (1) the four-hour Basics of Licensed Family Child Care for Substitutes course that the
178.11 commissioner has developed;
- 178.12 (2) pediatric first aid, as required by subdivision 3;
- 178.13 (3) pediatric cardiopulmonary resuscitation, as required by subdivision 4;
- 178.14 (4) training in reducing the risk of sudden unexpected infant death and abusive head
178.15 trauma, as required by subdivision 5, if applicable; and
- 178.16 (5) training in child passenger restraint systems, as required by subdivision 6, if
178.17 applicable.
- 178.18 (d) Each helper must complete:
- 178.19 (1) training in reducing the risk of sudden unexpected infant death and training in reducing
178.20 the risk of abusive head trauma, as required by subdivision 5, if applicable;
- 178.21 ~~(b) Helpers who assist with care on a regular basis must complete~~ (2) six hours of training
178.22 within one year after the date of initial employment-, if the helper assists with care on a
178.23 regular basis; and
- 178.24 (3) training in child passenger restraint systems, as required by subdivision 6, if
178.25 applicable.
- 178.26 (e) Before caring for a child or assisting in the care of a child, the license holder must
178.27 train each caregiver, substitute, and helper about:
- 178.28 (1) the emergency preparedness plan as required under section 245A.51, subdivision 3,
178.29 paragraph (b);

179.1 (2) allergy prevention and response as required under section 245A.51, subdivision 1,
179.2 paragraph (b); and

179.3 (3) the program's policies and procedures as required under section 245A.04, subdivision
179.4 14.

179.5 ~~(e)~~ (f) Training requirements established under this section that must be completed prior
179.6 to initial licensure must be satisfied only by a newly licensed child care provider or by a
179.7 child care provider who has not held an active child care license in Minnesota in the previous
179.8 12 months. A child care provider who voluntarily cancels a license or allows the license to
179.9 lapse for a period of less than 12 months and who seeks reinstatement of the lapsed or
179.10 canceled license within 12 months of the lapse or cancellation must satisfy the annual,
179.11 ongoing training requirements, and is not required to satisfy the training requirements that
179.12 must be completed prior to initial licensure. A child care provider who relocates within the
179.13 state must (1) satisfy the annual, ongoing training requirements according to the schedules
179.14 established in this section and (2) not be required to satisfy the training requirements under
179.15 this section that the child care provider completed prior to initial licensure. If a licensed
179.16 provider moves to a new county, the new county is prohibited from requiring the provider
179.17 to complete any orientation class or training for new providers.

179.18 Subd. 1a. **Definitions and general provisions.** (a) For the purposes of this section, the
179.19 following terms have the meanings given:

179.20 (1) "Basics of Family Child Care for Substitutes" means a course that the commissioner
179.21 has developed that includes the following topics: preventing and controlling infectious
179.22 diseases; administering medication; preventing and responding to allergies; ensuring building
179.23 and physical premise safety; handling and storing biological contaminants; preventing and
179.24 reporting child abuse and maltreatment; emergency preparedness; and child development;

179.25 (2) "caregiver" means an adult other than the license holder who supervises children for
179.26 a cumulative total of more than 500 hours annually;

179.27 (3) "helper" means a minor, ages 13 to 17, who assists in caring for children; and

179.28 (4) "substitute" means an adult who assumes responsibility for a provider for a cumulative
179.29 total of not more than 500 hours annually.

179.30 (b) Notwithstanding other requirements of this section, courses within the identified
179.31 Knowledge and Competency Areas that are specific to child care centers or legal nonlicensed
179.32 providers do not fulfill the requirements of this section.

When the following training expires, it must be retaken no later than the day before the anniversary of the license holder's license effective date:

(1) pediatric first aid;

(2) pediatric CPR;

(3) accommodating children with disabilities or cultural dynamics;

(4) Health and Safety I and Health and Safety II;

(5) child passenger restraint systems, if applicable; and

(6) Basics of Family Child Care for Substitutes.

Subd. 2. **Child development and learning and behavior guidance training.** (a) ~~For purposes of family and group family child care, The license holder and each adult caregiver who provides care in the licensed setting for more than 30 days in any 12-month period shall complete and document at least four hours of child growth development and learning and behavior guidance training prior to initial licensure, and before caring for children. For purposes of this subdivision, "child development and learning training" means training in understanding how children develop physically, cognitively, emotionally, and socially and learn as part of the children's family, culture, and community. "Behavior guidance training" means training in the understanding of the functions of child behavior and strategies for managing challenging situations. At least two hours of child development and learning or behavior guidance training must be repeated annually. Training curriculum shall be developed or approved by the commissioner of human services.~~

(b) Notwithstanding initial child development training requirements in paragraph (a), individuals are exempt from this requirement if they:

(1) have taken a three-credit course on early childhood development within the past five years;

(2) have received a baccalaureate or master's degree in early childhood education or school-age child care within the past five years;

(3) are licensed in Minnesota as a prekindergarten teacher, an early childhood educator, a kindergarten to grade 6 teacher with a prekindergarten specialty, an early childhood special education teacher, or an elementary teacher with a kindergarten endorsement; or

(4) have received a baccalaureate degree with a Montessori certificate within the past five years.

(c) The license holder and each caregiver must complete at least two hours of child development and learning training or behavior guidance training annually that may be fulfilled by completing any course in Knowledge and Competency Area I: Child Development and Learning or Knowledge and Competency Area II-C: Promoting Social and Emotional Development. The commissioner shall develop or approve training curriculum.

(d) A three-credit course about early childhood development meets the requirements of paragraph (c).

Subd. 3. **First aid.** ~~(a) When children are present in a family child care home governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at least one staff person must be present in the home who has been trained in first aid.~~ The license holder must complete pediatric first aid training before licensure. Each caregiver and substitute must complete pediatric first aid training before caring for children. The first aid training must have been provided by an individual approved to provide first aid instruction. First aid training may be less than eight hours and. Persons qualified to provide first aid training include individuals approved as first aid instructors. First aid training must be repeated every two years.

~~(b) A family child care provider is exempt from the first aid training requirements under this subdivision related to any substitute caregiver who provides less than 30 hours of care during any 12-month period.~~ The license holder, each caregiver, and each substitute must complete additional pediatric first aid training every two years.

(c) Video training reviewed and approved by the county licensing agency satisfies the training requirement of this subdivision.

Subd. 4. **Cardiopulmonary resuscitation (CPR).** ~~(a) When children are present in a family child care home governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at least one caregiver must be present in the home who has been trained in cardiopulmonary resuscitation (CPR), including CPR techniques for infants and children, and in the treatment of obstructed airways. The CPR training must have been provided by an individual approved to provide CPR instruction, must be repeated at least once every two years, and must be documented in the caregiver's records.~~ The family child care license holder must complete pediatric cardiopulmonary resuscitation (CPR) training prior to licensure. Caregivers and substitutes must complete pediatric CPR training prior to caring for children. Training that license holders, caregivers, or substitutes have completed during the previous two years fulfills this requirement.

~~(b) A family child care provider is exempt from the CPR training requirement in this subdivision related to any substitute caregiver who provides less than 30 hours of care during~~

182.1 ~~any 12-month period.~~ The CPR training must be provided by an individual certified to
182.2 provide CPR instruction.

182.3 ~~(c) Persons providing CPR training must use CPR training that has been developed~~ The
182.4 pediatric CPR training must:

182.5 ~~(1) by the American Heart Association or the American Red Cross and incorporates~~
182.6 ~~psychomotor skills to support the instruction; or~~

182.7 ~~(2) using nationally recognized, evidence-based guidelines for CPR training and~~
182.8 ~~incorporates psychomotor skills to support the instruction.~~

182.9 (1) include CPR techniques for infants and children and the treatment of obstructed
182.10 airways;

182.11 (2) include instruction, hands-on practice, and an in-person observed skills assessment
182.12 under a CPR instructor's direct supervision; and

182.13 (3) be developed by the American Heart Association, the American Red Cross, or another
182.14 organization that uses nationally recognized, evidence-based guidelines for CPR.

182.15 (d) License holders, caregivers, and substitutes must complete pediatric CPR training
182.16 at least once every two years.

182.17 **Subd. 5. Sudden unexpected infant death and abusive head trauma training. (a)**
182.18 Prior to caring for infants, the license holder must complete training about reducing the risk
182.19 of sudden unexpected infant death. License holders must ~~document~~ ensure that before staff
182.20 ~~persons~~, caregivers, substitutes, and helpers assist in the care of infants, they are instructed
182.21 on the standards in section 245A.1435 and receive training on reducing the risk of sudden
182.22 unexpected infant death.

182.23 (b) Prior to caring for infants and children under school age, the license holder must
182.24 complete training about reducing the risk of abusive head trauma. In addition, license holders
182.25 must ~~document~~ ensure that before staff ~~persons~~, caregivers, substitutes, and helpers assist
182.26 in the care of infants and children under school age, they receive training on reducing the
182.27 risk of abusive head trauma ~~from shaking infants and young children. The training in this~~
182.28 ~~subdivision may be provided as initial training under subdivision 1 or ongoing annual~~
182.29 ~~training under subdivision 7.~~

182.30 ~~(b)~~ (c) Sudden unexpected infant death reduction training required under this subdivision
182.31 must, at a minimum, address the risk factors related to sudden unexpected infant death,
182.32 means of reducing the risk of sudden unexpected infant death in child care, and license

183.1 holder communication with parents regarding reducing the risk of sudden unexpected infant
183.2 death.

183.3 ~~(e)~~ (d) Abusive head trauma training required under this subdivision must, at a minimum,
183.4 address the risk factors related to shaking infants and young children, means of reducing
183.5 the risk of abusive head trauma in child care, and license holder communication with parents
183.6 regarding reducing the risk of abusive head trauma.

183.7 ~~(d)~~ (e) Training for family and group family child care providers must be developed by
183.8 the commissioner ~~in conjunction with the Minnesota Sudden Infant Death Center~~ and
183.9 approved by the Minnesota Center for Professional Development. Sudden unexpected infant
183.10 death reduction training and abusive head trauma training may be provided in a single course
183.11 of no more than two hours in length.

183.12 ~~(e)~~ (f) Sudden unexpected infant death reduction training and abusive head trauma
183.13 training required under this subdivision must be completed in person or as allowed under
183.14 subdivision 10, clause (1) or (2), at least once every two years. On the years when the license
183.15 holder ~~is, caregiver, substitute, and helper~~ are not receiving training in person or as allowed
183.16 under subdivision 10, clause (1) or (2), the license holder, caregiver, substitute, and helper
183.17 must receive sudden unexpected infant death reduction training and abusive head trauma
183.18 training through a video of no more than one hour in length. The video must be developed
183.19 or approved by the commissioner.

183.20 ~~(f)~~ (g) An individual who is related to the license holder or the license holder's child, as
183.21 defined in section 245A.02, subdivision 13, and who is involved only in the care of the
183.22 license holder's own infant or child under school age and who is not designated to be a
183.23 caregiver, helper, or substitute, as defined in Minnesota Rules, part 9502.0315, for the
183.24 licensed program, is exempt from the sudden unexpected infant death and abusive head
183.25 trauma training.

183.26 Subd. 6. **Child passenger restraint systems; training requirement.** ~~(a) A license~~
183.27 ~~holder must comply with all seat belt and child passenger restraint system requirements~~
183.28 ~~under section 169.685.~~

183.29 ~~(b) Family and group family child care programs licensed by the Department of Human~~
183.30 ~~Services that serve a child or children under nine years of age must document training that~~
183.31 ~~fulfills the requirements in this subdivision.~~

183.32 (a)(1) Before A license holder, ~~staff person, caregiver, or helper~~ transports caregiver,
183.33 substitute, or helper may transport a child or children ~~under age nine~~ in a motor vehicle;.
183.34 The ~~person placing the~~ license holder must ensure that any person who places a child or

184.1 ~~children under age eight~~ in a passenger restraint ~~must~~ has satisfactorily ~~complete~~ completed
184.2 training on the proper use and installation of child restraint systems in motor vehicles.
184.3 Training completed under this subdivision may be used to meet initial training under
184.4 subdivision 1 or ongoing training under subdivision 7.

184.5 (2) Training required under this subdivision must be ~~at least one hour in length, completed~~
184.6 ~~at initial training, and~~ repeated at least once every five years.

184.7 (3) At a minimum, the training must address the proper use of child restraint systems
184.8 based on the child's size, weight, and age, and the proper installation of a car seat or booster
184.9 seat in the motor vehicle used by the license holder to transport the child or children.

184.10 ~~(3)~~ (4) Training under this subdivision must be provided by individuals who are certified
184.11 and approved by the Department of Public Safety, Office of Traffic Safety. License holders
184.12 may obtain a list of certified and approved trainers through the Department of Public Safety
184.13 website or by contacting the agency.

184.14 ~~(e)~~ (b) Child care providers that only transport school-age children as defined in section
184.15 245A.02, subdivision 19, paragraph (f), in child care buses as defined in section 169.448,
184.16 subdivision 1, paragraph (e), are exempt from this subdivision.

184.17 Subd. 7. **Ongoing training requirements for family and group family child care**
184.18 **license holders and caregivers.** ~~For purposes of family and group family child care, (a)~~
184.19 The license holder and each ~~primary~~ caregiver must complete 16 hours of ongoing training
184.20 each year. ~~For purposes of this subdivision, a primary caregiver is an adult caregiver who~~
184.21 ~~provides services in the licensed setting for more than 30 days in any 12-month period.~~
184.22 ~~Repeat of topical training requirements in subdivisions 2 to 8 shall count toward the annual~~
184.23 ~~16-hour training requirement.~~

184.24 (b) The license holder and caregiver must annually complete ongoing training as follows:

184.25 (1) a two-hour course in child development and learning or behavior guidance, as required
184.26 by subdivision 2;

184.27 (2) a two-hour course in active supervision that the license holder and caregiver may
184.28 fulfill by any course in Knowledge and Competency Area VII-A: Establishing Healthy
184.29 Practices or Knowledge and Competency Area VII-B: Ensuring Safety; and

184.30 (3) ongoing training in reducing the risk of sudden unexpected infant death and abusive
184.31 head trauma, as required under subdivision 5, if applicable.

184.32 (c) At least once every two years, the license holder and caregiver must complete ongoing
184.33 training as follows:

- 185.1 (1) training in pediatric first aid, as required under subdivision 3;
- 185.2 (2) training in pediatric cardiopulmonary resuscitation, as required under subdivision 4;
- 185.3 and
- 185.4 (3) a two-hour course about accommodating children with disabilities or about cultural
- 185.5 dynamics that the license holder or caregiver may fulfill by completing any course in
- 185.6 Knowledge and Competency Area III: Relationships with Families.
- 185.7 (d) At least once every five years, the license holder and caregiver must complete ongoing
- 185.8 training as follows:
- 185.9 (1) two-hour courses: Health and Safety I and Health and Safety II; and
- 185.10 (2) ongoing training in child passenger restraint systems, as required under subdivision
- 185.11 6, if applicable.
- 185.12 (e) Additional ongoing training subjects to meet the annual 16-hour training requirement
- 185.13 must be selected from the following areas training in the following content areas of the
- 185.14 Minnesota Knowledge and Competency Framework:
- 185.15 (1) Content area I: child development and learning, including training under subdivision
- 185.16 2, paragraph (a) in understanding how a child develops physically, cognitively, emotionally,
- 185.17 and socially, and how a child learns as part of the child's family, culture, and community;
- 185.18 (2) Content area II: developmentally appropriate learning experiences, including training
- 185.19 in creating positive learning experiences, promoting cognitive development, promoting
- 185.20 social and emotional development, promoting physical development, promoting creative
- 185.21 development; and behavior guidance;
- 185.22 (3) Content area III: relationships with families, including training in building a positive,
- 185.23 respectful relationship with the child's family;
- 185.24 (4) Content area IV: assessment, evaluation, and individualization, including training
- 185.25 in observing, recording, and assessing development; assessing and using information to
- 185.26 plan; and assessing and using information to enhance and maintain program quality;
- 185.27 (5) Content area V: historical and contemporary development of early childhood
- 185.28 education, including training in past and current practices in early childhood education and
- 185.29 how current events and issues affect children, families, and programs;
- 185.30 (6) Content area VI: professionalism, including training in knowledge, skills, and abilities
- 185.31 that promote ongoing professional development; and

(7) Content area VII: health, safety, and nutrition, including training in establishing healthy practices; ensuring safety; and providing healthy nutrition.

Subd. 8. ~~Other required~~ Ongoing training requirements for substitutes and helpers. ~~(a) The training required of family and group family child care providers and staff must include training in the cultural dynamics of early childhood development and child care. The cultural dynamics and disabilities training and skills development of child care providers must be designed to achieve outcomes for providers of child care that include, but are not limited to:~~

~~(1) an understanding and support of the importance of culture and differences in ability in children's identity development;~~

~~(2) understanding the importance of awareness of cultural differences and similarities in working with children and their families;~~

~~(3) understanding and support of the needs of families and children with differences in ability;~~

~~(4) developing skills to help children develop unbiased attitudes about cultural differences and differences in ability;~~

~~(5) developing skills in culturally appropriate caregiving; and~~

~~(6) developing skills in appropriate caregiving for children of different abilities.~~

~~The commissioner shall approve the curriculum for cultural dynamics and disability training.~~

~~(b) The provider must meet the training requirement in section 245A.14, subdivision 11, paragraph (a), clause (4), to be eligible to allow a child cared for at the family child care or group family child care home to use the swimming pool located at the home.~~

(a) Each substitute must complete ongoing training adhering to the following schedule:

(1) annually: training in reducing the risk of sudden unexpected infant death and abusive head trauma, as required under subdivision 5, if applicable;

(2) at least once every two years: training in pediatric first aid, as required under subdivision 3, and training in pediatric cardiopulmonary resuscitation, as required under subdivision 4;

(3) at least once every three years: the four-hour Basics of Licensed Family Child Care for Substitutes course; and

187.1 (4) at least once every five years: training in child passenger restraint systems, as required
187.2 under subdivision 6, if applicable.

187.3 (b) Each helper must annually complete training in reducing the risk of sudden unexpected
187.4 infant death and abusive head trauma, as required under subdivision 5, if applicable.

187.5 **Subd. 9. Supervising for safety; training requirement.** (a) Before initial licensure and
187.6 before caring for a child, all family child care license holders and each adult caregiver who
187.7 provides care in the licensed family child care home for more than 30 days in any 12-month
187.8 period shall complete and document the completion of the six-hour Supervising for Safety
187.9 for Family Child Care course developed by the commissioner.

187.10 (b) The family child care license holder and each adult caregiver who provides care in
187.11 the licensed family child care home for more than 30 days in any 12-month period shall
187.12 complete and document:

187.13 (1) the annual completion of a two-hour active supervision course developed by the
187.14 commissioner; and

187.15 (2) the completion at least once every five years of the two-hour courses Health and
187.16 Safety I and Health and Safety II. A license holder's or adult caregiver's completion of either
187.17 training in a given year meets the annual active supervision training requirement in clause
187.18 (1).

187.19 **Subd. 10. Approved training.** County licensing staff must accept training approved by
187.20 the Minnesota Center for Professional Development, including:

187.21 (1) face-to-face or classroom training;

187.22 (2) online training; and

187.23 (3) relationship-based professional development, such as mentoring, coaching, and
187.24 consulting.

187.25 **Subd. 11. Provider training.** New and increased training requirements under this section
187.26 must not be imposed on providers until the commissioner establishes statewide accessibility
187.27 to the required provider training.

187.28 **Subd. 12. Documentation.** The license holder must document the date, title, and event
187.29 ID from Develop, if applicable, of a completed training required by this section for the
187.30 license holder and each caregiver, substitute, and helper.

187.31 **EFFECTIVE DATE.** This section is effective September 30, 2020.

188.1 Sec. 11. [245A.70] FAMILY CHILD FOSTER CARE TRAINING REQUIREMENTS.

188.2 Subdivision 1. **Applicability.** This section applies to programs licensed to provide foster
188.3 care for children in the license holder's residence. For the purposes of this section, "foster
188.4 parent" means the license holder or license holders.

188.5 Subd. 2. **Orientation.** (a) Each foster parent applicant must complete a minimum of six
188.6 hours of orientation before being licensed. Orientation training hours do not count toward
188.7 annual training hours. The commissioner may grant a variance regarding the number of
188.8 orientation hours required under this subdivision.

188.9 (b) The foster parent's orientation must include training about the following:

188.10 (1) emergency procedures, including evacuation routes, emergency telephone numbers,
188.11 severe storm and tornado procedures, and location of alarms and equipment;

188.12 (2) relevant laws and rules, including but not limited to this chapter; chapters 260 and
188.13 260C; section 626.556; Minnesota Rules, chapter 9560; and related legal issues and reporting
188.14 requirements;

188.15 (3) cultural diversity, gender sensitivity, culturally specific services, cultural competence,
188.16 and information about discrimination and racial bias to ensure that caregivers are culturally
188.17 competent to care for foster children according to section 260C.212, subdivision 11;

188.18 (4) the foster parent's roles and responsibilities in developing and implementing the case
188.19 plan and in court and administrative reviews of the child's placement;

188.20 (5) the licensing agency's requirements;

188.21 (6) one hour relating to reasonable and prudent parenting standards for the child's
188.22 participation in age-appropriate or developmentally appropriate extracurricular, social, or
188.23 cultural activities according to section 260C.212, subdivision 14;

188.24 (7) two hours relating to children's mental health issues according to subdivision 3;

188.25 (8) if required by subdivision 4, the proper use and installation of child passenger restraint
188.26 systems in motor vehicles, if applicable;

188.27 (9) if required by subdivision 5, at least one hour about reducing the risk of sudden
188.28 unexpected infant death and abusive head trauma from shaking infants and young children,
188.29 if applicable; and

188.30 (10) if required by subdivision 6, operating medical equipment, if applicable.

189.1 Subd. 3. **Mental health training.** Prior to licensure, each foster parent, staff person, and
189.2 caregiver must complete two hours of training that addresses the causes, symptoms, and
189.3 key warning signs of mental health disorders; cultural considerations; and effective
189.4 approaches to managing a child's behaviors. Prior to caring for a foster child, each caregiver
189.5 must complete two hours of training that addresses the causes, symptoms, and key warning
189.6 signs of mental health disorders; cultural considerations; and effective approaches to
189.7 managing a child's behaviors. Each year, each foster parent, staff person, and caregiver must
189.8 complete at least one hour of training about children's mental health issues and treatment.
189.9 A short-term substitute caregiver is exempt from this subdivision. The commissioner of
189.10 human services shall approve a mental health training curriculum that satisfies the
189.11 requirements of this subdivision.

189.12 Subd. 4. **Child passenger restraint systems.** (a) An applicant must complete the training
189.13 required by this subdivision prior to licensure if an applicant intends to accept placement
189.14 of a child younger than eight years of age. Each foster parent, staff person, and caregiver
189.15 must satisfactorily complete training about the proper use and installation of child passenger
189.16 restraint systems in motor vehicles before transporting a child younger than eight years of
189.17 age in a motor vehicle.

189.18 (b) Training must be provided by an individual who is certified and approved by the
189.19 Department of Public Safety, Office of Traffic Safety. At a minimum, the training must
189.20 address the proper use of child passenger restraint systems based on the child's size, weight,
189.21 and age, and the proper installation of a car seat or booster seat in the motor vehicle
189.22 transporting the child. The training required under this subdivision must be repeated at least
189.23 once every five years.

