

SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION

S.F. No. 383

(SENATE AUTHORS: ABELER, Newton and Hoffman)

DATE	D-PG	OFFICIAL STATUS
01/28/2021	181	Introduction and first reading Referred to Human Services Reform Finance and Policy
04/13/2021	2283a	Comm report: To pass as amended and re-refer to Finance
04/26/2021	3092a	Comm report: To pass as amended
	3235	Second reading
04/29/2021		Special Order: Amended Third reading Passed Laid on table

- 1.1 A bill for an act
- 1.2 relating to state government; modifying provisions governing children and family
- 1.3 services, child protection, adoption, child support, behavioral health services,
- 1.4 disability services, continuing care for older adults, community supports, health
- 1.5 care, human services licensing, and background studies; prohibiting recovery of
- 1.6 child care assistance overpayments due to department error; authorizing Tribal
- 1.7 government access to food shelf programs; eliminating TEFRA fees; establishing
- 1.8 grants to expand child care access for children with disabilities; implementing
- 1.9 family first program requirements; authorizing court-appointed counsel in child
- 1.10 protection proceedings; establishing children's mood disorder and emerging mood
- 1.11 disorder grant program; establishing alternate licensing inspections for accredited
- 1.12 substance use disorder providers; establishing the substance use disorder treatment
- 1.13 pathfinder companion pilot project; establishing a moratorium on development of
- 1.14 certain customized living settings; establishing the Minnesota inclusion initiative
- 1.15 grant program; establishing a customized living rate floor for certain assisted living
- 1.16 facilities; establishing a parent-to-parent peer support program for families of
- 1.17 children with special needs; establishing the supportive parenting pilot program;
- 1.18 establishing temporary retainer payments for certain providers of home and
- 1.19 community-based service providers; modernizing public guardianship statutes;
- 1.20 establishing the office of ombudsperson for child care providers; establishing
- 1.21 nonresidential family child care licensing requirements; establishing family child
- 1.22 care training advisory committee; providing technology to support foster family
- 1.23 recruitment and training; allowing driving as a covered service in community first
- 1.24 services and supports; establishing child care and early education quality and
- 1.25 affordability working group; implementing mental health uniform services
- 1.26 standards; establishing child care workforce development grants; establishing
- 1.27 COVID-19 public health support funds for child care programs; establishing child
- 1.28 care facility revitalization grant program; establishing the Jerry Relph family
- 1.29 supports and improvement plan; establishing legislative task force on human
- 1.30 services background studies disqualifications; making appointment; requiring
- 1.31 reports; making technical and conforming changes; making forecast adjustments;
- 1.32 transferring money; allocating federal block grant funds; appropriating money;
- 1.33 amending Minnesota Statutes 2020, sections 62A.152, subdivision 3; 62A.3094,
- 1.34 subdivision 1; 62Q.096; 62V.05, by adding a subdivision; 119B.09, subdivision
- 1.35 4; 119B.11, subdivision 2a; 119B.13, subdivisions 1, 6; 122A.18, subdivision 8;
- 1.36 144.0724, subdivision 4; 144.651, subdivision 2; 144A.073, subdivision 2, by
- 1.37 adding a subdivision; 144D.01, subdivision 4; 144G.08, subdivision 7, as amended;
- 1.38 148B.5301, subdivision 2; 148E.120, subdivision 2; 148F.11, subdivision 1;