189.24 (c) Notwithstanding paragraph (a), for an emergency relative placement under section
189.25 245A.035, the commissioner may grant a variance to the training required by this subdivision
189.26 for a relative who completes a child seat safety checkup. The child seat safety checkup
189.27 trainer must be approved by the Department of Public Safety, Office of Traffic Safety, and
189.28 must provide one-on-one instruction on placing a child of a specific age in the exact child
189.29 passenger restraint in the motor vehicle in which the child will be transported. Once granted
189.30 a variance, and if all other licensing requirements are met, the relative applicant may receive
189.31 a license and may transport a relative foster child younger than eight years of age. A child
189.32 seat safety checkup must be completed each time a child requires a different size car seat
189.33 according to car seat and vehicle manufacturer guidelines. A relative license holder must
189.34 complete training that meets the requirements of this subdivision prior to placement of

190.1 another foster child younger than eight years of age in the home or prior to the renewal of
190.2 the child foster care license.

190.3 **Subd. 5. Training about the risk of sudden unexpected infant death and abusive**
190.4 **head trauma.** Each foster parent, staff person, and caregiver who cares for an infant or a
190.5 child five years of age and younger must satisfactorily complete at least one hour of training
190.6 about reducing the risk of sudden unexpected infant death and abusive head trauma from
190.7 shaking infants and young children. The county or private licensing agency monitoring the
190.8 foster care provider under section 245A.16 must approve of the training about reducing the
190.9 risk of sudden unexpected infant death and abusive head trauma from shaking infants and
190.10 young children. At a minimum, the training must address the risk factors related to sudden
190.11 unexpected infant death and abusive head trauma, means of reducing the risk of sudden
190.12 unexpected infant death and abusive head trauma, and license holder communication with
190.13 parents regarding reducing the risk of sudden unexpected infant death and abusive head
190.14 trauma. Each foster parent must complete this training prior to licensure. Each staff person
190.15 and caregiver must complete this training prior to caring for an infant or a child five years
190.16 of age and younger. The training required by this subdivision must be completed at least
190.17 once every five years.

190.18 **Subd. 6. Training on use of medical equipment.** (a) If caring for a child who relies on
190.19 medical equipment to sustain life or monitor a medical condition, each foster parent, staff
190.20 person, and caregiver must satisfactorily complete training to operate the child's equipment
190.21 with a health care professional or an individual who provides training on the equipment.

190.22 (b) A foster parent, staff person, or caregiver is exempt from this subdivision if:

190.23 (1) the foster parent, staff person, or caregiver is currently caring for an individual who
190.24 is using the same equipment in the foster home; or

190.25 (2) the foster parent, staff person, or caregiver has written documentation that the foster
190.26 parent, staff person, or caregiver has cared for an individual who relied on the same
190.27 equipment within the past six months.

190.28 **Subd. 7. Fetal alcohol spectrum disorders training.** Each foster parent, staff person,
190.29 and caregiver must complete at least one hour of the annual training requirement about fetal
190.30 alcohol spectrum disorders. A provider who is also licensed to provide home and
190.31 community-based services under chapter 245D and the provider's staff are exempt from
190.32 this subdivision. A short-term substitute caregiver is exempt from this subdivision. The
190.33 commissioner of human services shall approve a fetal alcohol spectrum disorders training
190.34 curriculum that satisfies the requirements of this subdivision.

191.1 Subd. 8. Ongoing training requirement. (a) Each foster parent, staff person, and
191.2 caregiver must complete a minimum of 12 hours of training per calendar year. If a foster
191.3 parent fails to complete the required annual training and does not show good cause why the
191.4 foster parent did not complete the training, the foster parent is prohibited from accepting a
191.5 new foster child placement until the foster parent completes the training. The commissioner
191.6 may grant a variance to the required number of annual training hours.

191.7 (b) Each year, each foster parent, staff person, and caregiver must complete one hour
191.8 of training about children's mental health issues according to subdivision 3, and one hour
191.9 of training about fetal alcohol spectrum disorders, if required by subdivision 7.

191.10 (c) At least once every five years, each foster parent, staff person, and caregiver must
191.11 complete one hour of training about reducing the risk of sudden unexpected infant death
191.12 and abusive head trauma, if required by subdivision 5.

191.13 (d) At least once every five years, each foster parent, staff person, and caregiver must
191.14 complete training regarding child passenger restraint systems, if required by subdivision 4.

191.15 (e) The commissioner may provide a nonexclusive list of training topics eligible to fulfill
191.16 the remaining hours of required ongoing annual training.

191.17 Subd. 9. Documentation of training. (a) The licensing agency must document the
191.18 trainings required by this section on a form that the commissioner has developed.

191.19 (b) For training required under subdivision 6, the agency must also retain a training and
191.20 skills form on file and update the form each year for each foster care provider who completes
191.21 training about caring for a child who relies on medical equipment to sustain life or monitor
191.22 a medical condition. The agency placing the child must obtain a copy of the training and
191.23 skills form from the foster parent or from the agency supervising the foster parent. The
191.24 agency must retain the form and any updated information on file for the placement's duration.
191.25 The form must be available to the parent or guardian and the child's social worker for the
191.26 social worker to make an informed placement decision. The agency must use the training
191.27 and skills form that the commissioner has developed.

191.28 EFFECTIVE DATE. This section is effective January 1, 2021.

191.29 Sec. 12. [245A.75] FOSTER RESIDENCE SETTING STAFF TRAINING
191.30 REQUIREMENTS.

191.31 Subdivision 1. Applicability. For the purposes of this section, "foster residence setting"
191.32 means foster care that a license holder provides in a home in which the license holder does

192.1 not reside. "Foster residence setting" does not include any program licensed or certified
192.2 under Minnesota Rules, parts 2960.0010 to 2960.0710.

192.3 Subd. 2. **Orientation.** (a) The license holder must ensure that all staff attend and
192.4 successfully complete at least six hours of orientation training before having unsupervised
192.5 contact with a foster child. Orientation training hours are not counted toward the hours of
192.6 annual training. Orientation must include training on the following:

192.7 (1) emergency procedures, including evacuation routes, emergency telephone numbers,
192.8 severe storm and tornado procedures, and location of facility alarms and equipment;

192.9 (2) relevant laws, rules, and legal issues, including reporting requirements for abuse and
192.10 neglect specified in sections 626.556 and 626.557 and other reporting requirements based
192.11 on the children's ages;

192.12 (3) cultural diversity, gender sensitivity, culturally specific services, and information
192.13 about discrimination and racial bias to ensure that caregivers are culturally sensitive and
192.14 culturally competent to care for foster children according to section 260C.212, subdivision
192.15 11;

192.16 (4) general and special needs, including disability needs, of children and families served;

192.17 (5) operational policies and procedures of the license holder;

192.18 (6) data practices requirements and issues;

192.19 (7) two hours of training about mental health disorders in accordance with subdivision
192.20 3;

192.21 (8) if required by subdivision 4, the proper use and installation of child passenger restraint
192.22 systems in motor vehicles, if applicable;

192.23 (9) if required by subdivision 5, at least one hour of training about reducing the risk of
192.24 sudden unexpected infant death and abusive head trauma from shaking infants and young
192.25 children, if applicable; and

192.26 (10) if required by subdivision 6, caring for a child who relies on medical equipment to
192.27 sustain life or monitor a medical condition, if applicable.

192.28 Subd. 3. **Mental health training.** Prior to caring for a child, staff must complete two
192.29 hours of training that addresses the causes, symptoms, and key warning signs of mental
192.30 health disorders; cultural considerations; and effective approaches to address a child's
192.31 behaviors. Foster residence staff must complete at least one hour of the annual training
192.32 requirement regarding children's mental health issues and treatment. A short-term substitute

193.1 caregiver is exempt from this subdivision. The commissioner of human services shall approve
193.2 a mental health training curriculum that satisfies the requirements of this subdivision.

193.3 Subd. 4. **Child passenger restraint systems.** Prior to transporting a child younger than
193.4 eight years of age in a motor vehicle, a license holder, staff person, or caregiver must
193.5 satisfactorily complete training about the proper use and installation of child restraint systems
193.6 in motor vehicles. Training must be provided by an individual who is certified and approved
193.7 by the Department of Public Safety, Office of Traffic Safety. At a minimum, the training
193.8 must address the proper use of child passenger restraint systems based on the child's size,
193.9 weight, and age and the proper installation of a car seat or booster seat in the motor vehicle
193.10 transporting the child. The training required under this subdivision must be completed at
193.11 least once every five years.

193.12 Subd. 5. **Training about the risk of sudden unexpected infant death and abusive**
193.13 **head trauma.** A license holder, staff person, or caregiver who cares for an infant or a child
193.14 five years of age and younger must satisfactorily complete at least one hour of training
193.15 approved by the county or private licensing agency that is responsible for monitoring the
193.16 child foster care provider under section 245A.16 about reducing the risk of sudden unexpected
193.17 infant death and abusive head trauma from shaking infants and young children. The county
193.18 or private licensing agency responsible for monitoring the child foster care provider under
193.19 section 245A.16 must approve of the training about reducing the risk of sudden unexpected
193.20 infant death and abusive head trauma from shaking infants and young children. At a
193.21 minimum, the training must address the risk factors related to sudden unexpected infant
193.22 death and abusive head trauma, means of reducing the risk of sudden unexpected infant
193.23 death and abusive head trauma, and license holder communication with parents regarding
193.24 reducing the risk of sudden unexpected infant death and abusive head trauma. The license
193.25 holder, staff person, or caregiver must complete this training prior to licensure or, for staff
193.26 and caregivers, prior to caring for an infant or a child five years of age and younger. The
193.27 license holder, staff person, or caregiver must complete the training required under this
193.28 subdivision at least once every five years.

193.29 Subd. 6. **Training on use of medical equipment.** (a) If caring for a child who relies on
193.30 medical equipment to sustain life or monitor a medical condition, the license holder or staff
193.31 person must complete training to operate the child's equipment. A health care professional
193.32 or an individual who provides training on the equipment must train the license holder or
193.33 staff person about how to operate the child's equipment.

193.34 (b) A license holder is exempt from this subdivision if:

194.1 (1) the license holder is currently caring for an individual who is using the same
194.2 equipment in the foster home and each staff person has received training to use the
194.3 equipment; or

194.4 (2) the license holder has written documentation that, within the past six months, the
194.5 license holder has cared for an individual who relied on the same equipment and each current
194.6 staff person has received training to use the same equipment.

194.7 Subd. 7. **Fetal alcohol spectrum disorder training.** (a) Each staff person must complete
194.8 at least one hour of the annual training requirement about fetal alcohol spectrum disorders.
194.9 The commissioner of human services shall approve a fetal alcohol spectrum disorder training
194.10 curriculum that satisfies the requirements of this subdivision.

194.11 (b) A provider who is also licensed to provide home and community-based services
194.12 under chapter 245D and the provider's staff are exempt from this subdivision. A short-term
194.13 substitute caregiver is exempt from this subdivision.

194.14 Subd. 8. **Prudent parenting standards training.** The license holder must have at least
194.15 one on-site staff person who is trained regarding the standards under section 260C.215,
194.16 subdivision 4, and authorized to apply the reasonable and prudent parenting standards to
194.17 decisions involving the approval of a foster child's participation in age-appropriate and
194.18 developmentally appropriate extracurricular, social, or cultural activities. The trained on-site
194.19 staff person is not required to be available 24 hours per day.

194.20 Subd. 9. **Annual training plan and hours.** (a) The license holder must develop an
194.21 annual training plan for staff and volunteers. The license holder must modify training for
194.22 staff and volunteers each year to meet each staff person's current needs and provide sufficient
194.23 training to accomplish each staff person's duties. To determine the type and amount of
194.24 training, the license holder must consider the foster care program's target population, the
194.25 program's services, and outcomes expected from the services, as well as the employee's job
194.26 description, tasks, and the position's performance indicators.

194.27 (b) Full-time staff who have direct contact with a child must complete at least 18 hours
194.28 of in-service training per calendar year. Nine hours of training must be skill development
194.29 training.

194.30 (c) Part-time direct care staff must complete sufficient training to competently care for
194.31 children. The amount of training must be at least one hour of training for each 60 hours
194.32 worked, up to 18 hours of training per part-time employee per year.

195.1 (d) Other foster residence staff and volunteers must complete in-service training
195.2 requirements each year consistent with their duties.

195.3 Subd. 10. **Documentation of training.** (a) For each staff person and volunteer, the
195.4 license holder must document the date, number of training hours, and the entity's name that
195.5 provided the training.

195.6 (b) For training required under subdivision 6, the agency supervising the foster care
195.7 provider must retain a training and skills form on file and update the form each year for
195.8 each staff person that completes training about caring for a child who relies on medical
195.9 equipment to sustain life or monitor a medical condition. The agency placing the child must
195.10 obtain a copy of the training and skills form from the foster care provider or the agency
195.11 supervising the foster care provider. The placing agency must retain the form and any
195.12 updated information on file for the placement's duration. The form must be available to the
195.13 child's parent or the child's primary caregiver and the child's social worker to make an
195.14 informed placement decision. The agency must use the training and skills form that the
195.15 commissioner has developed.

195.16 **EFFECTIVE DATE.** This section is effective January 1, 2021.

195.17 Sec. 13. Minnesota Statutes 2018, section 245C.15, subdivision 2, is amended to read:

195.18 Subd. 2. **15-year disqualification.** (a) An individual is disqualified under section 245C.14
195.19 if: (1) less than 15 years have passed since the discharge of the sentence imposed, if any,
195.20 for the offense; and (2) the individual has committed a felony-level violation of any of the
195.21 following offenses: sections 256.98 (wrongfully obtaining assistance); 268.182 (fraud);
195.22 393.07, subdivision 10, paragraph (c) (federal Food Stamp Program fraud); 609.165 (felon
195.23 ineligible to possess firearm); 609.2112, 609.2113, or 609.2114 (criminal vehicular homicide
195.24 or injury); 609.215 (suicide); 609.223 or 609.2231 (assault in the third or fourth degree);
195.25 repeat offenses under 609.224 (assault in the fifth degree); 609.229 (crimes committed for
195.26 benefit of a gang); 609.2325 (criminal abuse of a vulnerable adult); 609.2335 (financial
195.27 exploitation of a vulnerable adult); 609.235 (use of drugs to injure or facilitate crime);
195.28 609.24 (simple robbery); 609.255 (false imprisonment); 609.2664 (manslaughter of an
195.29 unborn child in the first degree); 609.2665 (manslaughter of an unborn child in the second
195.30 degree); 609.267 (assault of an unborn child in the first degree); 609.2671 (assault of an
195.31 unborn child in the second degree); 609.268 (injury or death of an unborn child in the
195.32 commission of a crime); 609.27 (coercion); 609.275 (attempt to coerce); 609.466 (medical
195.33 assistance fraud); 609.495 (aiding an offender); 609.498, subdivision 1 or 1b (aggravated
195.34 first-degree or first-degree tampering with a witness); 609.52 (theft); 609.521 (possession

196.1 of shoplifting gear); 609.525 (bringing stolen goods into Minnesota); 609.527 (identity
196.2 theft); 609.53 (receiving stolen property); 609.535 (issuance of dishonored checks); 609.542
196.3 (human services programs crimes); 609.562 (arson in the second degree); 609.563 (arson
196.4 in the third degree); 609.582 (burglary); 609.59 (possession of burglary tools); 609.611
196.5 (insurance fraud); 609.625 (aggravated forgery); 609.63 (forgery); 609.631 (check forgery;
196.6 offering a forged check); 609.635 (obtaining signature by false pretense); 609.66 (dangerous
196.7 weapons); 609.67 (machine guns and short-barreled shotguns); 609.687 (adulteration);
196.8 609.71 (riot); 609.713 (terroristic threats); 609.82 (fraud in obtaining credit); 609.821
196.9 (financial transaction card fraud); 617.23 (indecent exposure), not involving a minor; repeat
196.10 offenses under 617.241 (obscene materials and performances; distribution and exhibition
196.11 prohibited; penalty); 624.713 (certain persons not to possess firearms); chapter 152 (drugs;
196.12 controlled substance); or Minnesota Statutes 2012, section 609.21; or a felony-level
196.13 conviction involving alcohol or drug use.

196.14 (b) An individual is disqualified under section 245C.14 if less than 15 years has passed
196.15 since the individual's aiding and abetting, attempt, or conspiracy to commit any of the
196.16 offenses listed in paragraph (a), as each of these offenses is defined in Minnesota Statutes.

196.17 (c) An individual is disqualified under section 245C.14 if less than 15 years has passed
196.18 since the termination of the individual's parental rights under section 260C.301, subdivision
196.19 1, paragraph (b), or subdivision 3.

196.20 (d) An individual is disqualified under section 245C.14 if less than 15 years has passed
196.21 since the discharge of the sentence imposed for an offense in any other state or country, the
196.22 elements of which are substantially similar to the elements of the offenses listed in paragraph
196.23 (a).

196.24 (e) If the individual studied commits one of the offenses listed in paragraph (a), but the
196.25 sentence or level of offense is a gross misdemeanor or misdemeanor, the individual is
196.26 disqualified but the disqualification look-back period for the offense is the period applicable
196.27 to the gross misdemeanor or misdemeanor disposition.

196.28 (f) When a disqualification is based on a judicial determination other than a conviction,
196.29 the disqualification period begins from the date of the court order. When a disqualification
196.30 is based on an admission, the disqualification period begins from the date of an admission
196.31 in court. When a disqualification is based on an Alford Plea, the disqualification period
196.32 begins from the date the Alford Plea is entered in court. When a disqualification is based
196.33 on a preponderance of evidence of a disqualifying act, the disqualification date begins from

197.1 the date of the dismissal, the date of discharge of the sentence imposed for a conviction for
197.2 a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

197.3 **EFFECTIVE DATE.** This section is effective August 1, 2020.

197.4 Sec. 14. Minnesota Statutes 2019 Supplement, section 245C.15, subdivision 3, is amended
197.5 to read:

197.6 Subd. 3. **Ten-year disqualification.** (a) An individual is disqualified under section
197.7 245C.14 if: (1) less than ten years have passed since the discharge of the sentence imposed,
197.8 if any, for the offense; and (2) the individual has committed a gross misdemeanor-level
197.9 violation of any of the following offenses: sections 256.98 (wrongfully obtaining assistance);
197.10 268.182 (fraud); 393.07, subdivision 10, paragraph (c) (federal Food Stamp Program fraud);
197.11 609.2112, 609.2113, or 609.2114 (criminal vehicular homicide or injury); 609.221 or 609.222
197.12 (assault in the first or second degree); 609.223 or 609.2231 (assault in the third or fourth
197.13 degree); 609.224 (assault in the fifth degree); 609.224, subdivision 2, paragraph (c) (assault
197.14 in the fifth degree by a caregiver against a vulnerable adult); 609.2242 and 609.2243
197.15 (domestic assault); 609.23 (mistreatment of persons confined); 609.231 (mistreatment of
197.16 residents or patients); 609.2325 (criminal abuse of a vulnerable adult); 609.233 (criminal
197.17 neglect of a vulnerable adult); 609.2335 (financial exploitation of a vulnerable adult);
197.18 609.234 (failure to report maltreatment of a vulnerable adult); 609.265 (abduction); 609.275
197.19 (attempt to coerce); 609.324, subdivision 1a (other prohibited acts; minor engaged in
197.20 prostitution); 609.33 (disorderly house); 609.377 (malicious punishment of a child); 609.378
197.21 (neglect or endangerment of a child); 609.466 (medical assistance fraud); 609.52 (theft);
197.22 609.525 (bringing stolen goods into Minnesota); 609.527 (identity theft); 609.53 (receiving
197.23 stolen property); 609.535 (issuance of dishonored checks); 609.542 (human services programs
197.24 crimes); 609.582 (burglary); 609.59 (possession of burglary tools); 609.611 (insurance
197.25 fraud); 609.631 (check forgery; offering a forged check); 609.66 (dangerous weapons);
197.26 609.71 (riot); 609.72, subdivision 3 (disorderly conduct against a vulnerable adult); repeat
197.27 offenses under 609.746 (interference with privacy); 609.749, subdivision 2 (harassment);
197.28 609.82 (fraud in obtaining credit); 609.821 (financial transaction card fraud); 617.23 (indecent
197.29 exposure), not involving a minor; 617.241 (obscene materials and performances); 617.243
197.30 (indecent literature, distribution); 617.293 (harmful materials; dissemination and display to
197.31 minors prohibited); or Minnesota Statutes 2012, section 609.21; or violation of an order for
197.32 protection under section 518B.01, subdivision 14.

(b) An individual is disqualified under section 245C.14 if less than ten years has passed since the individual's aiding and abetting, attempt, or conspiracy to commit any of the offenses listed in paragraph (a), as each of these offenses is defined in Minnesota Statutes.

(c) An individual is disqualified under section 245C.14 if less than ten years has passed since the discharge of the sentence imposed for an offense in any other state or country, the elements of which are substantially similar to the elements of any of the offenses listed in paragraph (a).

(d) If the individual studied commits one of the offenses listed in paragraph (a), but the sentence or level of offense is a misdemeanor disposition, the individual is disqualified but the disqualification lookback period for the offense is the period applicable to misdemeanors.

(e) When a disqualification is based on a judicial determination other than a conviction, the disqualification period begins from the date of the court order. When a disqualification is based on an admission, the disqualification period begins from the date of an admission in court. When a disqualification is based on an Alford Plea, the disqualification period begins from the date the Alford Plea is entered in court. When a disqualification is based on a preponderance of evidence of a disqualifying act, the disqualification date begins from the date of the dismissal, the date of discharge of the sentence imposed for a conviction for a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

EFFECTIVE DATE. This section is effective August 1, 2020.

Sec. 15. Minnesota Statutes 2018, section 245C.15, subdivision 4, is amended to read:

Subd. 4. **Seven-year disqualification.** (a) An individual is disqualified under section 245C.14 if: (1) less than seven years has passed since the discharge of the sentence imposed, if any, for the offense; and (2) the individual has committed a misdemeanor-level violation of any of the following offenses: sections 256.98 (wrongfully obtaining assistance); 268.182 (fraud); 393.07, subdivision 10, paragraph (c) (federal Food Stamp Program fraud); 609.2112, 609.2113, or 609.2114 (criminal vehicular homicide or injury); 609.221 (assault in the first degree); 609.222 (assault in the second degree); 609.223 (assault in the third degree); 609.2231 (assault in the fourth degree); 609.224 (assault in the fifth degree); 609.2242 (domestic assault); 609.2335 (financial exploitation of a vulnerable adult); 609.234 (failure to report maltreatment of a vulnerable adult); 609.2672 (assault of an unborn child in the third degree); 609.27 (coercion); violation of an order for protection under 609.3232 (protective order authorized; procedures; penalties); 609.466 (medical assistance fraud); 609.52 (theft); 609.525 (bringing stolen goods into Minnesota); 609.527 (identity theft); 609.53 (receiving stolen property); 609.535 (issuance of dishonored checks); 609.542

199.1 (human services programs crimes); 609.611 (insurance fraud); 609.66 (dangerous weapons);
199.2 609.665 (spring guns); 609.746 (interference with privacy); 609.79 (obscene or harassing
199.3 telephone calls); 609.795 (letter, telegram, or package; opening; harassment); 609.82 (fraud
199.4 in obtaining credit); 609.821 (financial transaction card fraud); 617.23 (indecent exposure),
199.5 not involving a minor; 617.293 (harmful materials; dissemination and display to minors
199.6 prohibited); or Minnesota Statutes 2012, section 609.21; or violation of an order for protection
199.7 under section 518B.01 (Domestic Abuse Act).

199.8 (b) An individual is disqualified under section 245C.14 if less than seven years has
199.9 passed since a determination or disposition of the individual's:

199.10 (1) failure to make required reports under section 626.556, subdivision 3, or 626.557,
199.11 subdivision 3, for incidents in which: (i) the final disposition under section 626.556 or
199.12 626.557 was substantiated maltreatment, and (ii) the maltreatment was recurring or serious;
199.13 or

199.14 (2) substantiated serious or recurring maltreatment of a minor under section 626.556, a
199.15 vulnerable adult under section 626.557, or serious or recurring maltreatment in any other
199.16 state, the elements of which are substantially similar to the elements of maltreatment under
199.17 section 626.556 or 626.557 for which: (i) there is a preponderance of evidence that the
199.18 maltreatment occurred, and (ii) the subject was responsible for the maltreatment.

199.19 (c) An individual is disqualified under section 245C.14 if less than seven years has
199.20 passed since the individual's aiding and abetting, attempt, or conspiracy to commit any of
199.21 the offenses listed in paragraphs (a) and (b), as each of these offenses is defined in Minnesota
199.22 Statutes.

199.23 (d) An individual is disqualified under section 245C.14 if less than seven years has
199.24 passed since the discharge of the sentence imposed for an offense in any other state or
199.25 country, the elements of which are substantially similar to the elements of any of the offenses
199.26 listed in paragraphs (a) and (b).

199.27 (e) When a disqualification is based on a judicial determination other than a conviction,
199.28 the disqualification period begins from the date of the court order. When a disqualification
199.29 is based on an admission, the disqualification period begins from the date of an admission
199.30 in court. When a disqualification is based on an Alford Plea, the disqualification period
199.31 begins from the date the Alford Plea is entered in court. When a disqualification is based
199.32 on a preponderance of evidence of a disqualifying act, the disqualification date begins from
199.33 the date of the dismissal, the date of discharge of the sentence imposed for a conviction for
199.34 a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

200.1 (f) An individual is disqualified under section 245C.14 if less than seven years has passed
200.2 since the individual was disqualified under section 256.98, subdivision 8.

200.3 **EFFECTIVE DATE.** This section is effective August 1, 2020.

200.4 Sec. 16. Minnesota Statutes 2018, section 245E.01, subdivision 8, is amended to read:

200.5 Subd. 8. **Financial misconduct or misconduct.** "Financial misconduct" or "misconduct"
200.6 means an entity's or individual's acts or omissions that result in fraud and abuse or error
200.7 against the Department of Human Services. Financial misconduct includes: (1) acting as a
200.8 recruiter offering conditional employment on behalf of a provider that has received funds
200.9 from the child care assistance program; and (2) committing an act or acts that meet the
200.10 definition of offenses listed in section 609.542.

200.11 **EFFECTIVE DATE.** This section is effective August 1, 2020.

200.12 Sec. 17. Minnesota Statutes 2018, section 245H.08, subdivision 4, is amended to read:

200.13 Subd. 4. **Maximum group size.** (a) For a child six weeks old through 16 months old,
200.14 the maximum group size shall be no more than eight children.

200.15 (b) For a child 16 months old through 33 months old, the maximum group size shall be
200.16 no more than 14 children.

200.17 (c) For a child 33 months old through prekindergarten, a maximum group size shall be
200.18 no more than 20 children.

200.19 (d) For a child in kindergarten through 13 years old, a maximum group size shall be no
200.20 more than 30 children.

200.21 (e) The maximum group size applies at all times except during group activity coordination
200.22 time not exceeding 15 minutes, during a meal, outdoor activity, field trip, nap and rest, and
200.23 special activity including a film, guest speaker, indoor large muscle activity, or holiday
200.24 program.

200.25 (f) Notwithstanding paragraph (d), a certified center may continue to serve a child older
200.26 than 13 years if one of the following conditions is true:

200.27 (1) the child remains eligible for child care assistance under section 119B.09, subdivision
200.28 1, paragraph (e); or

200.29 (2) the certified center serves children in a middle-school-only program, defined as
200.30 grades 6 through 8.

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

201.2 Sec. 18. Minnesota Statutes 2018, section 245H.08, subdivision 5, is amended to read:

201.3 Subd. 5. **Ratios.** (a) The minimally acceptable staff-to-child ratios are:

201.4 six weeks old through 16 months old 1:4

201.5 16 months old through 33 months old 1:7

201.6 33 months old through prekindergarten 1:10

201.7 kindergarten through 13 years old 1:15

201.8 (b) Kindergarten includes a child of sufficient age to have attended the first day of
201.9 kindergarten or who is eligible to enter kindergarten within the next four months.

201.10 (c) For mixed groups, the ratio for the age group of the youngest child applies.

201.11 (d) Notwithstanding paragraph (a), a certified center may continue to serve a child older
201.12 than 13 years if one of the following conditions is true:

201.13 (1) the child remains eligible for child care assistance under section 119B.09, subdivision
201.14 1, paragraph (e); or

201.15 (2) the certified center serves children in a middle-school-only program, defined as
201.16 grades 6 through 8.

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

201.18 Sec. 19. Minnesota Statutes 2018, section 256.041, is amended to read:

201.19 **256.041 CULTURAL AND ETHNIC COMMUNITIES LEADERSHIP COUNCIL.**

201.20 Subdivision 1. **Establishment; purpose.** (a) There is hereby established the Cultural
201.21 and Ethnic Communities Leadership Council for the Department of Human Services. The
201.22 purpose of the council is to advise the commissioner of human services on reducing inequities
201.23 and disparities that particularly affect racial and ethnic groups in Minnesota.

201.24 (b) This council is comprised of racially and ethnically diverse community leaders and
201.25 American Indians who are residents of Minnesota and may present with compounded
201.26 challenges of systemic inequities. Members include people who are refugees, immigrants,
201.27 and LGBTQ+; people who may have a disability; and people who live in rural Minnesota.

201.28 Subd. 2. **Members.** (a) The council must consist of:

201.29 (1) the chairs and ranking minority members of the committees in the house of
201.30 representatives and the senate with jurisdiction over human services; and

202.1 (2) no fewer than 15 and no more than 25 members appointed by and serving at the
202.2 pleasure of the commissioner of human services, in consultation with county, tribal, cultural,
202.3 and ethnic communities; diverse program participants; and parent representatives from these
202.4 communities, and cultural and ethnic communities leadership council members.

202.5 (b) In making appointments under this section, the commissioner shall give priority
202.6 consideration to public members of the legislative councils of color established under ~~chapter~~
202.7 ~~3~~ section 15.0145.

202.8 (c) Members must be appointed to allow for representation of the following groups:

202.9 (1) racial and ethnic minority groups;

202.10 (2) the American Indian community, which must be represented by two members;

202.11 (3) culturally and linguistically specific advocacy groups and service providers;

202.12 (4) human services program participants;

202.13 (5) public and private institutions;

202.14 (6) parents of human services program participants;

202.15 (7) members of the faith community;

202.16 (8) Department of Human Services employees; and

202.17 (9) any other group the commissioner deems appropriate to facilitate the goals and duties
202.18 of the council.

202.19 Subd. 3. **Guidelines.** The commissioner shall direct the development of guidelines
202.20 defining the membership of the council; setting out definitions; and developing duties of
202.21 the commissioner, the council, and council members regarding racial and ethnic disparities
202.22 reduction. The guidelines must be developed in consultation with:

202.23 (1) the chairs of relevant committees; and

202.24 (2) county, tribal, and cultural communities and program participants from these
202.25 communities.

202.26 Subd. 4. **Chair.** The commissioner shall accept recommendations from the council to
202.27 appoint a chair or chairs.

202.28 ~~Subd. 5. **Terms for first appointees.** The initial members appointed shall serve until~~
202.29 ~~January 15, 2016.~~

203.1 Subd. 6. **Terms.** A term shall be for two years and appointees may be reappointed to
203.2 serve two additional terms. The commissioner shall make appointments to replace members
203.3 vacating their positions by January 15 of each year in a timely manner, no more than three
203.4 months after the council reviews panel recommendations.

203.5 Subd. 7. **Duties of commissioner.** (a) The commissioner of human services or the
203.6 commissioner's designee shall:

203.7 (1) maintain and actively engage with the council established in this section;

203.8 (2) supervise and coordinate policies for persons from racial, ethnic, cultural, linguistic,
203.9 and tribal communities who experience disparities in access and outcomes;

203.10 (3) identify human services rules or statutes affecting persons from racial, ethnic, cultural,
203.11 linguistic, and tribal communities that may need to be revised;

203.12 (4) investigate and implement ~~cost-effective~~ equitable and culturally responsive models
203.13 of service delivery such as program implementation including: careful adaptation adoption
203.14 of clinically proven services that constitute one strategy for increasing the number of and
203.15 culturally relevant services available to currently underserved populations; and

203.16 (5) based on recommendations of the council, review identified department policies that
203.17 maintain racial, ethnic, cultural, linguistic, and tribal disparities, ~~and~~ make adjustments to
203.18 ensure those disparities are not perpetuated, and advise on progress and accountability
203.19 measures for addressing inequities;

203.20 (6) in partnership with the council, renew and implement equity policy with action plans
203.21 and resources necessary to implement the action plans;

203.22 (7) support interagency collaboration to advance equity;

203.23 (8) address the council at least twice annually on the state of equity within the department;
203.24 and

203.25 (9) support member participation in the council, including participation in educational
203.26 and community engagement events across Minnesota that address equity in human services.

203.27 (b) The commissioner of human services or the commissioner's designee shall consult
203.28 with the council and receive recommendations from the council when meeting the
203.29 requirements in this subdivision.

203.30 Subd. 8. **Duties of council.** The council shall:

- 204.1 (1) recommend to the commissioner for review ~~identified policies in the~~ Department of
204.2 Human Services policy, budgetary, and operational decisions and practices that maintain
204.3 impact racial, ethnic, cultural, linguistic, and tribal disparities;
- 204.4 (2) with community input, advance legislative proposals to improve racial and health
204.5 equity outcomes;
- 204.6 (3) identify issues regarding inequities and disparities by engaging diverse populations
204.7 in human services programs;
- 204.8 ~~(3)~~ (4) engage in mutual learning essential for achieving human services parity and
204.9 optimal wellness for service recipients;
- 204.10 ~~(4)~~ (5) raise awareness about human services disparities to the legislature and media;
- 204.11 ~~(5)~~ (6) provide technical assistance and consultation support to counties, private nonprofit
204.12 agencies, and other service providers to build their capacity to provide equitable human
204.13 services for persons from racial, ethnic, cultural, linguistic, and tribal communities who
204.14 experience disparities in access and outcomes;
- 204.15 ~~(6)~~ (7) provide technical assistance to promote statewide development of culturally and
204.16 linguistically appropriate, accessible, and cost-effective human services and related policies;
- 204.17 ~~(7) provide~~ (8) recommend and monitor training and outreach to facilitate access to
204.18 culturally and linguistically appropriate, accessible, and cost-effective human services to
204.19 prevent disparities;
- 204.20 ~~(8) facilitate culturally appropriate and culturally sensitive admissions, continued services,~~
204.21 ~~discharges, and utilization review for human services agencies and institutions;~~
- 204.22 (9) form work groups to help carry out the duties of the council that include, but are not
204.23 limited to, persons who provide and receive services and representatives of advocacy groups,
204.24 and provide the work groups with clear guidelines, standardized parameters, and tasks for
204.25 the work groups to accomplish;
- 204.26 (10) promote information sharing in the human services community and statewide; ~~and~~
- 204.27 (11) by February 15 ~~each year~~ in the second year of the biennium, prepare and submit
204.28 to the chairs and ranking minority members of the committees in the house of representatives
204.29 and the senate with jurisdiction over human services a report that summarizes the activities
204.30 of the council, identifies the major problems and issues confronting racial and ethnic groups
204.31 in accessing human services, makes recommendations to address issues, and lists the specific
204.32 objectives that the council seeks to attain during the next biennium, and recommendations

205.1 to strengthen equity, diversity, and inclusion within the department. The report must also
205.2 include a list of programs, groups, and grants used to reduce disparities, and statistically
205.3 valid reports of outcomes on the reduction of the disparities. shall identify racial and ethnic
205.4 groups' difficulty in accessing human services and make recommendations to address the
205.5 issues. The report must include any updated Department of Human Services equity policy,
205.6 implementation plans, equity initiatives, and the council's progress.

205.7 Subd. 9. **Duties of council members.** The members of the council shall:

205.8 (1) with no more than three absences per year, attend and participate in scheduled
205.9 meetings and be prepared by reviewing meeting notes;

205.10 (2) maintain open communication channels with respective constituencies;

205.11 (3) identify and communicate issues and risks that could impact the timely completion
205.12 of tasks;

205.13 (4) collaborate on inequity and disparity reduction efforts;

205.14 (5) communicate updates of the council's work progress and status on the Department
205.15 of Human Services website; ~~and~~

205.16 (6) participate in any activities the council or chair deems appropriate and necessary to
205.17 facilitate the goals and duties of the council; and

205.18 (7) participate in work groups to carry out council duties.

205.19 Subd. 10. **Expiration.** The council ~~expires on June 30, 2020~~ shall expire when racial
205.20 and ethnic-based disparities no longer exist in the state of Minnesota.

205.21 Sec. 20. Minnesota Statutes 2018, section 256.045, is amended to read:

205.22 **256.045 ADMINISTRATIVE AND JUDICIAL REVIEW OF HUMAN SERVICES**
205.23 **MATTERS.**

205.24 Subdivision 1. **Human services judges; appointment.** The commissioner of human
205.25 services may appoint one or more state human services judges to conduct hearings and
205.26 recommend orders in accordance with ~~subdivisions 3, 3a, 3b, 4a, and 5~~ this section and
205.27 section 256.0451. Human services judges designated pursuant to this section may administer
205.28 oaths and shall be under the control and supervision of the commissioner of human services
205.29 and shall not be a part of the Office of Administrative Hearings established pursuant to
205.30 sections 14.48 to 14.56. The commissioner shall only appoint as a full-time human services
205.31 judge an individual who is licensed to practice law in Minnesota and who is:

206.1 (1) in active status;

206.2 (2) an inactive resident;

206.3 (3) retired;

206.4 (4) on disabled status; or

206.5 (5) on retired senior status.

206.6 Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

206.7 (1) any person applying for, receiving or having received public assistance, medical
206.8 care, or a program of social services granted by the state agency or a county agency or the
206.9 federal Food Stamp Act whose application for assistance is denied, not acted upon with
206.10 reasonable promptness, or whose assistance is suspended, reduced, terminated, or claimed
206.11 to have been incorrectly paid;

206.12 (2) any patient or relative aggrieved by an order of the commissioner under section
206.13 252.27;

206.14 (3) a party aggrieved by a ruling of a prepaid health plan;

206.15 (4) except as provided under chapter 245C, any individual or facility determined by a
206.16 lead investigative agency to have maltreated a vulnerable adult under section 626.557 after
206.17 they have exercised their right to administrative reconsideration under section 626.557;

206.18 (5) any person whose claim for foster care payment according to a placement of the
206.19 child resulting from a child protection assessment under section 626.556 is denied or not
206.20 acted upon with reasonable promptness, regardless of funding source;

206.21 (6) any person to whom a right of appeal according to this section is given by other
206.22 provision of law;

206.23 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver
206.24 under section 256B.15;

206.25 (8) an applicant aggrieved by an adverse decision to an application or redetermination
206.26 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

206.27 (9) except as provided under chapter 245A, an individual or facility determined to have
206.28 maltreated a minor under section 626.556, after the individual or facility has exercised the
206.29 right to administrative reconsideration under section 626.556;

206.30 (10) except as provided under chapter 245C, an individual disqualified under sections
206.31 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,

207.1 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the
207.2 individual has committed an act or acts that meet the definition of any of the crimes listed
207.3 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section
207.4 626.556, subdivision 3, or 626.557, subdivision 3. Hearings regarding a maltreatment
207.5 determination under clause (4) or (9) and a disqualification under this clause in which the
207.6 basis for a disqualification is serious or recurring maltreatment, ~~shall~~ may be consolidated
207.7 into a single fair hearing. In such cases, the scope of review by the human services judge
207.8 shall include both the maltreatment determination and the disqualification. The failure to
207.9 exercise the right to an administrative reconsideration shall not be a bar to a hearing under
207.10 this section if federal law provides an individual the right to a hearing to dispute a finding
207.11 of maltreatment;

207.12 (11) any person with an outstanding debt resulting from receipt of public assistance,
207.13 medical care, or the federal Food Stamp Act who is contesting a setoff claim by the
207.14 Department of Human Services or a county agency. The scope of the appeal is the validity
207.15 of the claimant agency's intention to request a setoff of a refund under chapter 270A against
207.16 the debt;

207.17 (12) a person issued a notice of service termination under section 245D.10, subdivision
207.18 3a, from residential supports and services as defined in section 245D.03, subdivision 1,
207.19 paragraph (c), clause (3), that is not otherwise subject to appeal under subdivision 4a;

207.20 (13) an individual disability waiver recipient based on a denial of a request for a rate
207.21 exception under section 256B.4914; ~~or~~

207.22 (14) a person issued a notice of service termination under section 245A.11, subdivision
207.23 11, that is not otherwise subject to appeal under subdivision 4a; or

207.24 (15) pursuant to Minnesota Rules, part 9510.1140, a provider or county aggrieved by
207.25 an order of the commissioner regarding a request for a special needs rate exception. Appeals
207.26 under this clause will proceed by desk review, and an evidentiary hearing will only occur
207.27 when the Appeals Division determines that such a hearing would materially assist in resolving
207.28 the issues presented by the appeal.

207.29 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),
207.30 is the only administrative appeal to the final agency determination specifically, including
207.31 a challenge to the accuracy and completeness of data under section 13.04. ~~Hearings requested~~
207.32 ~~under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or~~
207.33 ~~after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged~~
207.34 ~~to have maltreated a resident prior to October 1, 1995, shall be held as a contested case~~

208.1 ~~proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),~~
208.2 ~~clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A~~
208.3 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only
208.4 available when there is no district court action pending that arises out of some or all of the
208.5 events or circumstances on which the underlying determination is based. If such action is
208.6 filed in district court while an administrative review is pending that arises out of some or
208.7 all of the events or circumstances on which the appeal is based, the administrative review
208.8 must be suspended until the judicial actions are completed. If the district court proceedings
208.9 are completed, dismissed, or overturned, the matter may be considered in an administrative
208.10 hearing. If the district court action is a juvenile protection proceeding under chapter 260C,
208.11 the matter may also be considered in an administrative hearing if: (1) the court issued an
208.12 adjudication under section 260C.513 and the only actions still before the district court are
208.13 status review hearings; and (2) the person involved wishes to proceed with an administrative
208.14 hearing.

208.15 (c) For purposes of this section, bargaining unit grievance procedures are not an
208.16 administrative appeal.

208.17 (d) The scope of hearings involving claims to foster care payments under paragraph (a),
208.18 clause (5), shall be limited to the issue of whether the county is legally responsible for a
208.19 child's placement under court order or voluntary placement agreement and, if so, the correct
208.20 amount of foster care payment to be made on the child's behalf and shall not include review
208.21 of the propriety of the county's child protection determination or child placement decision.

208.22 (e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to
208.23 whether the proposed termination of services is authorized under section 245D.10,
208.24 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements
208.25 of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision ~~2a~~ 11,
208.26 paragraphs (d) to ~~(f)~~ (g), were met. If the appeal includes a request for a temporary stay of
208.27 termination of services, the scope of the hearing shall also include whether the case
208.28 management provider has finalized arrangements for a residential facility, a program, or
208.29 services that will meet the assessed needs of the recipient by the effective date of the service
208.30 termination.

208.31 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor
208.32 under contract with a county agency to provide social services is not a party and may not
208.33 request a hearing under this section, except if assisting a recipient as provided in subdivision
208.34 4.

209.1 (g) An applicant or recipient is not entitled to receive social services beyond the services
209.2 prescribed under chapter 256M or other social services the person is eligible for under state
209.3 law.

209.4 (h) The commissioner may summarily affirm the county or state agency's proposed
209.5 action without a hearing when the sole issue is an automatic change due to a change in state
209.6 or federal law.

209.7 (i) Unless federal or Minnesota law specifies a different time frame or method in which
209.8 to file an appeal, an individual or organization specified in this section may contest the
209.9 specified action, decision, or final disposition before the state agency by submitting a written
209.10 or telephonic request for a hearing to the state agency Appeals Division within 30 days after
209.11 receiving written notice of the action, decision, or final disposition, or within 90 days of
209.12 such written notice if the applicant, recipient, patient, or relative shows good cause, as
209.13 defined in section 256.0451, subdivision 13, why the request was not submitted within the
209.14 30-day time limit. The individual filing the appeal has the burden of proving good cause
209.15 by a preponderance of the evidence.

209.16 (j) The department may adopt rules about procedures for state agency hearings. The
209.17 rules need not conform to common law or statutory rules of evidence and other technical
209.18 rules of procedure.

209.19 Subd. 3a. **Prepaid health plan appeals.** (a) All prepaid health plans under contract to
209.20 the commissioner under chapter 256B must provide for a complaint system according to
209.21 section 62D.11. When a prepaid health plan denies, reduces, or terminates a health service
209.22 or denies a request to authorize a previously authorized health service, the prepaid health
209.23 plan must notify the recipient of the right to file a complaint or an appeal. The notice must
209.24 include the name and telephone number of the ombudsman and notice of the recipient's
209.25 right to request a hearing under paragraph (b). Recipients may request the assistance of the
209.26 ombudsman in the complaint system process. The prepaid health plan must issue a written
209.27 resolution of the complaint to the recipient within 30 days after the complaint is filed with
209.28 the prepaid health plan. A recipient is required to exhaust the complaint system procedures
209.29 in order to request a hearing under paragraph (b).

209.30 (b) Recipients enrolled in a prepaid health plan under chapter 256B may contest a prepaid
209.31 health plan's denial, reduction, or termination of health services, a prepaid health plan's
209.32 denial of a request to authorize a previously authorized health service, or the prepaid health
209.33 plan's written resolution of a complaint by submitting a written request for a hearing
209.34 according to subdivision 3. A state human services judge shall conduct a hearing on the

210.1 matter and shall recommend an order to the commissioner of human services. The
210.2 commissioner need not grant a hearing if the sole issue raised by a recipient is the
210.3 commissioner's authority to require mandatory enrollment in a prepaid health plan in a
210.4 county where prepaid health plans are under contract with the commissioner. The state
210.5 human services judge may order a second medical opinion from a nonprepaid health plan
210.6 provider at the expense of the Department of Human Services. Recipients may request the
210.7 assistance of the ombudsman in the appeal process.

210.8 (c) In the written request for a hearing to appeal from a prepaid health plan's denial,
210.9 reduction, or termination of a health service, a prepaid health plan's denial of a request to
210.10 authorize a previously authorized service, or the prepaid health plan's written resolution to
210.11 a complaint, a recipient may request an expedited hearing, in accordance with section
210.12 256.0451, subdivision 6. ~~If an expedited appeal is warranted, the state human services judge~~
210.13 ~~shall hear the appeal and render a decision within a time commensurate with the level of~~
210.14 ~~urgency involved, based on the individual circumstances of the case.~~

210.15 (d) Beginning January 1, 2018, the requirements of Code of Federal Regulations, part
210.16 42, sections 438.400 to 438.424, take precedence over any conflicting provisions in this
210.17 subdivision. All other provisions of this section remain in effect.

210.18 Subd. 3b. **Standard of evidence for maltreatment and disqualification hearings.** (a)
210.19 The state human services judge shall determine that maltreatment has occurred if a
210.20 preponderance of evidence exists to support the final disposition under sections 626.556
210.21 and 626.557. For purposes of hearings regarding disqualification, the state human services
210.22 judge shall affirm the proposed disqualification in an appeal under subdivision 3, paragraph
210.23 (a), clause (10), if a preponderance of the evidence shows the individual has:

210.24 (1) committed maltreatment under section 626.556 or 626.557, which is serious or
210.25 recurring;

210.26 (2) committed an act or acts meeting the definition of any of the crimes listed in section
210.27 245C.15, subdivisions 1 to 4; or

210.28 (3) failed to make required reports under section 626.556 or 626.557, for incidents in
210.29 which the final disposition under section 626.556 or 626.557 was substantiated maltreatment
210.30 that was serious or recurring.