2.1 245.462, subdivisions 1, 6, 8, 9, 14, 16, 17, 18, 21, 23, by adding a subdivision;
 2.2 245.4661, subdivision 5; 245.4662, subdivision 1; 245.467, subdivisions 2, 3;
 2.3 245.469, subdivisions 1, 2; 245.470, subdivision 1; 245.4712, subdivision 2;
 2.4 245.472, subdivision 2; 245.4863; 245.4871, subdivisions 9a, 10, 11a, 17, 21, 26,
 2.5 27, 29, 31, 32, 34, by adding a subdivision; 245.4874, subdivision 1; 245.4876,
 2.6 subdivisions 2, 3; 245.4879, subdivision 1; 245.488, subdivision 1; 245.4882,
 2.7 subdivision 1; 245.4885, subdivision 1; 245.4889, subdivision 1; 245.4901,
 2.8 subdivision 2; 245.62, subdivision 2; 245.697, subdivision 1; 245.735, subdivisions
 2.9 3, 5, by adding a subdivision; 245A.02, by adding subdivisions; 245A.03,
 2.10 subdivision 7, by adding a subdivision; 245A.04, subdivision 5; 245A.041, by
 2.11 adding a subdivision; 245A.043, subdivision 3; 245A.05; 245A.07, subdivision
 2.12 1; 245A.08, subdivisions 4, 5; 245A.10, subdivision 4; 245A.14, subdivisions 1,
 2.13 4; 245A.16, subdivision 1, by adding a subdivision; 245A.50, subdivisions 1a, 7;
 2.14 245A.65, subdivision 2; 245C.03, by adding subdivisions; 245C.05, subdivisions
 2.15 2c, 2d, 4; 245C.08, subdivision 3; 245C.10, by adding subdivisions; 245C.14,
 2.16 subdivision 1; 245C.15, by adding a subdivision; 245C.24, subdivisions 2, 3, 4,
 2.17 by adding a subdivision; 245D.02, subdivision 20; 245E.07, subdivision 1; 245F.04,
 2.18 subdivision 2; 245G.03, subdivision 2; 246.54, subdivision 1b; 252.27, subdivision
 2.19 2a; 252.43; 252A.01, subdivision 1; 252A.02, subdivisions 2, 9, 11, 12, by adding
 2.20 subdivisions; 252A.03, subdivisions 3, 4; 252A.04, subdivisions 1, 2, 4; 252A.05;
 2.21 252A.06, subdivisions 1, 2; 252A.07, subdivisions 1, 2, 3; 252A.081, subdivisions
 2.22 2, 3, 5; 252A.09, subdivisions 1, 2; 252A.101, subdivisions 2, 3, 5, 6, 7, 8;
 2.23 252A.111, subdivisions 2, 4, 6; 252A.12; 252A.16; 252A.17; 252A.19, subdivisions
 2.24 2, 4, 5, 7, 8; 252A.20; 252A.21, subdivisions 2, 4; 254B.03, subdivision 2; 254B.05,
 2.25 subdivision 5; 256.01, subdivision 14b; 256.0112, subdivision 6; 256.477; 256.741,
 2.26 by adding subdivisions; 256B.051, subdivisions 1, 3, 5, 6, 7, by adding a
 2.27 subdivision; 256B.0615, subdivisions 1, 5; 256B.0616, subdivisions 1, 3, 5;
 2.28 256B.0622, subdivisions 1, 2, 3a, 4, 7, 7a, 7b, 7d; 256B.0623, subdivisions 1, 2,
 2.29 3, 4, 5, 6, 9, 12; 256B.0624; 256B.0625, subdivisions 3b, 5, 5m, 19c, 28a, 42, 48,
 2.30 49, 56a; 256B.0653, by adding a subdivision; 256B.0654, by adding a subdivision;
 2.31 256B.0659, subdivisions 11, 17a; 256B.0757, subdivision 4c; 256B.0759,
 2.32 subdivisions 2, 4, by adding subdivisions; 256B.0911, subdivisions 1a, 3a, 6, by
 2.33 adding a subdivision; 256B.092, subdivision 1b; 256B.0941, subdivision 1;
 2.34 256B.0943, subdivisions 1, 2, 3, 4, 5, 5a, 6, 7, 9, 11; 256B.0946, subdivisions 1,
 2.35 1a, 2, 3, 4, 6; 256B.0947, subdivisions 1, 2, 3, 3a, 5, 6, 7; 256B.0949, subdivisions
 2.36 2, 4, 5a, by adding a subdivision; 256B.097, by adding subdivisions; 256B.14,
 2.37 subdivision 2; 256B.19, subdivision 1; 256B.25, subdivision 3; 256B.49,
 2.38 subdivision 23, by adding a subdivision; 256B.4905, by adding subdivisions;
 2.39 256B.4912, subdivision 13; 256B.4914, subdivisions 2, 5, 6, 7, 8, 9; 256B.5012,
 2.40 by adding a subdivision; 256B.5013, subdivisions 1, 6; 256B.5015, subdivision
 2.41 2; 256B.69, subdivision 5a; 256B.761; 256B.763; 256B.85, subdivisions 1, 2, 3,
 2.42 4, 5, 6, 7, 7a, 8, 9, 10, 11, 11b, 12, 12b, 13, 13a, 15, 16, 17a, 18a, 20b, 23, 23a, by
 2.43 adding subdivisions; 256D.051, by adding subdivisions; 256E.30, subdivision 2;
 2.44 256E.34, subdivision 1; 256I.04, subdivision 3; 256I.05, subdivisions 1a, 1c, 1q,
 2.45 11, by adding subdivisions; 256I.06, subdivision 8; 256J.08, subdivision 21;
 2.46 256J.09, subdivision 3; 256J.30, subdivision 8; 256J.35; 256J.45, subdivision 1;
 2.47 256J.626, subdivision 1; 256J.95, subdivision 5; 256L.03, subdivision 1; 256N.02,
 2.48 subdivisions 16, 17; 256N.22, subdivision 1; 256N.23, subdivisions 2, 6; 256N.24,
 2.49 subdivisions 1, 8, 11, 12, 14; 256N.25, subdivision 1, by adding a subdivision;
 2.50 256P.01, subdivision 6a; 256P.02, subdivisions 1a, 2; 256P.04, subdivision 4;
 2.51 256P.05; 256P.06, subdivision 3; 256S.203; 259.22, subdivision 4; 259.241; 259.35,
 2.52 subdivision 1; 259.53, subdivision 4; 259.73; 259.75, subdivisions 5, 6, 9; 259.83,
 2.53 subdivision 1a; 259A.75, subdivisions 1, 2, 3, 4; 260C.007, subdivisions 22a, 26c,
 2.54 31; 260C.157, subdivision 3; 260C.163, subdivision 3; 260C.212, subdivisions 1,
 2.55 1a, 2, 13, by adding a subdivision; 260C.215, subdivision 4; 260C.219, subdivision
 2.56 5; 260C.4412; 260C.452; 260C.503, subdivision 2; 260C.515, subdivision 3;
 2.57 260C.605, subdivision 1; 260C.607, subdivision 6; 260C.609; 260C.615; 260C.704;
 2.58 260C.706; 260C.708; 260C.71; 260C.712; 260C.714; 260D.01; 260D.05; 260D.06,