210.31 (b) If the disqualification is affirmed, the state human services judge shall determine
210.32 whether the individual poses a risk of harm in accordance with the requirements of section
210.33 245C.22, and whether the disqualification should be set aside or not set aside. In determining
210.34 whether the disqualification should be set aside, the human services judge shall consider

211.1 all of the characteristics that cause the individual to be disqualified, including those
211.2 characteristics that were not subject to review under paragraph (a), in order to determine
211.3 whether the individual poses a risk of harm. A decision to set aside a disqualification that
211.4 is the subject of the hearing constitutes a determination that the individual does not pose a
211.5 risk of harm and that the individual may provide direct contact services in the individual
211.6 program specified in the set aside.

211.7 (c) If a disqualification is based solely on a conviction or is conclusive for any reason
211.8 under section 245C.29, the disqualified individual does not have a right to a hearing under
211.9 this section.

211.10 (d) The state human services judge shall recommend an order to the commissioner of
211.11 health, education, or human services, as applicable, who shall issue a final order. The
211.12 commissioner shall affirm, reverse, or modify the final disposition. Any order of the
211.13 commissioner issued in accordance with this subdivision is conclusive upon the parties
211.14 unless appeal is taken in the manner provided in subdivision 7. In any licensing appeal under
211.15 chapters 245A and 245C and sections 144.50 to 144.58 and 144A.02 to 144A.482, the
211.16 commissioner's determination as to maltreatment is conclusive, as provided under section
211.17 245C.29.

211.18 Subd. 4. **Conduct of hearings.** (a) All hearings held pursuant to subdivision 3, 3a, 3b,
211.19 or 4a shall be conducted according to the provisions of the federal Social Security Act and
211.20 the regulations implemented in accordance with that act to enable this state to qualify for
211.21 federal grants-in-aid, and according to the rules and written policies of the commissioner
211.22 of human services. County agencies shall install equipment necessary to conduct telephone
211.23 hearings. ~~A state human services judge~~ The Appeals Division may schedule a telephone
211.24 conference hearing when the distance or time required to travel to the county agency offices
211.25 will cause a delay in the issuance of an order, or to promote efficiency, or at the mutual
211.26 request of the parties. Hearings may be conducted by telephone conferences unless the
211.27 applicant, recipient, former recipient, person, or facility contesting maltreatment objects.
211.28 ~~A human services judge~~ The Appeals Division may grant a request for a hearing in person
211.29 by holding the hearing by interactive video technology or in person, subject to the
211.30 requirements of the Americans with Disabilities Act and other federal requirements. ~~The~~
211.31 ~~human services judge must hear the case in person if the person asserts that either the person~~
211.32 ~~or a witness has a physical or mental disability that would impair the person's or witness's~~
211.33 ~~ability to fully participate in a hearing held by interactive video technology.~~ The hearing
211.34 shall not be held earlier than five 14 calendar days after filing of the required notice with
211.35 the county or state agency, except when expedited pursuant to section 256.0451, subdivision

212.1 ~~6. The state human services judge~~ The Appeals Division shall notify all interested persons
212.2 of the time, date, and location of the hearing at least five days before the date of the hearing.
212.3 Interested persons may be represented by legal counsel or other representative of their
212.4 choice, including a provider of therapy services, at the hearing and may appear personally,
212.5 testify and offer evidence, and examine and cross-examine witnesses. The applicant, recipient,
212.6 former recipient, person, or facility contesting maltreatment shall have the opportunity to
212.7 examine the contents of the case file and all documents and records to be used by the county
212.8 or state agency at the hearing at a reasonable time before the date of the hearing and during
212.9 the hearing. In hearings under subdivision 3, paragraph (a), clauses (4), (9), and (10), either
212.10 party may subpoena the private data relating to the investigation prepared by the agency
212.11 under section 626.556 or 626.557 that is not otherwise accessible under section 13.04,
212.12 provided the identity of the reporter may not be disclosed.

212.13 (b) The private data obtained by subpoena in a hearing under subdivision 3, paragraph
212.14 (a), clause (4), (9), or (10), must be subject to a protective order which prohibits its disclosure
212.15 for any other purpose outside the hearing provided for in this section without prior order of
212.16 the district court, and private data obtained by subpoena in other hearings under subdivision
212.17 3, paragraph (a), may be subject to such a protective order in appropriate circumstances.
212.18 Disclosure without court order is punishable by a sentence of not more than 90 days
212.19 imprisonment or a fine of not more than \$1,000, or both. These restrictions on the use of
212.20 private data do not prohibit access to the data under section 13.03, subdivision 6. Except
212.21 for appeals under subdivision 3, paragraph (a), clauses (4), (5), (9), and (10), upon request,
212.22 the county agency shall provide reimbursement for transportation, child care, photocopying,
212.23 medical assessment, witness fee, and other necessary and reasonable costs incurred by the
212.24 applicant, recipient, or former recipient in connection with the appeal. All evidence, except
212.25 that privileged by law, commonly accepted by reasonable people in the conduct of their
212.26 affairs as having probative value with respect to the issues shall be submitted at the hearing
212.27 and such hearing shall not be "a contested case" within the meaning of section 14.02,
212.28 subdivision 3. The agency must present its evidence prior to or at the hearing, ~~and may not~~
212.29 ~~submit evidence after the hearing except by agreement of the parties at the hearing, provided~~
212.30 ~~the petitioner has the opportunity to respond.~~ A party may not submit evidence after the
212.31 hearing except: (1) by agreement at the hearing between the appellant, the agency, and the
212.32 human services judge; (2) in response to new evidence; or (3) when the human services
212.33 judge determines that additional evidence is needed to sufficiently complete the appeal
212.34 record and make a fair and accurate decision. If a party submits evidence after the appeal
212.35 hearing consistent with an exception, the other party must have sufficient opportunity to
212.36 respond to the evidence.

213.1 (c) In hearings under subdivision 3, paragraph (a), clauses (4), (9), and (10), involving
213.2 determinations of maltreatment or disqualification made by more than one county agency,
213.3 by a county agency and a state agency, or by more than one state agency, the hearings may
213.4 be consolidated into a single fair hearing ~~upon the consent of all parties and the state human~~
213.5 ~~services judge.~~

213.6 (d) For hearings under subdivision 3, paragraph (a), clause (4) or (10), involving a
213.7 vulnerable adult, the ~~human services judge~~ Appeals Division shall notify the vulnerable
213.8 adult who is the subject of the maltreatment determination and, if known, a guardian of the
213.9 vulnerable adult appointed under section 524.5-310, or a health care agent designated by
213.10 the vulnerable adult in a health care directive that is currently effective under section 145C.06
213.11 and whose authority to make health care decisions is not suspended under section 524.5-310,
213.12 of the hearing. The notice must be sent by certified mail and inform the vulnerable adult of
213.13 the right to file a signed written statement in the proceedings. A guardian or health care
213.14 agent who prepares or files a written statement for the vulnerable adult must indicate in the
213.15 statement that the person is the vulnerable adult's guardian or health care agent and sign the
213.16 statement in that capacity. The vulnerable adult, the guardian, or the health care agent may
213.17 file a written statement with the ~~human services judge hearing the case~~ Appeals Division
213.18 no later than five business days before commencement of the hearing. The human services
213.19 judge shall include the written statement in the hearing record and consider the statement
213.20 in deciding the appeal. This subdivision does not limit, prevent, or excuse the vulnerable
213.21 adult from being called as a witness testifying at the hearing or grant the vulnerable adult,
213.22 the guardian, or health care agent a right to participate in the proceedings or appeal the
213.23 ~~human services judge's commissioner's~~ decision in the case. The lead investigative agency
213.24 must consider including the vulnerable adult victim of maltreatment as a witness in the
213.25 hearing. If the lead investigative agency determines that participation in the hearing would
213.26 endanger the well-being of the vulnerable adult or not be in the best interests of the vulnerable
213.27 adult, the lead investigative agency shall inform the human services judge of the basis for
213.28 this determination, which must be included in the final order. If the ~~human services judge~~
213.29 Appeals Division is not reasonably able to determine the address of the vulnerable adult,
213.30 the guardian, or the health care agent, the ~~human services judge~~ Appeals Division is not
213.31 required to send a hearing notice under this subdivision.

213.32 Subd. 4a. **Case management appeals.** Any recipient of case management services
213.33 pursuant to section 256B.092, who contests the county agency's action or failure to act in
213.34 the provision of those services, other than a failure to act with reasonable promptness or a
213.35 suspension, reduction, denial, or termination of services, must submit a written request for

214.1 a conciliation conference to the county agency. The county agency shall inform the
214.2 commissioner of the receipt of a request when it is submitted and shall schedule a conciliation
214.3 conference. The county agency shall notify the recipient, the commissioner, and all interested
214.4 persons of the time, date, and location of the conciliation conference. The commissioner
214.5 may assist the county by providing mediation services or by identifying other resources that
214.6 may assist in the mediation between the parties. Within 30 days, the county agency shall
214.7 conduct the conciliation conference and inform the recipient in writing of the action the
214.8 county agency is going to take and when that action will be taken and notify the recipient
214.9 of the right to a hearing under this subdivision. The conciliation conference shall be
214.10 conducted in a manner consistent with the commissioner's instructions. If the county fails
214.11 to conduct the conciliation conference and issue its report within 30 days, or, at any time
214.12 up to 90 days after the conciliation conference is held, a recipient may submit to the
214.13 commissioner a written request for a hearing before a state human services judge to determine
214.14 whether case management services have been provided in accordance with applicable laws
214.15 and rules or whether the county agency has assured that the services identified in the
214.16 recipient's individual service plan have been delivered in accordance with the laws and rules
214.17 governing the provision of those services. The state human services judge shall recommend
214.18 an order to the commissioner, who shall, in accordance with the procedure in subdivision
214.19 5, issue a final order within 60 days of the receipt of the request for a hearing, unless the
214.20 commissioner refuses to accept the recommended order, in which event a final order shall
214.21 issue within 90 days of the receipt of that request. The order may direct the county agency
214.22 to take those actions necessary to comply with applicable laws or rules. The commissioner
214.23 may issue a temporary order prohibiting the demission of a recipient of case management
214.24 services from a residential or day habilitation program licensed under chapter 245A, while
214.25 a county agency review process or an appeal brought by a recipient under this subdivision
214.26 is pending, or for the period of time necessary for the county agency to implement the
214.27 commissioner's order. The commissioner shall not issue a final order staying the demission
214.28 of a recipient of case management services from a residential or day habilitation program
214.29 licensed under chapter 245A.

214.30 Subd. 5. **Orders of the commissioner of human services.** (a) A state human services
214.31 judge shall conduct a hearing on the appeal, except in cases permitting a desk review, and
214.32 shall recommend an order to the commissioner of human services. The recommended order
214.33 must be based on all relevant evidence and must not be limited to a review of the propriety
214.34 of the state or county agency's action. A human services judge may take official notice of
214.35 adjudicative facts. The commissioner of human services may accept the recommended order
214.36 of a state human services judge and issue the order to the county agency and the applicant,

215.1 recipient, former recipient, or prepaid health plan. The commissioner on refusing to accept
215.2 the recommended order of the state human services judge, shall notify the petitioner, the
215.3 agency, or prepaid health plan of that fact and shall state reasons therefor and shall allow
215.4 each party at least ten days'~~time~~ days to submit additional written argument on the matter.
215.5 After the expiration of the ~~ten-day~~ comment period, the commissioner shall issue an order
215.6 on the matter to the petitioner, the agency, or prepaid health plan.

215.7 (b) A party aggrieved by an order of the commissioner may appeal under subdivision
215.8 7, or request reconsideration by the commissioner within 30 days after the date the
215.9 commissioner issues the order. The commissioner may reconsider an order upon request of
215.10 any party or on the commissioner's own motion. A request for reconsideration does not stay
215.11 implementation of the commissioner's order. The person seeking reconsideration has the
215.12 burden to demonstrate why the matter should be reconsidered. The request for reconsideration
215.13 may include legal argument and proposed additional evidence supporting the request. If
215.14 proposed additional evidence is submitted, the person must explain why the proposed
215.15 additional evidence was not provided at the time of the hearing. If reconsideration is granted,
215.16 the other participants must be sent a copy of all material submitted in support of the request
215.17 for reconsideration and must be given at least ten days to respond. Upon reconsideration,
215.18 the commissioner may issue an amended order or an order affirming the original order.

215.19 (c) Any order of the commissioner issued under this subdivision shall be conclusive
215.20 upon the parties unless appeal is taken in the manner provided by subdivision 7. Any order
215.21 of the commissioner is binding on the parties and must be implemented by the state agency,
215.22 a county agency, or a prepaid health plan according to subdivision 3a, until the order is
215.23 reversed by the district court, or unless the commissioner or a district court orders monthly
215.24 assistance or aid or services paid or provided under subdivision 10.

215.25 (d) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor
215.26 under contract with a county agency to provide social services is not a party and may not
215.27 request a hearing or seek judicial review of an order issued under this section, unless assisting
215.28 a recipient as provided in subdivision 4. A prepaid health plan is a party to an appeal under
215.29 subdivision 3a, but cannot seek judicial review of an order issued under this section.

215.30 **Subd. 6. Additional powers of commissioner; subpoenas.** (a) The commissioner of
215.31 human services, or the ~~commissioner~~ commissioners of health or education for matters
215.32 within ~~the commissioner's~~ their jurisdiction under subdivision 3b, may initiate a review of
215.33 any action or decision of a county agency and direct that the matter be presented to a state
215.34 human services judge for a hearing held under subdivision 3, 3a, 3b, or 4a. In all matters
215.35 dealing with human services committed by law to the discretion of the county agency, the

216.1 commissioner's judgment may be substituted for that of the county agency. The commissioner
216.2 may order an independent examination when appropriate.

216.3 (b) Any party to a hearing held pursuant to subdivision 3, 3a, 3b, or 4a may request that
216.4 ~~the commissioner~~ human services judge issue a subpoena to compel the attendance of
216.5 witnesses and the production of records at the hearing. A local agency may request that the
216.6 commissioner issue a subpoena to compel the release of information from third parties prior
216.7 to a request for a hearing under section 256.046 upon a showing of relevance to such a
216.8 proceeding. The issuance, service, and enforcement of subpoenas under this subdivision is
216.9 governed by section 357.22 and the Minnesota Rules of Civil Procedure.

216.10 (c) ~~The commissioner~~ human services judge may issue a temporary order staying a
216.11 proposed demission by a residential facility licensed under chapter 245A:

216.12 (1) while an appeal by a recipient under subdivision 3 is pending;

216.13 (2) for the period of time necessary for the case management provider to implement the
216.14 commissioner's order; or

216.15 (3) for appeals under subdivision 3, paragraph (a), ~~clause~~ clauses (12) and (14), when
216.16 the individual is seeking a temporary stay of demission on the basis that the county has not
216.17 yet finalized an alternative arrangement for a residential facility, a program, or services that
216.18 will meet the assessed needs of the individual by the effective date of the service termination,
216.19 a temporary stay of demission may be issued for no more than 30 calendar days to allow
216.20 for such arrangements to be finalized.

216.21 Subd. 7. **Judicial review.** Except for a prepaid health plan, any party who is aggrieved
216.22 by an order of the commissioner of human services, or the ~~commissioner~~ commissioners
216.23 of health or education in appeals within ~~the commissioner's~~ their jurisdiction under
216.24 subdivision 3b, may appeal the order to the district court of the county responsible for
216.25 furnishing assistance, or, in appeals under subdivision 3b, the county where the maltreatment
216.26 occurred, by serving a written copy of a notice of appeal upon the commissioner and any
216.27 adverse party of record within 30 days after the date the commissioner issued the order, the
216.28 amended order, or order affirming the original order, and by filing the original notice and
216.29 proof of service with the court administrator of the district court. Service may be made
216.30 personally or by mail; service by mail is complete upon mailing; no filing fee shall be
216.31 required by the court administrator in appeals taken pursuant to this subdivision, with the
216.32 exception of appeals taken under subdivision 3b. The commissioner may elect to become
216.33 a party to the proceedings in the district court. Except for appeals under subdivision 3b, any
216.34 party may demand that the commissioner furnish all parties to the proceedings with a copy

217.1 of the decision, and a transcript of any testimony, evidence, or other supporting papers from
217.2 the hearing held before the human services judge, by serving a written demand upon the
217.3 commissioner within 30 days after service of the notice of appeal. Any party aggrieved by
217.4 the failure of an adverse party to obey an order issued by the commissioner under subdivision
217.5 5 may compel performance according to the order in the manner prescribed in sections
217.6 586.01 to 586.12.

217.7 Subd. 8. **Hearing.** Any party may obtain a hearing at a special term of the district court
217.8 by serving a written notice of the time and place of the hearing at least ten days prior to the
217.9 date of the hearing. The court may consider the matter in or out of chambers, and shall take
217.10 no new or additional evidence unless it determines that such evidence is necessary for a
217.11 more equitable disposition of the appeal.

217.12 Subd. 9. **Appeal.** Any party aggrieved by the order of the district court may appeal the
217.13 order as in other civil cases. Except for appeals under subdivision 3b, no costs or
217.14 disbursements shall be taxed against any party nor shall any filing fee or bond be required
217.15 of any party.

217.16 Subd. 10. **Payments pending appeal.** If the commissioner of human services or district
217.17 court orders monthly assistance or aid or services paid or provided in any proceeding under
217.18 this section, it shall be paid or provided pending appeal to the commissioner of human
217.19 services, district court, court of appeals, or supreme court. The human services judge may
217.20 order the local human services agency to reduce or terminate medical assistance to a recipient
217.21 before a final order is issued under this section if: (1) the human services judge determines
217.22 at the hearing that the sole issue on appeal is one of a change in state or federal law; and
217.23 (2) the commissioner or the local agency notifies the recipient before the action. The state
217.24 or county agency has a claim for food stamps, food support, cash payments, medical
217.25 assistance, and MinnesotaCare program payments made to or on behalf of a recipient or
217.26 former recipient while an appeal is pending if the recipient or former recipient is determined
217.27 ineligible for the food stamps, food support, cash payments, medical assistance, or
217.28 MinnesotaCare as a result of the appeal, except for medical assistance made on behalf of a
217.29 recipient pursuant to a court order. In enforcing a claim on MinnesotaCare program payments,
217.30 the state or county agency shall reduce the claim amount by the value of any premium
217.31 payments made by a recipient or former recipient during the period for which the recipient
217.32 or former recipient has been determined to be ineligible. Provision of a health care service
217.33 by the state agency under medical assistance or MinnesotaCare pending appeal shall not
217.34 render moot the state agency's position in a court of law.

218.1 Sec. 21. Minnesota Statutes 2018, section 256.0451, is amended to read:

218.2 **256.0451 HEARING PROCEDURES.**

218.3 Subdivision 1. **Scope.** (a) The requirements in this section apply to all fair hearings and
218.4 appeals under section 256.045, subdivision 3, paragraph (a), clauses (1), (2), (3), (5), (6),
218.5 (7), (8), (11), and (13). Except as provided in subdivisions 3 and 19, the requirements under
218.6 this section apply to fair hearings and appeals under section 256.045, subdivision 3, paragraph
218.7 (a), clauses (4), (9), (10), and (12), (14), and (15).

218.8 ~~The term~~ (b) For purposes of this section and section 256.045, "person" is used in this
218.9 section to mean means an individual who, on behalf of themselves or their household, is
218.10 appealing or disputing or challenging an action, a decision, or a failure to act, by an agency
218.11 in the human services system. When a person involved in a proceeding under this section
218.12 is represented by an attorney ~~or by an~~ authorized representative, the term "person" or other
218.13 advocate to whom the person gave clear consent to contest the matter on the person's behalf,
218.14 person also refers to means the person's attorney ~~or~~ authorized representative, or other
218.15 advocate. Any notice sent to the person involved in the hearing must also be sent to the
218.16 person's attorney ~~or~~ authorized representative, or other advocate.

218.17 ~~The term~~ (c) For purposes of this section and section 256.045, "agency" includes the
218.18 county human services agency, the state human services agency, and, where applicable,
218.19 any entity involved under a contract, subcontract, grant, or subgrant with the state agency
218.20 or with a county agency, that provides or operates programs or services in which appeals
218.21 are governed by section 256.045. For purposes of an appeal under section 256.045,
218.22 subdivision 3, paragraph (a), clauses (12) and (14), agency means the provider who issued
218.23 the notice of service termination.

218.24 Subd. 2. **Access to files.** A person involved in a fair hearing appeal has the right of access
218.25 to the person's complete case files and to examine all private welfare data on the person
218.26 which has been generated, collected, stored, or disseminated by the agency. A person
218.27 involved in a fair hearing appeal has the right to a free copy of all documents in the case
218.28 file involved in a fair hearing appeal. "Case file" means the information, documents, and
218.29 data, in whatever form, which have been generated, collected, stored, or disseminated by
218.30 the agency in connection with the person and the program or service involved.

218.31 Subd. 3. **Agency appeal summary.** (a) Except in fair hearings and appeals under section
218.32 256.045, subdivision 3, paragraph (a), clauses (4), (9), ~~and~~ (10), (12), (14), and (15), the
218.33 agency involved in an appeal must prepare a state agency appeal summary for each fair
218.34 hearing appeal. The state agency appeal summary shall be mailed or otherwise delivered

219.1 to the person who is involved in the appeal at least three working days before the date of
219.2 the hearing. The state agency appeal summary must also be mailed or otherwise delivered
219.3 to the department's Appeals ~~Office~~ Division at least three working days before the date of
219.4 the fair hearing appeal.

219.5 (b) ~~In addition, the human services judge shall confirm that the state agency appeal~~
219.6 ~~summary is mailed or otherwise delivered to the person involved in the appeal as required~~
219.7 ~~under paragraph (a).~~ The person involved in the fair hearing should be provided, through
219.8 the state agency appeal summary or other reasonable methods, appropriate information
219.9 about the procedures for the fair hearing and an adequate opportunity to prepare. These
219.10 requirements apply equally to the state agency or an entity under contract when involved
219.11 in the appeal.

219.12 (c) The contents of the state agency appeal summary must be adequate to inform the
219.13 person involved in the appeal of the evidence on which the agency relies and the legal basis
219.14 for the agency's action or determination.

219.15 Subd. 4. **Enforcing access to files.** A person involved in a fair hearing appeal may
219.16 enforce the right of access to data and copies of the case file by making a request to the
219.17 human services judge. The human services judge will make an appropriate order enforcing
219.18 the person's rights under the Minnesota Government Data Practices Act, including but not
219.19 limited to, ordering access to files, data, and documents; continuing a hearing to allow
219.20 adequate time for access to data; or prohibiting use by the agency of files, data, or documents
219.21 which have been generated, collected, stored, or disseminated without compliance with the
219.22 Minnesota Government Data Practices Act and which have not been provided to the person
219.23 involved in the appeal.

219.24 Subd. 5. **Prehearing conferences.** (a) ~~The human services judge prior to~~ Before a fair
219.25 hearing appeal, the human services judge may hold a prehearing conference to further the
219.26 interests of justice or efficiency and must include the person involved in the appeal. A person
219.27 involved in a fair hearing appeal or the agency may request a prehearing conference. The
219.28 prehearing conference may be conducted by telephone, in person, or in writing. The
219.29 prehearing conference may address the following:

- 219.30 (1) disputes regarding access to files, evidence, subpoenas, or testimony;
- 219.31 (2) the time required for the hearing or any need for expedited procedures or decision;
- 219.32 (3) identification or clarification of legal or other issues that may arise at the hearing;
- 219.33 (4) identification of and possible agreement to factual issues; and

220.1 (5) scheduling and any other matter which will aid in the proper and fair functioning of
220.2 the hearing.

220.3 (b) The human services judge shall ~~make a record or otherwise contemporaneously~~
220.4 ~~summarize~~ write a summary of the prehearing conference ~~in writing~~, which the human
220.5 services judge shall ~~be sent~~ send to ~~both~~ the person involved in the hearing, the person's
220.6 attorney or authorized representative, and the agency. A human services judge may make
220.7 and issue rulings and orders while the appeal is pending. During the pendency of the appeal,
220.8 these rulings and orders are not subject to a request for reconsideration or appeal. These
220.9 rulings and orders are subject to review under subdivision 24 and section 256.045, subdivision
220.10 7, after the commissioner issues a final order on appeal in accordance with subdivision 22,
220.11 paragraph (d).

220.12 Subd. 6. **Appeal request for emergency assistance or urgent matter.** (a) When an
220.13 appeal involves an application for emergency assistance, the agency involved shall mail or
220.14 otherwise deliver the state agency appeal summary to the department's Appeals ~~Office~~
220.15 Division within two working days of receiving the request for an appeal. A person may also
220.16 request that a fair hearing be held on an emergency basis when the issue requires an
220.17 immediate resolution. The ~~human services judge~~ Appeals Division shall schedule the fair
220.18 hearing on the earliest available date according to the urgency of the issue involved. ~~Issuance~~
220.19 ~~of~~ Unless federal or Minnesota law specifies a different time frame in which to issue an
220.20 expedited decision, the human services judge shall issue the recommended decision after
220.21 following an emergency hearing shall be expedited within 14 calendar days, except when
220.22 the timeline is extended in accordance with subdivision 22, paragraph (a).

220.23 (b) The commissioner shall issue a written decision within five working days of receiving
220.24 the recommended decision, ~~shall immediately inform the parties of the outcome by telephone,~~
220.25 and shall ~~mail~~ send the decision to each party no later than two working days following the
220.26 date of the decision.

220.27 Subd. 7. **Continuance, rescheduling, or adjourning a hearing.** (a) A person involved
220.28 in a fair hearing, or the agency, may request a continuance, a rescheduling, or an adjournment
220.29 of a hearing for a reasonable period of time. The grounds for granting a request for a
220.30 continuance, a rescheduling, or adjournment of a hearing include, but are not limited to, the
220.31 following:

220.32 (1) to reasonably accommodate the appearance of a witness;

220.33 (2) to ensure that the person or the agency has adequate opportunity for preparation and
220.34 for presentation of evidence and argument;

(3) to ensure that the person or the agency has adequate opportunity to review, evaluate, and respond to new evidence, or where appropriate, to require that the person or agency review, evaluate, and respond to new evidence;

(4) to permit the person involved and the agency to negotiate toward resolution of some or all of the issues where both agree that additional time is needed;

(5) to permit the agency to reconsider a previous action or determination;

(6) to permit or to require the performance of actions not previously taken; ~~and~~

(7) to accommodate a person's or agency's conflict with previously scheduled appointments;

(8) to accommodate a person's physical or mental illness;

(9) to accommodate an interpreter, translator, or service necessary to accommodate a person with a disability;

(10) to permit a person to obtain legal representation, or to permit a person's attorney or authorized representative to prepare adequately; and

~~(7)~~ (11) to provide additional time or to permit or require additional activity by the person or agency as the interests of fairness may require.

(b) Requests for continuances or for rescheduling may be made orally or in writing. ~~The person or agency requesting the continuance or rescheduling must first make reasonable efforts to contact the other participants in the hearing or their representatives and seek to obtain an agreement on the request. Requests for continuance or rescheduling should be made no later than three working days before the scheduled date of the hearing, unless there is a good cause as specified in subdivision 13. Granting a continuance or rescheduling may be conditioned upon a waiver by the requester of applicable time limits but should not cause unreasonable delay. When the Appeals Division receives a request to reschedule a hearing less than five calendar days before the scheduled hearing date, the requesting party must attempt to notify the other party of the request and provide the other party an opportunity to object. When the Appeals Division receives a request to reschedule a hearing less than 24 hours before the scheduled hearing date, the Appeals Division must consider the potential prejudicial effect and burdens on the parties in reviewing the request. Unless the Appeals Division makes a written determination that the requesting party's intent was to unnecessarily delay the proceeding or that a party's objection and the reason for the objection outweighs the need to reschedule, the Appeals Division must reschedule the hearing for good cause as the Appeals Division determines.~~

222.1 Subd. 8. **Subpoenas.** (a) A person involved in a fair hearing or the agency may request
222.2 a subpoena for a witness, for evidence, or for both. A reasonable number of subpoenas shall
222.3 be issued to require the attendance and the testimony of witnesses, and the production of
222.4 evidence relating to any issue of fact in the appeal hearing. The request for a subpoena must
222.5 show a need for the subpoena and the general relevance to the issues involved. The subpoena
222.6 shall be issued in the name of the department and shall be served and enforced as provided
222.7 in section 357.22 and the Minnesota Rules of Civil Procedure.

222.8 (b) An individual or entity served with a subpoena may petition the human services
222.9 judge in writing to vacate or modify a subpoena. The human services judge shall resolve
222.10 such a petition in a prehearing conference involving all parties and shall make a written
222.11 decision. A subpoena may be vacated or modified if the human services judge determines
222.12 that the testimony or evidence sought does not relate with reasonable directness to the issues
222.13 of the fair hearing appeal; that the subpoena is unreasonable, over broad, or oppressive; that
222.14 the evidence sought is repetitious or cumulative; or that the subpoena has not been served
222.15 reasonably in advance of the time when the appeal hearing will be held.

222.16 Subd. 9. **No ex parte contact.** The human services judge shall not have ex parte contact
222.17 on substantive issues with the agency or with any person or witness in a fair hearing appeal.
222.18 No employee of the department or agency shall review, interfere with, change, or attempt
222.19 to influence the recommended decision of the human services judge in any fair hearing
222.20 appeal, except through the procedure allowed in subdivision 18. The limitations in this
222.21 subdivision do not affect the commissioner's authority to review or reconsider decisions or
222.22 make final decisions.

222.23 Subd. 10. **Telephone or face-to-face hearing.** A fair hearing appeal may be conducted
222.24 by telephone, by other electronic media, or by an in-person, face-to-face hearing. ~~At the~~
222.25 ~~request of the person involved in a fair hearing appeal or their representative, a face-to-face~~
222.26 ~~hearing shall be conducted with all participants personally present before the human services~~
222.27 ~~judge.~~ A human services judge may satisfy a request for an in-person hearing by holding
222.28 the hearing either in person or by using interactive video technology, subject to the
222.29 requirements of the Americans with Disabilities Act and other federal requirements.

222.30 Subd. 11. **Hearing facilities and equipment.** (a) If the hearing is held in person, the
222.31 human services judge shall conduct the hearing in the county where the person involved
222.32 resides, unless an alternate location is mutually agreed upon before the hearing, ~~or unless~~
222.33 ~~the person has agreed to a hearing by telephone.~~ In-person hearings under section 256.045,
222.34 subdivision 3, paragraph (a), clauses (4), (9), and (10), must be conducted in the county
222.35 where the determination was made, unless an alternate location is mutually agreed upon

before the hearing. The hearing room used for an in-person hearing shall be of sufficient size and layout to adequately accommodate both the number of individuals participating in the hearing and any identified special needs of any individual participating in the hearing.

(b) The human services judge shall ensure that all communication and recording equipment that is necessary to conduct the hearing and to create an adequate record is present and functioning properly. If any necessary communication or recording equipment fails or ceases to operate effectively, the human services judge shall take any steps necessary, including stopping or adjourning the hearing, until the necessary equipment is present and functioning properly. All reasonable efforts shall be undertaken to prevent and avoid any delay in the hearing process caused by defective communication or recording equipment.

Subd. 12. **Interpreter and translation services.** ~~The human services judge~~ Appeals Division has a duty to inquire and to determine whether any participant in the hearing needs the services of an interpreter or translator in order to participate in or to understand the hearing process. Necessary interpreter or translation services must be provided at no charge to the person involved in the hearing. If it appears that interpreter or translation services are needed but are not available for the scheduled hearing, the human services judge shall continue or postpone the hearing until appropriate services can be provided.

Subd. 13. **Failure to appear; withdrawal; good cause.** (a) If a person involved in a fair hearing appeal fails to appear at the hearing, the human services judge may dismiss the appeal. The human services judge may also dismiss the appeal if the person clearly indicates, orally or in writing, the person's wish to withdraw the appeal.

(b) The human services judge may reopen the appeal if within ten working days after the date of the dismissal the person files information in writing with the human services judge to show good cause for not appearing. Good cause can be shown when there is:

(1) a death or serious illness in the person's family;

(2) a personal injury or illness which reasonably prevents the person from attending the hearing;

(3) an emergency, crisis, or unforeseen event which reasonably prevents the person from attending the hearing;

(4) an obligation or responsibility of the person which a reasonable person, in the conduct of one's affairs, could reasonably determine takes precedence over attending the hearing;

(5) lack of or failure to receive timely notice of the hearing in the preferred language of the person involved in the hearing; and

224.1 (6) excusable neglect, excusable inadvertence, excusable mistake, or other good cause
224.2 as determined by the human services judge.

224.3 Subd. 14. **Commencement of hearing.** The human services judge shall begin each
224.4 hearing by describing the process to be followed in the hearing, including the swearing in
224.5 of witnesses, how testimony and evidence are presented, the order of examining and
224.6 cross-examining witnesses, and the opportunity for an opening statement and a closing
224.7 statement. The human services judge shall identify for the participants the issues to be
224.8 addressed at the hearing and shall explain to the participants the burden of proof which
224.9 applies to the person involved and the agency. The human services judge shall confirm,
224.10 prior to proceeding with the hearing, that the state agency appeal summary, if required under
224.11 subdivision 3, has been properly completed and provided to the person involved in the
224.12 hearing, and that the person has been provided documents and an opportunity to review the
224.13 case file, as provided in this section.

224.14 Subd. 15. **Conduct of the hearing.** The human services judge shall act in a fair and
224.15 impartial manner at all times. At the beginning of the hearing the agency must designate
224.16 one person as their representative who shall be responsible for presenting the agency's
224.17 evidence and questioning any witnesses. The human services judge shall make sure that the
224.18 person and the agency are provided sufficient time to present testimony and evidence, to
224.19 confront and cross-examine all adverse witnesses, and to make any relevant statement at
224.20 the hearing. The human services judge shall make reasonable efforts to explain the hearing
224.21 process to persons who are not represented and shall ensure that the hearing is conducted
224.22 fairly and efficiently. ~~Upon the reasonable request of the person or the agency involved,~~
224.23 The human services judge may direct witnesses to remain outside the hearing room, except
224.24 during their individual testimony. The human services judge shall not terminate the hearing
224.25 before affording the person and the agency a complete opportunity to submit all admissible
224.26 evidence and reasonable opportunity for oral or written statement. When a hearing extends
224.27 beyond the time which was anticipated, the hearing shall be rescheduled or continued from
224.28 day-to-day until completion. Hearings that have been continued shall be timely scheduled
224.29 to minimize delay in the disposition of the appeal.

224.30 Subd. 16. **Scope of issues addressed at the hearing.** The hearing shall address the
224.31 correctness and legality of the agency's action and shall not be limited simply to a review
224.32 of the propriety of the agency's action. The person involved may raise and present evidence
224.33 on all legal claims or defenses arising under state or federal law as a basis for appealing or
224.34 disputing an agency action but not constitutional claims beyond the jurisdiction of the fair
224.35 hearing. The human services judge may take official notice of adjudicative facts.

225.1 Subd. 17. **Burden of ~~persuasion~~ proof.** The burden of ~~persuasion~~ proof is governed by
225.2 specific state or federal law and regulations that apply to the subject of the hearing. If there
225.3 is no specific applicable law, then the ~~participant in the hearing who asserts the truth of a~~
225.4 ~~claim is under the burden to persuade the human services judge that the claim is true.~~ person
225.5 proposing that the agency take an action or grant a benefit has the burden to show the
225.6 propriety of the agency action or the person's entitlement to the benefit sought. The agency
225.7 has the burden to show the propriety of an imposed penalty, the termination of a benefit,
225.8 the reduction or restriction of a benefit, and a claim of an overpaid benefit. The party asserting
225.9 an affirmative defense has the burden to establish that defense. The party with the burden
225.10 of proof on any issue has the burden of going forward and the ultimate burden of persuasion
225.11 regarding that issue.

225.12 Subd. 18. **Inviting comment by department.** The human services judge or the
225.13 commissioner may determine that a written comment by the department about the policy
225.14 implications of a specific legal issue could help resolve a pending appeal. Such a written
225.15 policy comment from the department shall be obtained only by a written request that is also
225.16 sent to the person involved and to the agency or its representative. When such a written
225.17 comment is received, both the person involved in the hearing and the agency shall have
225.18 adequate opportunity to review, evaluate, and respond to the written comment, including
225.19 submission of additional testimony or evidence, and cross-examination concerning the
225.20 written comment.

225.21 Subd. 19. **Developing the record.** The human services judge shall accept all evidence,
225.22 except evidence privileged by law, that is commonly accepted by reasonable people in the
225.23 conduct of their affairs as having probative value on the issues to be addressed at the hearing.
225.24 Except in fair hearings and appeals under section 256.045, subdivision 3, paragraph (a),
225.25 clauses (4), (9), (10), ~~and~~ (12), (14), and (15), in cases involving medical issues such as a
225.26 diagnosis, a physician's report, or a review team's decision, the human services judge shall
225.27 consider whether it is necessary to have a medical assessment other than that of the individual
225.28 making the original decision. When necessary, the human services judge shall require an
225.29 additional assessment be obtained at agency expense and made part of the hearing record.
225.30 The human services judge shall ensure for all cases that the record is sufficiently complete
225.31 to make a fair and accurate decision.

225.32 Subd. 20. **Unrepresented persons.** In cases involving unrepresented persons, the human
225.33 services judge shall take appropriate steps to identify and develop in the hearing relevant
225.34 facts necessary for making an informed and fair decision. These steps may include, but are
225.35 not limited to, asking questions of witnesses and referring the person to a legal services

226.1 office. An unrepresented person shall be provided an adequate opportunity to respond to
226.2 testimony or other evidence presented by the agency at the hearing. The human services
226.3 judge shall ensure that an unrepresented person has a full and reasonable opportunity at the
226.4 hearing to establish a record for appeal.

226.5 Subd. 21. **Closing of the record.** The agency must present its evidence prior to or at the
226.6 hearing. ~~The agency shall not be permitted to submit evidence after the hearing except by~~
226.7 ~~agreement at the hearing between the person involved, the agency, and the human services~~
226.8 ~~judge. If evidence is submitted after the hearing, based on such an agreement, the person~~
226.9 ~~involved and the agency must be allowed sufficient opportunity to respond to the evidence.~~
226.10 ~~When necessary, the record shall remain open to permit a person to submit additional~~
226.11 ~~evidence on the issues presented at the hearing. A party may not submit evidence after the~~
226.12 hearing except: (1) by agreement at the hearing between the appellant, the agency, and the
226.13 human services judge; (2) in response to new evidence; or (3) when the human services
226.14 judge determines that additional evidence is needed to sufficiently complete the appeal
226.15 record and make a fair and accurate decision. If a party submits evidence after the appeal
226.16 hearing consistent with an exception, the other party must have sufficient opportunity to
226.17 respond to the evidence.

226.18 Subd. 22. **Decisions.** A timely, written decision must be issued in every appeal. Each
226.19 decision must contain a clear ruling on the issues presented in the appeal hearing and should
226.20 contain a ruling only on questions directly presented by the appeal and the arguments raised
226.21 in the appeal.

226.22 (a) A written decision must be issued within 90 days of the date the person involved
226.23 requested the appeal unless a shorter time is required by law. An additional 30 days is
226.24 provided in those cases where the commissioner refuses to accept the recommended decision.
226.25 Unless otherwise required by state or federal law, the time to issue the decision is extended
226.26 by: (1) the number of days a hearing is continued in response to a person's documented
226.27 request; (2) the number of days the record remains open in response to a person's documented
226.28 request; and (3) the amount of time the appeal is suspended pursuant to section 256.045,
226.29 subdivision 3, paragraph (b). In appeals of maltreatment determinations or disqualifications
226.30 filed pursuant to section 256.045, subdivision 3, paragraph (a), clause (4), (9), or (10), that
226.31 also give rise to possible licensing actions, the 90-day period for issuing final decisions
226.32 does not begin until the later of the date that the licensing authority provides notice to the
226.33 appeals division that the authority has made the final determination in the matter or the date
226.34 the appellant files the last appeal in the consolidated matters.

227.1 (b) The decision must contain both findings of fact and conclusions of law, clearly
227.2 separated and identified. The findings of fact must be based on the entire record. Each
227.3 finding of fact made by the human services judge shall be supported by a preponderance
227.4 of the evidence unless a different standard is required under the regulations of a particular
227.5 program. The "preponderance of the evidence" means, in light of the record as a whole, the
227.6 evidence leads the human services judge to believe that the finding of fact is more likely to
227.7 be true than not true. The legal claims or arguments of a participant do not constitute either
227.8 a finding of fact or a conclusion of law, except to the extent the human services judge adopts
227.9 an argument as a finding of fact or conclusion of law.

227.10 The decision shall contain at least the following:

227.11 (1) a listing of the date and place of the hearing and the participants at the hearing;

227.12 (2) a clear and precise statement of the issues, including the dispute under consideration
227.13 and the specific points which must be resolved in order to decide the case;

227.14 (3) a listing of the material, including exhibits, records, reports, placed into evidence at
227.15 the hearing, and upon which the hearing decision is based;

227.16 (4) the findings of fact based upon the entire hearing record. The findings of fact must
227.17 be adequate to inform the participants and any interested person in the public of the basis
227.18 of the decision. If the evidence is in conflict on an issue which must be resolved, the findings
227.19 of fact must state the reasoning used in resolving the conflict;

227.20 (5) conclusions of law that address the legal authority for the hearing and the ruling, and
227.21 which give appropriate attention to the claims of the participants to the hearing;

227.22 (6) a clear and precise statement of the decision made resolving the dispute under
227.23 consideration in the hearing; and

227.24 (7) written notice of the right to appeal to district court or to request reconsideration,
227.25 and of the actions required and the time limits for taking appropriate action to appeal to
227.26 district court or to request a reconsideration.

227.27 (c) The human services judge shall not independently investigate facts or otherwise rely
227.28 on information not presented at the hearing. The human services judge may not contact
227.29 other agency personnel, except as provided in subdivision 18. The human services judge's
227.30 recommended decision must be based exclusively on the testimony and evidence presented
227.31 at the hearing, and legal arguments presented, and the human services judge's research and
227.32 knowledge of the law.

228.1 (d) The commissioner will review the recommended decision and accept or refuse to
228.2 accept the decision according to section 256.045, subdivision 5.

228.3 Subd. 23. **Refusal to accept recommended orders.** (a) If the commissioner refuses to
228.4 accept the recommended order from the human services judge, the person involved, the
228.5 person's attorney or, authorized representative, or advocate, and the agency shall be sent a
228.6 copy of the recommended order, a detailed explanation of the basis for refusing to accept
228.7 the recommended order, and the proposed modified order.

228.8 (b) The person involved and the agency shall have at least ten business days to respond
228.9 to the proposed modification of the recommended order. The person involved and the agency
228.10 may submit a legal argument concerning the proposed modification, and may propose to
228.11 submit additional evidence that relates to the proposed modified order.

228.12 Subd. 24. **Reconsideration.** (a) Reconsideration may be requested within 30 days of
228.13 the date of the commissioner's final order. If reconsideration is requested under section
228.14 256.045, subdivision 5, the other participants in the appeal shall be informed of the request.
228.15 The person or agency seeking reconsideration has the burden to demonstrate why the matter
228.16 should be reconsidered. The request for reconsideration may include legal argument and
228.17 may include proposed additional evidence supporting the request. If the requesting party
228.18 submits proposed additional evidence, the requesting party must explain why the requesting
228.19 party failed to provide the proposed additional evidence at the time of the hearing.

228.20 (b) If the commissioner grants the request for reconsideration, the other participants
228.21 shall be sent a copy of all material submitted in support of the request for reconsideration
228.22 and must be given at least ten days to respond.

228.23 ~~(b)~~ When the requesting party raises a question as to the appropriateness of the findings
228.24 of fact, the commissioner shall review the entire record.

228.25 ~~(e)~~ When the requesting party questions the appropriateness of a conclusion of law, the
228.26 commissioner shall consider the recommended decision, the decision under reconsideration,
228.27 and the material submitted in connection with the reconsideration. The commissioner shall
228.28 review the remaining record as necessary to issue a reconsidered decision.

228.29 ~~(d)~~ (c) If the commissioner denies the request for reconsideration, the commissioner
228.30 shall notify the parties of the denial in a timely fashion. Such notice must clearly inform
228.31 the parties that this constitutes the final administrative decision. The notice must clearly
228.32 advise the participants that they have the right to seek judicial review and it must provide
228.33 the parties with the deadline for seeking judicial review. If the commissioner grants the
228.34 request for reconsideration, the commissioner shall issue a written decision on reconsideration

229.1 in a timely fashion. The decision must clearly inform the parties that this constitutes the
229.2 final administrative decision, advise the participants of the right to seek judicial review, and
229.3 provide the parties with the deadline for ~~doing so~~ seeking judicial review.

229.4 Subd. 25. **Access to appeal decisions.** Appeal decisions must be maintained in a manner
229.5 so that the public has ready access to previous decisions on particular topics, subject to
229.6 appropriate procedures for safeguarding names, personal identifying information, and other
229.7 private data on the individual persons involved in the appeal.

229.8 Sec. 22. Minnesota Statutes 2019 Supplement, section 256B.0625, subdivision 43, is
229.9 amended to read:

229.10 Subd. 43. **Mental health provider travel time.** (a) Medical assistance covers provider
229.11 travel time if a recipient requires the provision of mental health services outside of the
229.12 provider's usual place of business.

229.13 (b) Medical assistance covers under this subdivision the time a provider is in transit to
229.14 provide a covered mental health service to a recipient at a location that is not the provider's
229.15 usual place of business. A provider must travel the most direct route available. Mental health
229.16 provider travel time does not include time for scheduled or unscheduled stops, meal breaks,
229.17 or vehicle maintenance or repair, including refueling or vehicle emergencies. Recipient
229.18 transportation is not covered under this subdivision.

229.19 (c) Mental health provider travel time under this subdivision is only covered when the
229.20 mental health service being provided is covered under medical assistance and only when
229.21 the covered mental health service is delivered and billed. Mental health provider travel time
229.22 is not covered when the mental health service being provided otherwise includes provider
229.23 travel time or when the service is site based.