3.1 subdivision 2; 260D.07; 260D.08; 260D.14; 260E.20, subdivision 2; 260E.36, by
 3.2 adding a subdivision; 295.50, subdivision 9b; 297E.02, subdivision 3; 325F.721,
 3.3 subdivision 1; 466.03, subdivision 6d; 518.157, subdivisions 1, 3; 518.68,
 3.4 subdivision 2; 518A.29; 518A.33; 518A.35, subdivisions 1, 2; 518A.39, subdivision
 3.5 7; 518A.40, subdivision 4, by adding a subdivision; 518A.42; 518A.43, by adding
 3.6 a subdivision; 518A.685; 548.091, subdivisions 1a, 2a, 3b, 9, 10; 549.09,
 3.7 subdivision 1; Laws 2019, First Special Session chapter 9, article 5, section 86,
 3.8 subdivision 1, as amended; Laws 2020, First Special Session chapter 7, section 1,
 3.9 as amended; proposing coding for new law in Minnesota Statutes, chapters 119B;
 3.10 245A; 245G; 254B; 256; 256B; 256S; 518A; proposing coding for new law as
 3.11 Minnesota Statutes, chapter 245I; repealing Minnesota Statutes 2020, sections
 3.12 245.462, subdivision 4a; 245.4871, subdivision 32a; 245.4879, subdivision 2;
 3.13 245.62, subdivisions 3, 4; 245.69, subdivision 2; 245.735, subdivisions 1, 2, 4;
 3.14 252.28, subdivisions 1, 5; 252A.02, subdivisions 8, 10; 252A.21, subdivision 3;
 3.15 256B.0615, subdivision 2; 256B.0616, subdivision 2; 256B.0622, subdivisions 3,
 3.16 5a; 256B.0623, subdivisions 7, 8, 10, 11; 256B.0625, subdivisions 5l, 35a, 35b,
 3.17 61, 62, 65; 256B.0943, subdivisions 8, 10; 256B.0944; 256B.0946, subdivision
 3.18 5; 256B.097, subdivisions 1, 2, 3, 4, 5, 6; 256B.4905, subdivisions 1, 2, 3, 4, 5, 6;
 3.19 256D.051, subdivisions 1, 1a, 2, 2a, 3, 3a, 3b, 6b, 6c, 7, 8, 9, 18; 256D.052,
 3.20 subdivision 3; 259A.70; Laws 2019, First Special Session chapter 9, article 5,
 3.21 section 90; Minnesota Rules, parts 9505.0370; 9505.0371; 9505.0372; 9520.0010;
 3.22 9520.0020; 9520.0030; 9520.0040; 9520.0050; 9520.0060; 9520.0070; 9520.0080;
 3.23 9520.0090; 9520.0100; 9520.0110; 9520.0120; 9520.0130; 9520.0140; 9520.0150;
 3.24 9520.0160; 9520.0170; 9520.0180; 9520.0190; 9520.0200; 9520.0210; 9520.0230;
 3.25 9520.0750; 9520.0760; 9520.0770; 9520.0780; 9520.0790; 9520.0800; 9520.0810;
 3.26 9520.0820; 9520.0830; 9520.0840; 9520.0850; 9520.0860; 9520.0870; 9530.6800;
 3.27 9530.6810.