229.24 (d) A provider must document each trip for which the provider seeks reimbursement
229.25 under this subdivision in a compiled travel record. The department shall recover program
229.26 funds that the department paid for mental health provider travel time if the provider has not
229.27 documented each trip according to this subdivision. Required documentation may be collected
229.28 and maintained electronically or in paper form but must be made available and produced
229.29 upon request by the commissioner. The travel record must be written in English and must
229.30 be legible according to the standard of a reasonable person. The recipient's individual
229.31 identification number must be on each page of the record. The reason the provider must
229.32 travel to provide services must be included in the record, if not otherwise documented in
229.33 the recipient's individual treatment plan. Each entry in the record must document:

- 230.1 (1) the start and stop time (with a.m. and p.m. notations);
- 230.2 (2) the recipient's printed name of the recipient and date of birth;
- 230.3 (3) the date of the entry is made;
- 230.4 (4) the date of the service is provided;
- 230.5 (5) the address, or the description if the address is not available, of both the origination
- 230.6 site and destination site and the travel time for the most direct route from the origination
- 230.7 site to the destination site;
- 230.8 (6) ~~who provided the service~~ the provider's printed last name, first name, and middle
- 230.9 initial and the provider's identification number, if the provider has one;
- 230.10 (7) the electronic source used to calculate driving directions and distance between
- 230.11 locations; ~~and~~
- 230.12 (8) the medically necessary mental health service delivered;
- 230.13 (9) the provider's attestation that the provider reviews and understands the following
- 230.14 statement: "It is a federal crime to provide materially false information on service billings
- 230.15 for medical assistance payments." The attestation must occur prior to submission of the first
- 230.16 claim and at least annually thereafter; and
- 230.17 (10) any unusual travel conditions that may necessitate billing for additional time over
- 230.18 and above the necessary mileage and time to travel from the origination site to the destination
- 230.19 site.
- 230.20 (e) Mental health providers identified by the commissioner to have submitted a fraudulent
- 230.21 report may be excluded from participation in Minnesota health care programs.
- 230.22 (f) If the first occurrence of mental health provider travel time in a day begins at a location
- 230.23 other than the provider's usual place of business, the provider shall bill for the lesser of the
- 230.24 travel time between the location and the recipient and the travel time between the provider's
- 230.25 usual place of business and the recipient. This provision does not apply to mental health
- 230.26 crisis services provided under section 256B.0624 outside of normal business hours if on-call
- 230.27 staff are dispatched directly from a location other than the provider's usual place of business.
- 230.28 **EFFECTIVE DATE.** This section is effective August 1, 2020.

231.1 Sec. 23. Minnesota Statutes 2019 Supplement, section 256B.064, subdivision 1a, is
231.2 amended to read:

231.3 Subd. 1a. **Grounds for sanctions against vendors.** (a) The commissioner may impose
231.4 sanctions against a vendor of medical care for any of the following: (1) fraud, theft, or abuse
231.5 in connection with the provision of medical care to recipients of public assistance; (2) a
231.6 pattern of presentment of false or duplicate claims or claims for services not medically
231.7 necessary; (3) a pattern of making false statements of material facts for the purpose of
231.8 obtaining greater compensation than that to which the vendor is legally entitled; (4)
231.9 suspension or termination as a Medicare vendor; (5) refusal to grant the state agency access
231.10 during regular business hours to examine all records necessary to disclose the extent of
231.11 services provided to program recipients and appropriateness of claims for payment; (6)
231.12 failure to repay an overpayment or a fine finally established under this section; (7) failure
231.13 to correct errors in the maintenance of health service or financial records for which a fine
231.14 was imposed or after issuance of a warning by the commissioner; ~~and~~ (8) any reason for
231.15 which a vendor could be excluded from participation in the Medicare program under section
231.16 1128, 1128A, or 1866(b)(2) of the Social Security Act; and (9) there is preponderance of
231.17 evidence that the vendor committed an act or acts that meet the definition of offenses listed
231.18 in section 609.542.

231.19 (b) The commissioner may impose sanctions against a pharmacy provider for failure to
231.20 respond to a cost of dispensing survey under section 256B.0625, subdivision 13e, paragraph
231.21 (h).

231.22 **EFFECTIVE DATE.** This section is effective August 1, 2020.

231.23 Sec. 24. Minnesota Statutes 2019 Supplement, section 256B.064, subdivision 2, is amended
231.24 to read:

231.25 Subd. 2. **Imposition of monetary recovery and sanctions.** (a) The commissioner shall
231.26 determine any monetary amounts to be recovered and sanctions to be imposed upon a vendor
231.27 of medical care under this section. Except as provided in paragraphs (b) and (d), neither a
231.28 monetary recovery nor a sanction will be imposed by the commissioner without prior notice
231.29 and an opportunity for a hearing, according to chapter 14, on the commissioner's proposed
231.30 action, provided that the commissioner may suspend or reduce payment to a vendor of
231.31 medical care, except a nursing home or convalescent care facility, after notice and prior to
231.32 the hearing if in the commissioner's opinion that action is necessary to protect the public
231.33 welfare and the interests of the program.

232.1 (b) Except when the commissioner finds good cause not to suspend payments under
232.2 Code of Federal Regulations, title 42, section 455.23 (e) or (f), the commissioner shall
232.3 withhold or reduce payments to a vendor of medical care without providing advance notice
232.4 of such withholding or reduction if either of the following occurs:

232.5 (1) the vendor is convicted of a crime involving the conduct described in subdivision
232.6 1a; or

232.7 (2) the commissioner determines there is a credible allegation of fraud for which an
232.8 investigation is pending under the program. A credible allegation of fraud is an allegation
232.9 which has been verified by the state, from any source, including but not limited to:

232.10 (i) fraud hotline complaints;

232.11 (ii) claims data mining; and

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

232.14 Allegations are considered to be credible when they have an indicia of reliability and
232.15 the state agency has reviewed all allegations, facts, and evidence carefully and acts
232.16 judiciously on a case-by-case basis.

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

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

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

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

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

232.27 (5) inform the vendor of the right to submit written evidence for consideration by the
232.28 commissioner.

232.29 The withholding or reduction of payments will not continue after the commissioner
232.30 determines there is insufficient evidence of fraud by the vendor, or after legal proceedings
232.31 relating to the alleged fraud are completed, unless the commissioner has sent notice of
232.32 intention to impose monetary recovery or sanctions under paragraph (a). Upon conviction

233.1 for a crime related to the provision, management, or administration of a health service under
233.2 medical assistance, a payment held pursuant to this section by the commissioner or a managed
233.3 care organization that contracts with the commissioner under section 256B.035 is forfeited
233.4 to the commissioner or managed care organization, regardless of the amount charged in the
233.5 criminal complaint or the amount of criminal restitution ordered.

233.6 (d) The commissioner shall suspend or terminate a vendor's participation in the program
233.7 without providing advance notice and an opportunity for a hearing when the suspension or
233.8 termination is required because of the vendor's exclusion from participation in Medicare.
233.9 Within five days of taking such action, the commissioner must send notice of the suspension
233.10 or termination. The notice must:

233.11 (1) state that suspension or termination is the result of the vendor's exclusion from
233.12 Medicare;

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

233.14 (3) inform the vendor of the need to be reinstated to Medicare before reapplying for
233.15 participation in the program.

233.16 (e) Upon receipt of a notice under paragraph (a) that a monetary recovery or sanction is
233.17 to be imposed, a vendor may request a contested case, as defined in section 14.02, subdivision
233.18 3, by filing with the commissioner a written request of appeal. The appeal request must be
233.19 received by the commissioner no later than 30 days after the date the notification of monetary
233.20 recovery or sanction was mailed to the vendor. The appeal request must specify:

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

233.23 (2) the computation that the vendor believes is correct;

233.24 (3) the authority in statute or rule upon which the vendor relies for each disputed item;

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

233.27 (5) other information required by the commissioner.

233.28 (f) The commissioner may order a vendor to forfeit a fine for failure to fully document
233.29 services according to standards in this chapter and Minnesota Rules, chapter 9505. The
233.30 commissioner may assess fines if specific required components of documentation are
233.31 missing. The fine for incomplete documentation shall equal 20 percent of the amount paid
233.32 on the claims for reimbursement submitted by the vendor, or up to \$5,000, whichever is

less. If the commissioner determines that a vendor repeatedly violated this chapter, chapter 254B or 245G, or Minnesota Rules, chapter 9505, related to the provision of services to program recipients and the submission of claims for payment, the commissioner may order a vendor to forfeit a fine based on the nature, severity, and chronicity of the violations, in an amount of up to \$5,000 or 20 percent of the value of the claims, whichever is greater.

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

Sec. 25. Minnesota Statutes 2018, section 256B.12, is amended to read:

256B.12 LEGAL REPRESENTATION.

The attorney general or the appropriate county attorney appearing at the direction of the attorney general shall be the attorney for the state agency, and the county attorney of the appropriate county shall be the attorney for the local agency in all matters pertaining hereto. To prosecute under this chapter or sections 609.466 ~~and~~ 609.52, subdivision 2, and 609.542, or to recover payments wrongfully made under this chapter, the attorney general or the appropriate county attorney, acting independently or at the direction of the attorney general may institute a criminal or civil action.

EFFECTIVE DATE. This section is effective August 1, 2020.

Sec. 26. **[609.542] HUMAN SERVICES PROGRAMS CRIMES.**

Subdivision 1. Definitions. (a) "Federal health care program" has the definition provided in United States Code, title 42, section 1320a-7b(f).

(b) "Remuneration" has the definition provided in United States Code, title 42, section 1320a-7a(i)(6).

Subd. 2. Illegal remunerations for medical assistance. (a) Whoever intentionally solicits or receives any remuneration, including any kickback, bribe, or rebate, directly or indirectly, overtly or covertly, in cash or in kind:

(1) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal health care program; or

235.1 (2) in return for purchasing, leasing, ordering, or arranging for or recommending
235.2 purchasing, leasing, or ordering any good, facility, service, or item for which payment may
235.3 be made in whole or in part under a federal health care program,

235.4 is guilty of solicitation of a kickback and, upon conviction thereof, shall be fined or
235.5 imprisoned, or both, as described in subdivision 4, paragraph (a).

235.6 (b) Whoever intentionally offers or pays any remuneration, including any kickback,
235.7 bribe, or rebate, directly or indirectly, overtly or covertly, in cash or in kind to any person
235.8 to induce such person:

235.9 (1) to refer an individual to a person for the furnishing or arranging for the furnishing
235.10 of any item or service for which payment may be made in whole or in part under a federal
235.11 health care program; or

235.12 (2) to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering
235.13 any good, facility, service, or item for which payment may be made in whole or in part
235.14 under a federal health care program,
235.15 is guilty of offering a kickback and, upon conviction thereof, shall be fined or imprisoned,
235.16 or both, as described in subdivision 4, paragraph (b).

235.17 (c) This subdivision does not apply to remuneration exempted under the federal
235.18 Anti-Kickback Statute, United States Code, title 42, section 1320a-7b(b)(3), or payment
235.19 practices listed in Code of Federal Regulations, title 42, section 1001.952, or section 62J.23,
235.20 subdivision 2, paragraphs (b) to (d), or 4.

235.21 **Subd. 3. Illegal remunerations in the child care assistance program.** (a) Whoever
235.22 intentionally solicits or receives any remuneration, including any kickback, bribe, or rebate,
235.23 directly or indirectly, overtly or covertly, in cash or in kind:

235.24 (1) in return for referring an individual to a person for the furnishing or arranging for
235.25 the furnishing of any item or service for which payment may be made in whole or in part
235.26 under chapter 119B; or

235.27 (2) in return for using a service for which payment may be made in whole or in part
235.28 under chapter 119B,
235.29 is guilty of solicitation of a kickback and, upon conviction thereof, shall be fined or
235.30 imprisoned, or both, as described in subdivision 4, paragraph (a).

236.1 (b) Whoever intentionally offers or pays any remuneration, including any kickback,
236.2 bribe, or rebate, directly or indirectly, overtly or covertly, in cash or in kind to any person
236.3 to induce such person:

236.4 (1) to refer an individual to a person for the furnishing or arranging for the furnishing
236.5 of any item or service for which payment may be made in whole or in part under chapter
236.6 119B; or

236.7 (2) to use any item or service for which payment may be made in whole or in part under
236.8 chapter 119B,
236.9 is guilty of offering a kickback and, upon conviction thereof, shall be fined or imprisoned,
236.10 or both, as described in subdivision 4, paragraph (b).

236.11 (c) This subdivision does not apply to any amount paid by an employer to a bona fide
236.12 employee for providing covered items or services under chapter 119B while acting in the
236.13 course and scope of employment.

236.14 (d) This subdivision does not apply to marketing or promotional offerings that directly
236.15 benefit an eligible individual's child for whom the child care provider is providing child
236.16 care services.

236.17 Subd. 4. **Penalties for solicitation of a kickback.** (a) Whoever commits solicitation of
236.18 a kickback may be sentenced pursuant to section 609.52, subdivision 3. For the purposes
236.19 of sentencing under this section, "value" in section 609.52, subdivision 3, means the amount
236.20 or monetary value of the remuneration solicited or received.

236.21 (b) Whoever commits the crime of offering of a kickback may be sentenced pursuant
236.22 to section 609.52, subdivision 3. For the purposes of sentencing under this section, "value"
236.23 in section 609.52, subdivision 3, means the amount of public funds expended in providing
236.24 the good, facility, service, or item that the person obtained as a direct or indirect result of
236.25 the prohibited remuneration.

236.26 (c) In any prosecution under subdivision 2 or 3, the value of a remuneration, good,
236.27 facility, service, or item solicited or received, or offered or provided, within any six-month
236.28 period may be aggregated and the defendant charged accordingly in applying the provisions
236.29 of this subdivision; provided that when two or more offenses are committed by the same
236.30 person in two or more counties, the accused may be prosecuted in any county in which one
236.31 of the offenses was committed for all of the offenses aggregated under this paragraph.

236.32 (d) A claim for any good, facility, service, or item rendered in violation of this section
236.33 is noncompensable and unenforceable at the time it is made.

237.1 Subd. 5. False claims. In addition to the penalties in subdivision 4, a claim that includes
237.2 items or services resulting from a violation of this section constitutes a false or fraudulent
237.3 claim for purposes of the Minnesota False Claims Act, sections 15C.01 to 15C.16.

237.4 Sec. 27. Minnesota Statutes 2018, section 628.26, is amended to read:

237.5 **628.26 LIMITATIONS.**

237.6 (a) Indictments or complaints for any crime resulting in the death of the victim may be
237.7 found or made at any time after the death of the person killed.

237.8 (b) Indictments or complaints for a violation of section 609.25 may be found or made
237.9 at any time after the commission of the offense.

237.10 (c) Indictments or complaints for violation of section 609.282 may be found or made at
237.11 any time after the commission of the offense if the victim was under the age of 18 at the
237.12 time of the offense.

237.13 (d) Indictments or complaints for violation of section 609.282 where the victim was 18
237.14 years of age or older at the time of the offense, or 609.42, subdivision 1, clause (1) or (2),
237.15 shall be found or made and filed in the proper court within six years after the commission
237.16 of the offense.

237.17 (e) Indictments or complaints for violation of sections 609.322 and 609.342 to 609.345,
237.18 if the victim was under the age of 18 years at the time the offense was committed, shall be
237.19 found or made and filed in the proper court within the later of nine years after the commission
237.20 of the offense or three years after the offense was reported to law enforcement authorities.

237.21 (f) Notwithstanding the limitations in paragraph (e), indictments or complaints for
237.22 violation of sections 609.322 and 609.342 to 609.344 may be found or made and filed in
237.23 the proper court at any time after commission of the offense, if physical evidence is collected
237.24 and preserved that is capable of being tested for its DNA characteristics. If this evidence is
237.25 not collected and preserved and the victim was 18 years old or older at the time of the
237.26 offense, the prosecution must be commenced within nine years after the commission of the
237.27 offense.

237.28 (g) Indictments or complaints for violation of sections 609.466 and 609.52, subdivision
237.29 2, paragraph (a), clause (3), item (iii), and 609.542 shall be found or made and filed in the
237.30 proper court within six years after the commission of the offense.

237.31 (h) Indictments or complaints for violation of section 609.2335, 609.52, subdivision 2,
237.32 clause (3), items (i) and (ii), (4), (15), or (16), 609.631, or 609.821, where the value of the

238.1 property or services stolen is more than \$35,000, or for violation of section 609.527 where
238.2 the offense involves eight or more direct victims or the total combined loss to the direct and
238.3 indirect victims is more than \$35,000, shall be found or made and filed in the proper court
238.4 within five years after the commission of the offense.

238.5 (i) Except for violations relating to false material statements, representations or omissions,
238.6 indictments or complaints for violations of section 609.671 shall be found or made and filed
238.7 in the proper court within five years after the commission of the offense.

238.8 (j) Indictments or complaints for violation of sections 609.561 to 609.563, shall be found
238.9 or made and filed in the proper court within five years after the commission of the offense.

238.10 (k) In all other cases, indictments or complaints shall be found or made and filed in the
238.11 proper court within three years after the commission of the offense.

238.12 (l) The limitations periods contained in this section shall exclude any period of time
238.13 during which the defendant was not an inhabitant of or usually resident within this state.

238.14 (m) The limitations periods contained in this section for an offense shall not include any
238.15 period during which the alleged offender participated under a written agreement in a pretrial
238.16 diversion program relating to that offense.

238.17 (n) The limitations periods contained in this section shall not include any period of time
238.18 during which physical evidence relating to the offense was undergoing DNA analysis, as
238.19 defined in section 299C.155, unless the defendant demonstrates that the prosecuting or law
238.20 enforcement agency purposefully delayed the DNA analysis process in order to gain an
238.21 unfair advantage.

238.22 Sec. 28. **DIRECTION TO THE COMMISSIONER; EVALUATION OF**
238.23 **CONTINUOUS LICENSES.**

238.24 By January 1, 2021, the commissioner of human services shall consult with family child
238.25 care license holders and county agencies to determine whether family child care licenses
238.26 should automatically renew instead of requiring license holders to reapply for licensure. If
238.27 the commissioner determines that family child care licenses should automatically renew,
238.28 the commissioner must propose legislation for the 2021 legislative session to make the
238.29 required amendments to statute and administrative rules, as necessary.

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

239.1 Sec. 29. **REPEALER.**

239.2 (a) Minnesota Statutes 2018, sections 245A.144; and 245A.175, are repealed.

239.3 (b) Minnesota Rules, parts 2960.3070; and 2960.3210, are repealed.

62U.15 ALZHEIMER'S DISEASE; PREVALENCE AND SCREENING MEASURES.

Subd. 2. **Learning collaborative.** By July 1, 2012, the commissioner shall develop a health care home learning collaborative curriculum that includes screening and education on best practices regarding identification and management of Alzheimer's and other dementia patients under section 256B.0751, subdivision 5, for providers, clinics, care coordinators, clinic administrators, patient partners and families, and community resources including public health.

245A.144 TRAINING ON RISK OF SUDDEN UNEXPECTED INFANT DEATH AND ABUSIVE HEAD TRAUMA FOR CHILD FOSTER CARE PROVIDERS.

(a) Licensed child foster care providers that care for infants or children through five years of age must document that before staff persons and caregivers assist in the care of infants or children through five years of age, they are instructed on the standards in section 245A.1435 and receive training on reducing the risk of sudden unexpected infant death and abusive head trauma from shaking infants and young children. This section does not apply to emergency relative placement under section 245A.035. The training on reducing the risk of sudden unexpected infant death and abusive head trauma may be provided as:

(1) orientation training to child foster care providers, who care for infants or children through five years of age, under Minnesota Rules, part 2960.3070, subpart 1; or

(2) in-service training to child foster care providers, who care for infants or children through five years of age, under Minnesota Rules, part 2960.3070, subpart 2.

(b) Training required under this section must be at least one hour in length and must be completed at least once every five years. At a minimum, the training must address the risk factors related to sudden unexpected infant death and abusive head trauma, means of reducing the risk of sudden unexpected infant death and abusive head trauma, and license holder communication with parents regarding reducing the risk of sudden unexpected infant death and abusive head trauma.

(c) Training for child foster care providers must be approved by the county or private licensing agency that is responsible for monitoring the child foster care provider under section 245A.16. The approved training fulfills, in part, training required under Minnesota Rules, part 2960.3070.

245A.175 CHILD FOSTER CARE TRAINING REQUIREMENT; MENTAL HEALTH TRAINING; FETAL ALCOHOL SPECTRUM DISORDERS TRAINING.

Prior to a nonemergency placement of a child in a foster care home, the child foster care license holder and caregivers in foster family and treatment foster care settings, and all staff providing care in foster residence settings must complete two hours of training that addresses the causes, symptoms, and key warning signs of mental health disorders; cultural considerations; and effective approaches for dealing with a child's behaviors. At least one hour of the annual training requirement for the foster family license holder and caregivers, and foster residence staff must be on children's mental health issues and treatment. Except for providers and services under chapter 245D, the annual training must also include at least one hour of training on fetal alcohol spectrum disorders, which must be counted toward the 12 hours of required in-service training per year. Short-term substitute caregivers are exempt from these requirements. Training curriculum shall be approved by the commissioner of human services.

245F.02 DEFINITIONS.

Subd. 20. **Qualified medical professional.** "Qualified medical professional" means an individual licensed in Minnesota as a doctor of osteopathic medicine or physician, or an individual licensed in Minnesota as an advanced practice registered nurse by the Board of Nursing and certified to practice as a clinical nurse specialist or nurse practitioner by a national nurse organization acceptable to the board.

256B.057 ELIGIBILITY REQUIREMENTS FOR SPECIAL CATEGORIES.

Subd. 8. **Children under age two.** Medical assistance may be paid for a child under two years of age whose countable household income is above 275 percent of the federal poverty guidelines for the same household size but less than or equal to 280 percent of the federal poverty guidelines for the same household size or an equivalent standard when converted using modified adjusted gross income methodology as required under the Affordable Care Act.

256B.0752 HEALTH CARE HOME REPORTING REQUIREMENTS.

Subdivision 1. **Annual reports on implementation and administration.** The commissioners shall report annually to the legislature on the implementation and administration of the health care home model for state health care program enrollees in the fee-for-service, managed care, and county-based purchasing sectors beginning December 15, 2009, and each December 15 thereafter.

Subd. 2. **Evaluation reports.** The commissioners shall provide to the legislature comprehensive evaluations of the health care home model three years and five years after implementation. The report must include:

(1) the number of state health care program enrollees in health care homes and the number and characteristics of enrollees with complex or chronic conditions, identified by income, race, ethnicity, and language;

(2) the number and geographic distribution of health care home providers;

(3) the performance and quality of care of health care homes;

(4) measures of preventive care;

(5) health care home payment arrangements, and costs related to implementation and payment of care coordination fees;

(6) the estimated impact of health care homes on health disparities; and

(7) estimated savings from implementation of the health care home model for the fee-for-service, managed care, and county-based purchasing sectors.

256D.051 FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM.

Subdivision 1. **Food stamp employment and training program.** The commissioner shall implement a food stamp employment and training program in order to meet the food stamp employment and training participation requirements of the United States Department of Agriculture. Unless exempt under subdivision 3a, each adult recipient in the unit must participate in the food stamp employment and training program each month that the person is eligible for food stamps. The person's participation in food stamp employment and training services must begin no later than the first day of the calendar month following the determination of eligibility for food stamps. With the county agency's consent, and to the extent of available resources, the person may voluntarily continue to participate in food stamp employment and training services for up to three additional consecutive months immediately following termination of food stamp benefits in order to complete the provisions of the person's employability development plan.

Subd. 1a. **Notices and sanctions.** (a) At the time the county agency notifies the household that it is eligible for food stamps, the county agency must inform all mandatory employment and training services participants as identified in subdivision 1 in the household that they must comply with all food stamp employment and training program requirements each month, including the requirement to attend an initial orientation to the food stamp employment and training program and that food stamp eligibility will end unless the participants comply with the requirements specified in the notice.

(b) A participant who fails without good cause to comply with food stamp employment and training program requirements of this section, including attendance at orientation, will lose food stamp eligibility for the following periods:

(1) for the first occurrence, for one month or until the person complies with the requirements not previously complied with, whichever is longer;

(2) for the second occurrence, for three months or until the person complies with the requirements not previously complied with, whichever is longer; or

(3) for the third and any subsequent occurrence, for six months or until the person complies with the requirements not previously complied with, whichever is longer.