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

3.29 **ARTICLE 1**

3.30 **ECONOMIC SUPPORTS**

3.31 Section 1. Minnesota Statutes 2020, section 119B.09, subdivision 4, is amended to read:

3.32 Subd. 4. **Eligibility; annual income; calculation.** (a) Annual income of the applicant
 3.33 family is the current monthly income of the family multiplied by 12 or the income for the
 3.34 12-month period immediately preceding the date of application, or income calculated by
 3.35 the method which provides the most accurate assessment of income available to the family.

3.36 (b) Self-employment income must be calculated based on ~~gross receipts less operating~~
 3.37 ~~expenses~~ section 256P.05, subdivision 2.

3.38 (c) Income changes are processed under section 119B.025, subdivision 4. Included lump
 3.39 sums counted as income under section 256P.06, subdivision 3, must be annualized over 12
 3.40 months. Income must be verified with documentary evidence. If the applicant does not have
 3.41 sufficient evidence of income, verification must be obtained from the source of the income.

3.42 **EFFECTIVE DATE.** This section is effective May 1, 2022.

4.1 Sec. 2. Minnesota Statutes 2020, section 119B.13, subdivision 1, is amended to read:

4.2 Subdivision 1. **Subsidy restrictions.** (a) The maximum rate paid for child care assistance
4.3 in any county or county price cluster under the child care fund shall be the greater of the
4.4 25th percentile of the ~~2018~~ 2021 child care provider rate survey or the rates in effect at the
4.5 time of the update. For a child care provider located within the boundaries of a city located
4.6 in two or more of the counties of Benton, Sherburne, and Stearns, the maximum rate paid
4.7 for child care assistance shall be equal to the maximum rate paid in the county with the
4.8 highest maximum reimbursement rates or the provider's charge, whichever is less. The
4.9 commissioner may: (1) assign a county with no reported provider prices to a similar price
4.10 cluster; and (2) consider county level access when determining final price clusters.

4.11 (b) A rate which includes a special needs rate paid under subdivision 3 may be in excess
4.12 of the maximum rate allowed under this subdivision.

4.13 (c) The department shall monitor the effect of this paragraph on provider rates. The
4.14 county shall pay the provider's full charges for every child in care up to the maximum
4.15 established. The commissioner shall determine the maximum rate for each type of care on
4.16 an hourly, full-day, and weekly basis, including special needs and disability care.

4.17 (d) If a child uses one provider, the maximum payment for one day of care must not
4.18 exceed the daily rate. The maximum payment for one week of care must not exceed the
4.19 weekly rate.

4.20 (e) If a child uses two providers under section 119B.097, the maximum payment must
4.21 not exceed:

4.22 (1) the daily rate for one day of care;

4.23 (2) the weekly rate for one week of care by the child's primary provider; and

4.24 (3) two daily rates during two weeks of care by a child's secondary provider.

4.25 (f) Child care providers receiving reimbursement under this chapter must not be paid
4.26 activity fees or an additional amount above the maximum rates for care provided during
4.27 nonstandard hours for families receiving assistance.

4.28 (g) If the provider charge is greater than the maximum provider rate allowed, the parent
4.29 is responsible for payment of the difference in the rates in addition to any family co-payment
4.30 fee.

4.31 (h) All maximum provider rates changes shall be implemented on the Monday following
4.32 the effective date of the maximum provider rate.

5.1 (i) ~~Beginning September 21, 2020,~~ The maximum registration fee paid for child care
5.2 assistance in any county or county price cluster under the child care fund shall be the greater
5.3 of the 25th percentile of the ~~2018~~ 2021 child care provider rate survey or the registration
5.4 fee in effect at the time of the update. Maximum registration fees must be set for licensed
5.5 family child care and for child care centers. For a child care provider located in the boundaries
5.6 of a city located in two or more of the counties of Benton, Sherburne, and Stearns, the
5.7 maximum registration fee paid for child care assistance shall be equal to the maximum
5.8 registration fee paid in the county with the highest maximum registration fee or the provider's
5.9 charge, whichever is less.

5.10 **EFFECTIVE DATE.** This section is effective July 1, 2021.