If the participant is not the food stamp head of household, the person shall be considered an ineligible household member for food stamp purposes. If the participant is the food stamp head of household, the entire household is ineligible for food stamps as provided in Code of Federal Regulations, title 7, section 273.7(g). "Good cause" means circumstances beyond the control of the participant, such as illness or injury, illness or injury of another household member requiring the participant's presence, a household emergency, or the inability to obtain child care for children

between the ages of six and 12 or to obtain transportation needed in order for the participant to meet the food stamp employment and training program participation requirements.

(c) The county agency shall mail or hand deliver a notice to the participant not later than five days after determining that the participant has failed without good cause to comply with food stamp employment and training program requirements which specifies the requirements that were not complied with, the factual basis for the determination of noncompliance, and the right to reinstate eligibility upon a showing of good cause for failure to meet the requirements. The notice must ask the reason for the noncompliance and identify the participant's appeal rights. The notice must request that the participant inform the county agency if the participant believes that good cause existed for the failure to comply and must state that the county agency intends to terminate eligibility for food stamp benefits due to failure to comply with food stamp employment and training program requirements.

(d) If the county agency determines that the participant did not comply during the month with all food stamp employment and training program requirements that were in effect, and if the county agency determines that good cause was not present, the county must provide a ten-day notice of termination of food stamp benefits. The amount of food stamps that are withheld from the household and determination of the impact of the sanction on other household members is governed by Code of Federal Regulations, title 7, section 273.7.

(e) The participant may appeal the termination of food stamp benefits under the provisions of section 256.045.

Subd. 2. **County agency duties.** (a) The county agency shall provide to food stamp recipients a food stamp employment and training program. The program must include:

- (1) orientation to the food stamp employment and training program;
- (2) an individualized employability assessment and an individualized employability development plan that includes assessment of literacy, ability to communicate in the English language, educational and employment history, and that estimates the length of time it will take the participant to obtain employment. The employability assessment and development plan must be completed in consultation with the participant, must assess the participant's assets, barriers, and strengths, and must identify steps necessary to overcome barriers to employment. A copy of the employability development plan must be provided to the registrant;
- (3) referral to available accredited remedial or skills training programs designed to address participant's barriers to employment;
- (4) referral to available programs that provide subsidized or unsubsidized employment as necessary;
- (5) a job search program, including job seeking skills training; and
- (6) other activities, to the extent of available resources designed by the county agency to prepare the participant for permanent employment.

In order to allow time for job search, the county agency may not require an individual to participate in the food stamp employment and training program for more than 32 hours a week. The county agency shall require an individual to spend at least eight hours a week in job search or other food stamp employment and training program activities.

(b) The county agency shall prepare an annual plan for the operation of its food stamp employment and training program. The plan must be submitted to and approved by the commissioner of employment and economic development. The plan must include:

- (1) a description of the services to be offered by the county agency;
- (2) a plan to coordinate the activities of all public entities providing employment-related services in order to avoid duplication of effort and to provide services more efficiently;
- (3) a description of the factors that will be taken into account when determining a client's employability development plan; and
- (4) provisions to ensure that the county agency's employment and training service provider provides each recipient with an orientation, employability assessment, and employability development plan as specified in paragraph (a), clauses (1) and (2), within 30 days of the recipient's eligibility for assistance.

APPENDIX
Repealed Minnesota Statutes: 20-6829

Subd. 2a. **Duties of commissioner.** In addition to any other duties imposed by law, the commissioner shall:

(1) based on this section and section 256D.052 and Code of Federal Regulations, title 7, section 273.7, supervise the administration of food stamp employment and training services to county agencies;

(2) disburse money appropriated for food stamp employment and training services to county agencies based upon the county's costs as specified in section 256D.051, subdivision 6c;

(3) accept and supervise the disbursement of any funds that may be provided by the federal government or from other sources for use in this state for food stamp employment and training services;

(4) cooperate with other agencies including any agency of the United States or of another state in all matters concerning the powers and duties of the commissioner under this section and section 256D.052; and

(5) in cooperation with the commissioner of employment and economic development, ensure that each component of an employment and training program carried out under this section is delivered through a statewide workforce development system, unless the component is not available locally through such a system.

Subd. 3. **Participant duties.** In order to receive food stamp assistance, a registrant shall: (1) cooperate with the county agency in all aspects of the food stamp employment and training program; (2) accept any suitable employment, including employment offered through the Job Training Partnership Act, and other employment and training options; and (3) participate in food stamp employment and training activities assigned by the county agency. The county agency may terminate assistance to a registrant who fails to cooperate in the food stamp employment and training program, as provided in subdivision 1a.

Subd. 3a. **Requirement to register work.** (a) To the extent required under Code of Federal Regulations, title 7, section 273.7(a), each applicant for and recipient of food stamps is required to register for work as a condition of eligibility for food stamp benefits. Applicants and recipients are registered by signing an application or annual reapplication for food stamps, and must be informed that they are registering for work by signing the form.

(b) The commissioner shall determine, within federal requirements, persons required to participate in the food stamp employment and training (FSET) program.

(c) The following food stamp recipients are exempt from mandatory participation in food stamp employment and training services:

(1) recipients of benefits under the Minnesota family investment program, Minnesota supplemental aid program, or the general assistance program;

(2) a child;

(3) a recipient over age 55;

(4) a recipient who has a mental or physical illness, injury, or incapacity which is expected to continue for at least 30 days and which impairs the recipient's ability to obtain or retain employment as evidenced by professional certification or the receipt of temporary or permanent disability benefits issued by a private or government source;

(5) a parent or other household member responsible for the care of either a dependent child in the household who is under age six or a person in the household who is professionally certified as having a physical or mental illness, injury, or incapacity. Only one parent or other household member may claim exemption under this provision;

(6) a recipient receiving unemployment insurance or who has applied for unemployment insurance and has been required to register for work with the Department of Employment and Economic Development as part of the unemployment insurance application process;

(7) a recipient participating each week in a drug addiction or alcohol abuse treatment and rehabilitation program, provided the operators of the treatment and rehabilitation program, in consultation with the county agency, recommend that the recipient not participate in the food stamp employment and training program;

(8) a recipient employed or self-employed for 30 or more hours per week at employment paying at least minimum wage, or who earns wages from employment equal to or exceeding 30 hours multiplied by the federal minimum wage; or

(9) a student enrolled at least half time in any school, training program, or institution of higher education. When determining if a student meets this criteria, the school's, program's or institution's criteria for being enrolled half time shall be used.

Subd. 3b. **Orientation.** The county agency or its employment and training service provider must provide an orientation to food stamp employment and training services to each nonexempt food stamp recipient within 30 days of the date that food stamp eligibility is determined. The orientation must inform the participant of the requirement to participate in services, the date, time, and address to report to for services, the name and telephone number of the food stamp employment and training service provider, the consequences for failure without good cause to comply, the services and support services available through food stamp employment and training services and other providers of similar services, and must encourage the participant to view the food stamp program as a temporary means of supplementing the family's food needs until the family achieves self-sufficiency through employment. The orientation may be provided through audio-visual methods, but the participant must have the opportunity for face-to-face interaction with county agency staff.

Subd. 6b. **Federal reimbursement.** (a) Federal financial participation from the United States Department of Agriculture for food stamp employment and training expenditures that are eligible for reimbursement through the food stamp employment and training program are dedicated funds and are annually appropriated to the commissioner of human services for the operation of the food stamp employment and training program.

(b) The appropriation must be used for skill attainment through employment, training, and support services for food stamp participants.

(c) Federal financial participation for the nonstate portion of food stamp employment and training costs must be paid to the county agency or service provider that incurred the costs.

Subd. 6c. **Program funding.** Within the limits of available resources, the commissioner shall reimburse the actual costs of county agencies and their employment and training service providers for the provision of food stamp employment and training services, including participant support services, direct program services, and program administrative activities. The cost of services for each county's food stamp employment and training program shall not exceed the annual allocated amount. No more than 15 percent of program funds may be used for administrative activities. The county agency may expend county funds in excess of the limits of this subdivision without state reimbursement.

Program funds shall be allocated based on the county's average number of food stamp cases as compared to the statewide total number of such cases. The average number of cases shall be based on counts of cases as of March 31, June 30, September 30, and December 31 of the previous calendar year. The commissioner may reallocate unexpended money appropriated under this section to those county agencies that demonstrate a need for additional funds.

Subd. 7. **Registrant status.** A registrant under this section is not an employee for the purposes of workers' compensation, unemployment benefits, retirement, or civil service laws, and shall not perform work ordinarily performed by a regular public employee.

Subd. 8. **Voluntary quit.** A person who is required to participate in food stamp employment and training services is not eligible for food stamps if, without good cause, the person refuses a legitimate offer of, or quits, suitable employment within 60 days before the date of application. A person who is required to participate in food stamp employment and training services and, without good cause, voluntarily quits suitable employment or refuses a legitimate offer of suitable employment while receiving food stamps shall be terminated from the food stamp program as specified in subdivision 1a.

Subd. 9. **Subcontractors.** A county agency may, at its option, subcontract any or all of the duties under this section to a public or private entity approved by the commissioner of employment and economic development.

Subd. 18. **Work experience placements.** (a) To the extent of available resources, each county agency must establish and operate a work experience component in the food stamp employment and training program for recipients who are subject to a federal limit of three months of food stamp eligibility in any 36-month period. The purpose of the work experience component is to enhance

the participant's employability, self-sufficiency, and to provide meaningful, productive work activities.

(b) The commissioner shall assist counties in the design and implementation of these components. The commissioner must ensure that job placements under a work experience component comply with section 256J.72. Written or oral concurrence with job duties of persons placed under the community work experience program shall be obtained from the appropriate exclusive bargaining representative.

(c) Worksites developed under this section are limited to projects that serve a useful public service such as health, social service, environmental protection, education, urban and rural development and redevelopment, welfare, recreation, public facilities, public safety, community service, services to aged citizens or citizens with a disability, and child care. To the extent possible, the prior training, skills, and experience of a recipient must be used in making appropriate work experience assignments.

(d) Structured, supervised volunteer work with an agency or organization that is monitored by the county service provider may, with the approval of the county agency, be used as a work experience placement.

(e) As a condition of placing a person receiving food stamps in a program under this subdivision, the county agency shall first provide the recipient the opportunity:

(1) for placement in suitable subsidized or unsubsidized employment through participation in job search under section 256D.051; or

(2) for placement in suitable employment through participation in on-the-job training, if such employment is available.

(f) The county agency shall limit the maximum monthly number of hours that any participant may work in a work experience placement to a number equal to the amount of the family's monthly food stamp allotment divided by the greater of the federal minimum wage or the applicable state minimum wage.

After a participant has been assigned to a position for nine months, the participant may not continue in that assignment unless the maximum number of hours a participant works is no greater than the amount of the food stamp benefit divided by the rate of pay for individuals employed in the same or similar occupations by the same employer at the same site.

(g) The participant's employability development plan must include the length of time needed in the work experience program, the need to continue job seeking activities while participating in work experience, and the participant's employment goals.

(h) After each six months of a recipient's participation in a work experience job placement, and at the conclusion of each work experience assignment under this section, the county agency shall reassess and revise, as appropriate, the participant's employability development plan.

(i) A participant has good cause for failure to cooperate with a work experience job placement if, in the judgment of the employment and training service provider, the reason for failure is reasonable and justified. Good cause for purposes of this section is defined in subdivision 1a, paragraph (b).

(j) A recipient who has failed without good cause to participate in or comply with the work experience job placement shall be terminated from participation in work experience job activities. If the recipient is not exempt from mandatory food stamp employment and training program participation under subdivision 3a, the recipient will be assigned to other mandatory program activities. If the recipient is exempt from mandatory participation but is participating as a volunteer, the person shall be terminated from the food stamp employment and training program.

256D.052 LITERACY TRAINING FOR RECIPIENTS.

Subd. 3. **Participant literacy transportation costs.** Within the limits of the state appropriation the county agency must provide transportation to enable food stamp employment and training participants to participate in literacy training under this section. The state shall reimburse county agencies for the costs of providing transportation under this section up to the amount of the state appropriation. Counties must make every effort to ensure that child care is available as needed by recipients who are pursuing literacy training.

256L.04 ELIGIBLE PERSONS.

Subd. 13. **Families with relative caretakers, foster parents, or legal guardians.** Beginning January 1, 1999, in families that include a relative caretaker as defined in the medical assistance program, foster parent, or legal guardian, the relative caretaker, foster parent, or legal guardian may apply as a family or may apply separately for the children. If the caretaker applies separately for the children, only the children's income is counted and the provisions of subdivision 1, paragraph (b), do not apply. If the relative caretaker, foster parent, or legal guardian applies with the children, their income is included in the gross family income for determining eligibility and premium amount.

256R.08 REPORTING OF FINANCIAL STATEMENTS.

Subd. 2. **Extensions.** The commissioner may grant up to a 15-day extension of the reporting deadline to a nursing facility for good cause. To receive such an extension, a nursing facility shall submit a written request by January 1. The commissioner shall notify the nursing facility of the decision by January 15. Between January 1 and February 1, the nursing facility may request a reporting extension for good cause by telephone and followed by a written request.

256R.49 RATE ADJUSTMENTS FOR COMPENSATION-RELATED COSTS FOR MINIMUM WAGE CHANGES.

Subdivision 1. **Rate adjustments for compensation-related costs.** (a) Rate increases provided under this section before October 1, 2016, expire effective January 1, 2018, and rate increases provided on or after October 1, 2016, expire effective January 1, 2019.

(b) Nursing facilities that receive approval of the applications in subdivision 2 must receive rate adjustments according to subdivision 4. The rate adjustments must be used to pay compensation costs for nursing facility employees paid less than \$14 per hour.

Subd. 2. **Application process.** To receive a rate adjustment, nursing facilities must submit applications to the commissioner in a form and manner determined by the commissioner. The applications for the rate adjustments shall include specified data, and spending plans that describe how the funds from the rate adjustments will be allocated for compensation to employees paid less than \$14 per hour. The applications must be submitted within three months of the effective date of any operating payment rate adjustment under this section. The commissioner may request any additional information needed to determine the rate adjustment within three weeks of receiving a complete application. The nursing facility must provide any additional information requested by the commissioner within six months of the effective date of any operating payment rate adjustment under this section. The commissioner may waive the deadlines in this section under extraordinary circumstances.

Subd. 3. **Additional application requirements for facilities with employees represented by an exclusive bargaining representative.** For nursing facilities in which employees are represented by an exclusive bargaining representative, the commissioner shall approve the applications submitted under subdivision 2 only upon receipt of a letter or letters of acceptance of the spending plans in regard to members of the bargaining unit, signed by the exclusive bargaining agent and dated after May 31, 2014. Upon receipt of the letter or letters of acceptance, the commissioner shall deem all requirements of this section as having been met in regard to the members of the bargaining unit.

Subd. 4. **Determination of the rate adjustments for compensation-related costs.** Based on the application in subdivision 2, the commissioner shall calculate the allowable annualized compensation costs by adding the totals of clauses (1), (2), and (3). The result must be divided by the standardized or resident days from the most recently available cost report to determine per day amounts, which must be included in the operating portion of the total payment rate and allocated to direct care or other operating as determined by the commissioner:

(1) the sum of the difference between \$9.50 and any hourly wage rate less than \$9.50 for October 1, 2016; and between the indexed value of the minimum wage, as defined in section 177.24, subdivision 1, paragraph (f), and any hourly wage less than that indexed value for rate years beginning on and after October 1, 2017; multiplied by the number of compensated hours at that wage rate;

(2) using wages and hours in effect during the first three months of calendar year 2014, beginning with the first pay period beginning on or after January 1, 2014; 22.2 percent of the sum of items (i) to (viii) for October 1, 2016;

(i) for all compensated hours from \$8 to \$8.49 per hour, the number of compensated hours is multiplied by \$0.13;

APPENDIX
Repealed Minnesota Statutes: 20-6829

(ii) for all compensated hours from \$8.50 to \$8.99 per hour, the number of compensated hours is multiplied by \$0.25;

(iii) for all compensated hours from \$9 to \$9.49 per hour, the number of compensated hours is multiplied by \$0.38;

(iv) for all compensated hours from \$9.50 to \$10.49 per hour, the number of compensated hours is multiplied by \$0.50;

(v) for all compensated hours from \$10.50 to \$10.99 per hour, the number of compensated hours is multiplied by \$0.40;

(vi) for all compensated hours from \$11 to \$11.49 per hour, the number of compensated hours is multiplied by \$0.30;

(vii) for all compensated hours from \$11.50 to \$11.99 per hour, the number of compensated hours is multiplied by \$0.20; and

(viii) for all compensated hours from \$12 to \$13 per hour, the number of compensated hours is multiplied by \$0.10; and

(3) the sum of the employer's share of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation, pensions, and contributions to employee retirement accounts attributable to the amounts in clauses (1) and (2).

2960.3070 FOSTER PARENT TRAINING.

Subpart 1. **Orientation.** A nonrelative foster parent must complete a minimum of six hours of orientation before admitting a foster child. Orientation is required for relative foster parents who will be licensed as a child's foster parents. Orientation for relatives must be completed within 30 days following the initial placement. The foster parent's orientation must include items A to E:

A. emergency procedures, including evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of alarms and equipment;

B. relevant laws and rules, including, but not limited to, chapter 9560; Minnesota Statutes, chapters 245A, 260, and 260C; and Minnesota Statutes, section 626.556; and legal issues and reporting requirements;

C. cultural diversity, gender sensitivity, culturally specific services, cultural competence, and information about discrimination and racial bias issues to ensure that caregivers will be culturally competent to care for foster children according to Minnesota Statutes, section 260C.212, subdivision 11;

D. information about the role and responsibilities of the foster parent in the development and implementation of the case plan and in court and administrative reviews of the child's placement; and

E. requirements of the licensing agency.

Subp. 2. **In-service training.** Each foster parent must complete a minimum of 12 hours of training per year in one or more of the areas in this subpart or in other areas as agreed upon by the licensing agency and the foster parent. If the foster parent has not completed the required annual training at the time of relicensure and does not show good cause why the training was not completed, the foster parent may not accept new foster children until the training is completed. The nonexclusive list of topics in items A to Z provides examples of in-service training topics that could be useful to a foster parent:

A. cultural competence and transcultural placements;

B. adoption and permanency;

C. crisis intervention, including suicide prevention;

D. sexual offender behaviors;

E. children's psychological, spiritual, cultural, sexual, emotional, intellectual, and social development;

F. legal issues including liability;

G. foster family relationships with placing agencies and other service providers;

H. first aid and life-sustaining treatment such as cardiopulmonary resuscitation;

I. preparing foster children for independent living;

J. parenting children who suffered physical, emotional, or sexual abuse or domestic violence;

K. chemical dependency, and signs or symptoms of alcohol and drug abuse;

L. mental health and emotional disturbance issues;

M. Americans with Disabilities Act and Individuals With Disabilities Education Act;

N. caring for children with disabilities and disability-related issues regarding developmental disabilities, emotional and behavioral disorders, and specific learning disabilities;

- O. privacy issues of foster children;
- P. physical and nonphysical behavior guidance, crisis de-escalation, and discipline techniques, including how to handle aggression for specific age groups and specific issues such as developmental disabilities, chemical dependency, emotional disturbances, learning disabilities, and past abuse;
- Q. birth families and reunification;
- R. effects of foster care on foster families;
- S. home safety;
- T. emergency procedures;
- U. child and family wellness;
- V. sexual orientation;
- W. disability bias and discrimination;
- X. management of sexual perpetration, violence, bullying, and exploitative behaviors;
- Y. medical technology-dependent or medically fragile conditions; and
- Z. separation, loss, and attachment.

Subp. 3. **Medical equipment training.** Foster parents who care for children who rely on medical equipment to sustain life or monitor a medical condition must meet the requirements of Minnesota Statutes, section 245A.155.

2960.3210 STAFF TRAINING REQUIREMENTS.

Subpart 1. **Orientation.** The license holder must ensure that all staff attend and successfully complete at least six hours of orientation training before having unsupervised contact with foster children. The number of hours of orientation training are not counted as part of the hours of annual training. Orientation training must include at least the topics in items A to F:

- A. emergency procedures, including evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of facility alarms and equipment;
- B. relevant statutes and administrative rules and legal issues, including reporting requirements for abuse and neglect specified in Minnesota Statutes, sections 626.556 and 626.557, and other reporting requirements based on the ages of the children;
- C. cultural diversity and gender sensitivity, culturally specific services, and information about discrimination and racial bias issues to ensure that caregivers have cultural sensitivity and will be culturally competent to care for children according to Minnesota Statutes, section 260C.212, subdivision 11;
- D. general and special needs, including disability needs, of children and families served;
- E. operational policies and procedures of the license holder; and
- F. data practices regulations and issues.

Subp. 2. **Personnel training.** The license holder must provide training for staff that is modified annually to meet the current needs of individual staff persons. The license holder must develop an annual training plan for employees that addresses items A to C.

A. Full-time and part-time direct care staff and volunteers must have sufficient training to accomplish their duties. To determine the type and amount of training an employee needs, the license holder must consider the foster care program's target population, services the program delivers, and outcomes expected from the services, as well as the employee's

position description, tasks to be performed, and the performance indicators for the position. The license holder and staff who care for children who rely on medical equipment to sustain life or monitor a medical condition must meet the requirements of Minnesota Statutes, section 245A.155.

B. Full-time staff who have direct contact with children must complete at least 18 hours of in-service training per year. One-half of the training must be skill development training. Other foster home staff and volunteers must complete in-service training requirements consistent with their duties.

C. Part-time direct care staff must receive sufficient training to competently care for children. The amount of training must be provided at least at a ratio of one hour of training for each 60 hours worked, up to 18 hours of training per part-time employee per year.

Subp. 3. **Documentation of training.** The license holder must document the date and number of hours of orientation and in-service training completed by each staff person in each topic area and the name of the entity that provided the training.

9505.0275 EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT.

Subpart 1. **Definition.** "Early and periodic screening, diagnosis, and treatment service" means a service provided to a recipient under age 21 to identify a potentially disabling condition and to provide diagnosis and treatment for a condition identified according to the requirements of the Code of Federal Regulations, title 42, section 441.55 and parts 9505.1693 to 9505.1748.

Subp. 2. **Duties of provider.** The provider shall sign a provider agreement stating that the provider will provide screening services according to standards in parts 9505.1693 to 9505.1748 and Code of Federal Regulations, title 42, sections 441.50 to 441.62.

9505.1693 SCOPE AND PURPOSE.

Parts 9505.1693 to 9505.1748 govern the early and periodic screening, diagnosis, and treatment (EPSDT) program.

Parts 9505.1693 to 9505.1748 must be read in conjunction with section 1905(a)(4)(B) of the Social Security Act, as amended through December 31, 1981, and the Code of Federal Regulations, title 42, part 441, subpart B, as amended through October 1, 1987, and section 6403 of the Omnibus Budget Reconciliation Act of 1989. The purpose of the EPSDT program is to identify potentially disabling conditions in children eligible for medical assistance, to provide diagnosis and treatment for conditions identified, and to encourage parents and their children to use health care services when necessary.

9505.1696 DEFINITIONS.

Subpart 1. **Applicability.** As used in parts 9505.1693 to 9505.1748, the following terms have the meanings given them.

Subp. 2. **Child.** "Child" means a person who is eligible for early and periodic screening, diagnosis, and treatment under part 9505.1699.

Subp. 3. **Community health clinic.** "Community health clinic" means a clinic that provides services by or under the supervision of a physician and that:

A. is incorporated as a nonprofit corporation under Minnesota Statutes, chapter 317A;

B. is exempt from federal income tax under Internal Revenue Code of 1986, section 501(c)(3), as amended through December 31, 1987;

C. is established to provide health services to low-income population groups; and

D. has written clinic policies describing the services provided by the clinic and concerning (1) the medical management of health problems, including problems that require referral to physicians, (2) emergency health services, and (3) the maintenance and review of health records by the physician.

Subp. 4. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 5. **Diagnosis.** "Diagnosis" means the identification and determination of the nature or cause of a disease or abnormality through the use of a health history; physical, developmental, and psychological examination; and laboratory tests.

Subp. 6. **Early and periodic screening clinic or EPS clinic.** "Early and periodic screening clinic" or "EPS clinic" means an individual or facility that is approved by the Minnesota Department of Health under parts 4615.0900 to 4615.2000.

Subp. 7. **Early and periodic screening, diagnosis, and treatment program or EPSDT program.** "Early and periodic screening, diagnosis, and treatment program" or "EPSDT program" means the program that provides screening, diagnosis, and treatment under parts 9505.1693 to 9505.1748; Code of Federal Regulations, title 42, section 441.55, as amended through October 1, 1986; and Minnesota Statutes, section 256B.02, subdivision 8, paragraph (12).

Subp. 8. **EPSDT clinic.** "EPSDT clinic" means a facility supervised by a physician that provides screening according to parts 9505.1693 to 9505.1748 or an EPS clinic.

Subp. 9. **EPSDT provider agreement.** "EPSDT provider agreement" means the agreement required by part 9505.1703, subpart 2.

Subp. 11. **Follow-up.** "Follow-up" means efforts by a local agency to ensure that a screening requested for a child is provided to that child and that diagnosis and treatment indicated as necessary by a screening are also provided to that child.

Subp. 12. **Head Start agency.** "Head Start agency" refers to the child development program administered by the United States Department of Health and Human Services, Office of Administration for Children, Youth and Families.

Subp. 13. **Local agency.** "Local agency" means the county welfare board, multicounty welfare board, or human service agency established in Minnesota Statutes, section 256B.02, subdivision 6, and Minnesota Statutes, chapter 393.

Subp. 14. **Medical assistance.** "Medical assistance" means the program authorized by title XIX of the Social Security Act and Minnesota Statutes, chapters 256 and 256B.

Subp. 15. **Outreach.** "Outreach" means efforts by the department or a local agency to inform eligible persons about early and periodic screening, diagnosis, and treatment or to encourage persons to use the EPSDT program.

Subp. 16. **Parent.** "Parent" refers to the genetic or adoptive parent of a child.

Subp. 17. **Physician.** "Physician" means a person who is licensed to provide health services within the scope of the person's profession under Minnesota Statutes, chapter 147.

Subp. 18. **Prepaid health plan.** "Prepaid health plan" means a health insurer licensed and operating under Minnesota Statutes, chapters 60A, 62A, and 62C, and a health maintenance organization licensed and operating under Minnesota Statutes, chapter 62D to provide health services to recipients of medical assistance entitlements.

Subp. 19. **Public health nursing service.** "Public health nursing service" means the nursing program provided by a community health board under Minnesota Statutes, section 145A.04, subdivisions 1 and 1a.

Subp. 20. **Screening.** "Screening" means the use of quick, simple procedures to separate apparently well children from those who need further examination for possible physical, developmental, or psychological problems.

Subp. 21. **Skilled professional medical personnel and supporting staff.** "Skilled professional medical personnel" and "supporting staff" means persons as defined by Code of Federal Regulations, title 42, section 432.2, as amended through October 1, 1987.

Subp. 22. **Treatment.** "Treatment" means the prevention, correction, or amelioration of a disease or abnormality identified by screening or diagnosis.

9505.1699 ELIGIBILITY TO BE SCREENED.

A person under age 21 who is eligible for medical assistance is eligible for the EPSDT program.

9505.1701 CHOICE OF PROVIDER.

Subpart 1. **Choice of screening provider.** Except as provided by subpart 3, a child or parent of a child who requests screening may choose any screening provider who has signed an EPSDT provider agreement and a medical assistance provider agreement.

Subp. 2. **Choice of diagnosis and treatment provider.** Except as provided by subpart 3, a child or parent of a child may choose any diagnosis and treatment provider as provided by part 9505.0190.

Subp. 3. **Exception to subparts 1 and 2.** A child who is enrolled in a prepaid health plan must receive screening, diagnosis, and treatment from that plan.

9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

Subpart 1. **Providers.** An EPSDT clinic or a community health clinic shall be approved for medical assistance reimbursement for EPSDT services if it complies with the requirements of parts 9505.1693 to 9505.1748. A Head Start agency shall be approved as provided by subpart 2.

Subp. 2. **EPSDT provider agreement.** To be eligible to provide screening and receive reimbursement under the EPSDT program, an individual or facility must sign an EPSDT provider agreement provided by the department and a medical assistance provider agreement under part 9505.0195 or be a prepaid health plan.

Subp. 3. **Terms of EPSDT provider agreement.** The EPSDT provider agreement required by subpart 2 must state that the provider must:

- A. screen children according to parts 9505.1693 to 9505.1748;
- B. report all findings of the screenings on EPSDT screening forms; and
- C. refer children for diagnosis and treatment if a referral is indicated by the screening.

The EPSDT provider agreement also must state that the department will provide training according to part 9505.1712 and will train and consult with the provider on billing and reporting procedures.

9505.1706 REIMBURSEMENT.

Subpart 1. **Maximum payment rates.** Payment rates shall be as provided by part 9505.0445, item M.

Subp. 2. **Eligibility for reimbursement; Head Start agency.** A Head Start agency may complete all the screening components under part 9505.1718, subparts 2 to 14 or those components that have not been completed by another provider within the six months before completion of the screening components by the Head Start agency. A Head Start agency

that completes the previously incomplete screening components must document on the EPSDT screening form that the other screening components of part 9505.1718, subparts 2 to 14, have been completed by another provider.

The department shall reimburse a Head Start agency for those screening components of part 9505.1718, subparts 2 to 14, that the Head Start agency has provided. The amount of reimbursement must be the same as a Head Start agency's usual and customary cost for each screening component or the maximum fee determined under subpart 1, whichever is lower.

Subp. 3. **Prepaid health plan.** A prepaid health plan is not eligible for a separate payment for screening. The early and periodic screening, diagnosis, and treatment screening must be a service included within the prepaid capitation rate specified in its contract with the department.

9505.1712 TRAINING.

The department must train the staff of an EPSDT clinic that is supervised by a physician on how to comply with the procedures required by part 9505.1718 if the EPSDT clinic requests the training.

9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

A screening provider must comply with the surveillance and utilization review requirements of parts 9505.2160 to 9505.2245.

9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

Subpart 1. **Requirement.** An early and periodic screening, diagnosis, and treatment screening must meet the requirements of subparts 2 to 15 except as provided by part 9505.1706, subpart 2.

Subp. 2. **Health and developmental history.** A history of a child's health and development must be obtained from the child, parent of the child, or an adult who is familiar with the child's health history. The history must include information on sexual development, lead and tuberculosis exposure, nutrition intake, chemical abuse, and social, emotional, and mental health status.

Subp. 3. **Assessment of physical growth.** The child's height or length and the child's weight must be measured and the results plotted on a growth grid based on data from the National Center for Health Statistics (NCHS). The head circumference of a child up to 36 months of age or a child whose growth in head circumference appears to deviate from the expected circumference for that child must be measured and plotted on an NCHS-based growth grid.

Subp. 4. **Physical examination.** The following must be checked according to accepted medical procedures: pulse; respiration; blood pressure; head; eyes; ears; nose; mouth; pharynx; neck; chest; heart; lungs; abdomen; spine; genitals; extremities; joints; muscle tone; skin; and neurological condition.

Subp. 5. **Vision.** A child must be checked for a family history of maternal and neonatal infection and ocular abnormalities. A child must be observed for pupillary reflex; the presence of nystagmus; and muscle balance, which includes an examination for esotropia, exotropia, phorias, and extraocular movements. The external parts of a child's eyes must be examined including the lids, conjunctiva, cornea, iris, and pupils. A child or parent of the child must be asked whether he or she has concerns about the child's vision.

Subp. 6. **Vision of a child age three or older.** In addition to the requirements of subpart 5, the visual acuity of a child age three years or older must be checked by use of the Screening Test for Young Children and Retardates (STYCAR) or the Snellen Alphabet Chart.

Subp. 7. **Hearing.** A child must be checked for a family history of hearing disability or loss, delay of language acquisition or history of such delay, the ability to determine the direction of a sound, and a history of repeated otitis media during early life. A child or parent of the child must be asked whether he or she has any concerns regarding the child's hearing.

Subp. 8. **Hearing of a child age three or older.** In addition to the requirements of subpart 7, a child age three or older must receive a pure tone audiometric test or referral for the test if the examination under subpart 7 indicates the test is needed.

Subp. 9. **Development.** A child must be screened for the following according to the screening provider's standard procedures: fine and gross motor development, speech and language development, social development, cognitive development, and self-help skills. Standardized tests that are used in screening must be culturally sensitive and have norms for the age range tested, written procedures for administration and for scoring and interpretation that are statistically reliable and valid. The provider must use a combination of the child's health and developmental history and standardized test or clinical judgment to determine the child's developmental status or need for further assessment.

Subp. 10. **Sexual development.** A child must be evaluated to determine whether the child's sexual development is consistent with the child's chronological age. A female must receive a breast examination and pelvic examination when indicated. A male must receive a testicular examination when indicated. If it is in the best interest of a child, counseling on normal sexual development, information on birth control and sexually transmitted diseases, and prescriptions and tests must be offered to a child. If it is in the best interest of a child, a screening provider may refer the child to other resources for counseling or a pelvic examination.

Subp. 11. **Nutrition.** When the assessment of a child's physical growth performed according to subpart 3 indicates a nutritional risk condition, the child must be referred for further assessment, receive nutritional counseling, or be referred to a nutrition program such as the Special Supplemental Food Program for Women, Infants, and Children; food stamps or food support; Expanded Food and Nutrition Education Program; or Head Start.

Subp. 12. **Immunizations.** The immunization status of a child must be compared to the "Recommended Schedule for Active Immunization of Normal Infants and Children," current edition. Immunizations that the comparison shows are needed must be offered to the child and given to the child if the child or parent of the child accepts the offer. The "Recommended Schedule for Active Immunization of Normal Infants and Children," current edition, is developed and distributed by the Minnesota Department of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440. The "Recommended Schedule for Active Immunization of Normal Infants and Children," current edition, is incorporated by reference and is available at the State Law Library, Judicial Center, 25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, Minnesota 55155. It is subject to frequent change.

Subp. 13. **Laboratory tests.** Laboratory tests must be done according to items A to F.

A. A Mantoux test must be administered yearly to a child whose health history indicates ongoing exposure to tuberculosis, unless the child has previously tested positive. A child who tests positive must be referred for diagnosis and treatment.

B. A child aged one to five years must initially be screened for lead through the use of either an erythrocyte protoporphyrin (EP) test or a direct blood lead screening test until December 31, 1992. Beginning January 1, 1993, a child age one to five must initially be screened using a direct blood lead screening test. Either capillary or venous blood may be used as the specimen for the direct blood lead test. Blood tests must be performed at a minimum of once at 12 months of age and once at 24 months of age or whenever the history indicates that there are risk factors for lead poisoning. When the result of the EP or capillary blood test is greater than the maximum allowable level set by the Centers for Disease Control of the United States Public Health Service, the child must be referred for a venous blood

lead test. A child with a venous blood lead level greater than the maximum allowable level set by the Centers for Disease Control must be referred for diagnosis and treatment.

C. The urine of a child must be tested for the presence of glucose, ketones, protein, and other abnormalities. A female at or near the age of four and a female at or near the age of ten must be tested for bacteriuria.

D. Either a microhematocrit determination or a hemoglobin concentration test for anemia must be done.

E. A test for sickle cell or other hemoglobinopathy, or abnormal blood conditions must be offered to a child who is at risk of such abnormalities and who has not yet been tested. These tests must be provided if accepted or requested by the child or parent of the child. If the tests identify a hemoglobin abnormality or other abnormal blood condition, the child must be referred for genetic counseling.

F. Other laboratory tests such as those for cervical cancer, sexually transmitted diseases, pregnancy, and parasites must be performed when indicated by a child's medical or family history.

Subp. 14. **Oral examination.** An oral examination of a child's mouth must be performed to detect deterioration of hard tissue, and inflammation or swelling of soft tissue. Counseling about the systemic use of fluoride must be given to a child when fluoride is not available through the community water supply or school programs.

Subp. 14a. **Health education and health counseling.** Health education and health counseling concerning the child's health must be offered to the child who is being screened and to the child's parent or representative. The health education and health counseling are for the purposes of assisting the child or the parent or representative of the child to understand the expected growth and development of the child and of informing the child or the parent or representative of the child about the benefits of healthy lifestyles and about practices to promote accident and disease prevention.

Subp. 15. **Schedule of age related screening standards.** An early and periodic screening, diagnosis, and treatment screening for a child at a specific age must include, at a minimum, the screening requirements of subparts 2 to 14 as provided by the following schedule:

Schedule of age related screening standards

A. Infancy:

Standards	Ages					
	By 1 month	2 months	4 months	6 months	9 months	12 months
Health History	X	X	X	X	X	X
Assessment of Physical Growth:						
Height	X	X	X	X	X	X
Weight	X	X	X	X	X	X
Head Circumference	X	X	X	X	X	X
Physical Examination	X	X	X	X	X	X
Vision	X	X	X	X	X	X
Hearing	X	X	X	X	X	X

APPENDIX
 Repealed Minnesota Rules: 20-6829

Development	X	X	X	X	X	X
Health Education/Counseling	X	X	X	X	X	X
Sexual Development	X	X	X	X	X	X
Nutrition	X	X	X	X	X	X
Immunizations/Review		X	X	X	X	X
Laboratory Tests:						
Tuberculin		if history indicates				
Lead Absorption		if history indicates				
Urinalysis	←	←	←	X	←	←
Hematocrit or Hemoglobin	←	←	←	←	X	X
Sickle Cell		at parent's or child's request				
Other Laboratory Tests		as indicated				
Oral Examination	X	X	X	X	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

B. Early Childhood:

Standards	Ages				
	15 months	18 months	24 months	3 years	4 years
Health History	X	X	X	X	X
Assessment of Physical Growth:					
Height	X	X	X	X	X
Weight	X	X	X	X	X
Head Circumference	X	X	X	X	X
Physical Examination	X	X	X	X	X
Vision	X	X	X	X	X
Hearing	X	X	X	X	X
Blood Pressure				X	X
Development	X	X	X	X	X
Health Education/Counseling	X	X	X	X	X
Sexual Development	X	X	X	X	X
Nutrition	X	X	X	X	X

APPENDIX
 Repealed Minnesota Rules: 20-6829

Immunizations/Review	X	X	X	X	X
----------------------	---	---	---	---	---

Laboratory Tests:

Tuberculin	if history indicates				
Lead Absorption	if history indicates	X	if history indicates		
Urinalysis	←	←	X	←	←
Bacteriuria (females)					X
Hematocrit or Hemoglobin	←	←	←	←	←
Sickle Cell	at parent's or child's request				
Other Laboratory Tests	as indicated				
Oral Examination	X	X	X	X	X

X = Procedure to be completed.
 ← = Procedure to be completed if not done at the previous visit, or on the first visit.

C. Late childhood:

Standards	Ages				
	5 years	6 years	8 years	10 years	12 years
Health History	X	X	X	X	X
Assessment of Physical Growth:					
Height	X	X	X	X	X
Weight	X	X	X	X	X
Physical Examination	X	X	X	X	X
Vision	X	X	X	X	X
Hearing	X	X	X	X	X
Blood Pressure	X	X	X	X	X
Development	X	X	X	X	X
Health Education/Counseling	X	X	X	X	X
Sexual Development	X	X	X	X	X
Nutrition	X	X	X	X	X
Immunizations/Review	X	X	X	X	X
Laboratory Tests:					
Tuberculin	if history indicates				
Lead Absorption	if history indicates				
Urinalysis	←	←	X	←	←
Bacteriuria (females)	←	←	X	←	←

APPENDIX
Repealed Minnesota Rules: 20-6829

Hemoglobin or Hematocrit	←	←	X	←	
Sickle Cell			at parent's or child's request		
Other Laboratory Tests			as indicated		
Oral Examination	X	X	X	X	X

X = Procedure to be completed.
← = Procedure to be completed if not done at the previous visit, or on the first visit.

D. Adolescence:

Standards	Ages			
	14 years	16 years	18 years	20 years
Health History	X	X	X	X
Assessment of Physical Growth:				
Height	X	X	X	X
Weight	X	X	X	X
Physical Examination	X	X	X	X
Vision	X	X	X	X
Hearing	X	X	X	X
Blood Pressure	X	X	X	X
Development	X	X	X	X
Health Education/Counseling	X	X	X	X
Sexual Development	X	X	X	X
Nutrition	X	X	X	X
Immunizations/Review	X	X	X	X

Laboratory Tests:		
Tuberculin		if history indicates
Lead Absorption		if history indicates
Urinalysis	←	X
Bacteriuria (females)	←	←
Hemoglobin or Hematocrit	←	X
Sickle Cell		at parent's or child's request
Other Laboratory Tests		as indicated
Oral Examination	X	X

X = Procedure to be completed.
← = Procedure to be completed if not done at the previous visit, or on the first visit.

Subp. 15a. **Additional screenings.** A child may have a partial or complete screening between the ages specified in the schedule under subpart 15 if the screening is medically necessary or a concern develops about the child's health or development.

9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

Diagnosis and treatment identified as needed under part 9505.1718 shall be eligible for medical assistance payment subject to the provisions of parts 9505.0170 to 9505.0475.

9505.1727 INFORMING.

A local agency must inform each child or parent of a child about the EPSDT program no later than 60 days after the date the child is determined to be eligible for medical assistance. The information about the EPSDT program must be given orally and in writing, indicate the purpose and benefits of the EPSDT program, indicate that the EPSDT program is without cost to the child or parent of the child while the child is eligible for medical assistance, state the types of medical and dental services available under the EPSDT program, and state that the transportation and appointment scheduling assistance required under part 9505.1730 is available.

The department must send a written notice to a child or parent of a child who has been screened informing the child or parent that the child should be screened again. This notice must be sent at the following ages of the child: six months, nine months, one year, 18 months, two years, four years, and every three years after age four.

Each year, on the date the child was determined eligible for medical assistance entitlements, the department must send a written notice to a child or parent of a child who has never been screened informing the child or parent that the child is eligible to be screened.

9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

Within ten working days of receiving a request for screening from a child or parent of a child, a local agency must give or mail to the child or parent of the child:

- A. a written list of EPSDT clinics in the area in which the child lives; and
- B. a written offer of help in making a screening appointment and in transporting the child to the site of the screening.

If the child or parent of the child requests help, the local agency must provide it.

Transportation under this item must be provided according to part 9505.0140, subpart 1.

9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

An EPSDT clinic must notify a child or parent of a child who is referred for diagnosis and treatment that the local agency will provide names and addresses of diagnosis and treatment providers and will help with appointment scheduling and transportation to the diagnosis and treatment provider. The notice must be on a form provided by the department and must be given to the child or parent of the child on the day the child is screened.

If a child or parent of a child asks a local agency for assistance with obtaining diagnosis and treatment, the local agency must provide that assistance within ten working days of the date of the request.

9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

A local agency must effectively inform an individual who is blind or deaf, or who cannot read or understand the English language, about the EPSDT program.

9505.1739 CHILDREN IN FOSTER CARE.

Subpart 1. **Dependent or neglected state wards.** The local agency must provide early and periodic screening, diagnosis, and treatment services for a child in foster care who is a dependent or neglected state ward under parts 9560.0410 to 9560.0470, and who is eligible for medical assistance unless the early and periodic screening, diagnosis, and treatment services are not in the best interest of the child.

Subp. 2. **Other children in foster care.** The local agency must discuss the EPSDT program with a parent of a child in foster care who is under the legal custody or protective supervision of the local agency or whose parent has entered into a voluntary placement agreement with the local agency. The local agency must help the parent decide whether to accept early and periodic screening, diagnosis, and treatment services for the child. If a parent cannot be consulted, the local agency must decide whether to accept early and periodic screening, diagnosis, and treatment services for the child and must document the reasons for the decision.

Subp. 3. **Assistance with appointment scheduling and transportation.** The local agency must help a child in foster care with appointment scheduling and transportation for screening, diagnosis, and treatment as provided by parts 9505.1730 to 9505.1733.

Subp. 4. **Notification.** The department must send a written notice to the local agency stating that a child in foster care who has been screened should be screened again. This notice must be sent at the following ages of the child: six months, nine months, one year, 18 months, two years, four years, and every three years thereafter.

Each year, by the anniversary of the date the child was determined eligible for medical assistance entitlements, the department must send a written notice to the local agency that a child in foster care who has never been screened is eligible to be screened.

If a written notice under this subpart pertains to a child who is a dependent or neglected state ward, the local agency must proceed according to subpart 1. The local agency must proceed according to subpart 2 if the written notice pertains to a child who is not a dependent or neglected state ward.

9505.1742 DOCUMENTATION.

The local agency must document compliance with parts 9505.1693 to 9505.1748 on forms provided by the department.

9505.1745 INTERAGENCY COORDINATION.

The local agency must coordinate the EPSDT program with other programs that provide health services to children as provided by Code of Federal Regulations, title 42, section 441.61(c), as amended through October 1, 1986. Examples of such agencies are a public health nursing service, a Head Start agency, and a school district.

9505.1748 CONTRACTS FOR ADMINISTRATIVE SERVICES.

Subpart 1. **Authority.** A local agency may contract with a county public health nursing service, a community health clinic, a Head Start agency, a community action agency, or a school district for early and periodic screening, diagnosis, and treatment administrative services. Early and periodic screening, diagnosis, and treatment administrative services include outreach; notification; appointment scheduling and transportation; follow-up; and documentation. For purposes of this subpart, "community action agency" means an entity defined in Minnesota Statutes, section 256E.31, subdivision 1, and "school district" means a school district as defined in Minnesota Statutes, section 120A.05, subdivisions 5, 10, and 14.

Subp. 2. **Federal financial participation.** The percent of federal financial participation for salaries, fringe benefits, and travel of skilled professional medical personnel and their

supporting staff shall be paid as provided by Code of Federal Regulations, title 42, section 433.15(b)(5), as amended through October 1, 1986.

Subp. 3. **State reimbursement.** State reimbursement for contracts for EPSDT administrative services under this part shall be as provided by Minnesota Statutes, section 256B.19, subdivision 1, except for the provisions under subdivision 1 that pertain to a prepaid health plan.

Subp. 4. **Approval.** A contract for administrative services must be approved by the local agency and submitted to the department for approval by November 1 of the year before the beginning of the calendar year in which the contract will be effective. A contract must contain items A to L to be approved by the department for reimbursement:

- A. names of the contracting parties;
- B. purpose of the contract;
- C. beginning and ending dates of the contract;
- D. amount of the contract, budget breakdown, and a clause that stipulates that the department's procedures for certifying expenditures will be followed by the local agency;
- E. the method by which the contract may be amended or terminated;
- F. a clause that stipulates that the contract will be renegotiated if federal or state program regulations or federal financial reimbursement regulations change;
- G. a clause that stipulates that the contracting parties will provide program and fiscal records and maintain all nonpublic data required by the contract according to the Minnesota Government Data Practices Act and will cooperate with state and federal program reviews;
- H. a description of the services contracted for and the agency that will perform them;
- I. methods by which the local agency will monitor and evaluate the contract;
- J. signatures of the representatives of the contracting parties with the authority to obligate the parties by contract and dates of those signatures;
- K. a clause that stipulates that the services provided under contract must be performed by or under the supervision of skilled medical personnel; and
- L. a clause that stipulates that the contracting parties will comply with state and federal requirements for the receipt of medical assistance funds.