5.11 Sec. 3. Minnesota Statutes 2020, section 119B.13, subdivision 6, is amended to read:

5.12 Subd. 6. **Provider payments.** (a) A provider shall bill only for services documented
5.13 according to section 119B.125, subdivision 6. The provider shall bill for services provided
5.14 within ten days of the end of the service period. Payments under the child care fund shall
5.15 be made within 21 days of receiving a complete bill from the provider. Counties or the state
5.16 may establish policies that make payments on a more frequent basis.

5.17 (b) If a provider has received an authorization of care and been issued a billing form for
5.18 an eligible family, the bill must be submitted within 60 days of the last date of service on
5.19 the bill. A bill submitted more than 60 days after the last date of service must be paid if the
5.20 county determines that the provider has shown good cause why the bill was not submitted
5.21 within 60 days. Good cause must be defined in the county's child care fund plan under
5.22 section 119B.08, subdivision 3, and the definition of good cause must include county error.
5.23 Any bill submitted more than a year after the last date of service on the bill must not be
5.24 paid.

5.25 (c) If a provider provided care for a time period without receiving an authorization of
5.26 care and a billing form for an eligible family, payment of child care assistance may only be
5.27 made retroactively for a maximum of ~~six~~ three months from the date the provider is issued
5.28 an authorization of care and billing form. For a family at application, if a provider provided
5.29 child care during a time period without receiving an authorization of care and a billing form,
5.30 a county may only make child care assistance payments to the provider retroactively from
5.31 the date that child care began, or from the date that the family's eligibility began under
5.32 section 119B.09, subdivision 7, or from the date that the family meets authorization
5.33 requirements, not to exceed six months from the date that the provider is issued an
5.34 authorization of care and billing form, whichever is later.

6.1 (d) A county or the commissioner may refuse to issue a child care authorization to a
6.2 licensed or legal nonlicensed provider, revoke an existing child care authorization to a
6.3 licensed or legal nonlicensed provider, stop payment issued to a licensed or legal nonlicensed
6.4 provider, or refuse to pay a bill submitted by a licensed or legal nonlicensed provider if:

6.5 (1) the provider admits to intentionally giving the county materially false information
6.6 on the provider's billing forms;

6.7 (2) a county or the commissioner finds by a preponderance of the evidence that the
6.8 provider intentionally gave the county materially false information on the provider's billing
6.9 forms, or provided false attendance records to a county or the commissioner;

6.10 (3) the provider is in violation of child care assistance program rules, until the agency
6.11 determines those violations have been corrected;

6.12 (4) the provider is operating after:

6.13 (i) an order of suspension of the provider's license issued by the commissioner;

6.14 (ii) an order of revocation of the provider's license; or

6.15 (iii) a final order of conditional license issued by the commissioner for as long as the
6.16 conditional license is in effect;

6.17 (5) the provider submits false attendance reports or refuses to provide documentation
6.18 of the child's attendance upon request;

6.19 (6) the provider gives false child care price information; or

6.20 (7) the provider fails to report decreases in a child's attendance as required under section
6.21 119B.125, subdivision 9.

6.22 (e) For purposes of paragraph (d), clauses (3), (5), (6), and (7), the county or the
6.23 commissioner may withhold the provider's authorization or payment for a period of time
6.24 not to exceed three months beyond the time the condition has been corrected.

6.25 (f) A county's payment policies must be included in the county's child care plan under
6.26 section 119B.08, subdivision 3. If payments are made by the state, in addition to being in
6.27 compliance with this subdivision, the payments must be made in compliance with section
6.28 16A.124.

6.29 (g) The commissioner shall not withhold a provider's authorization or payment under
6.30 paragraph (d) where the provider's alleged misconduct is the result of the provider relying
6.31 upon representations from the commissioner, local agency, or licensor that the provider had

7.1 been in compliance with the rules and regulations necessary to maintain the provider's
7.2 authorization.

7.3 **EFFECTIVE DATE.** This section is effective July 1, 2021, except that the language
7.4 in paragraph (g) is effective retroactively from July 1, 2020.

7.5 Sec. 4. Minnesota Statutes 2020, section 252.27, subdivision 2a, is amended to read:

7.6 Subd. 2a. **Contribution amount.** (a) The natural or adoptive parents of a minor child,
7.7 not including a child determined eligible for medical assistance without consideration of
7.8 parental income under the TEFRA option or for the purposes of accessing home and
7.9 community-based waiver services, must contribute to the cost of services used by making
7.10 monthly payments on a sliding scale based on income, unless the child is married or has
7.11 been married, parental rights have been terminated, or the child's adoption is subsidized
7.12 according to chapter 259A or through title IV-E of the Social Security Act. The parental
7.13 contribution is a partial or full payment for medical services provided for diagnostic,
7.14 therapeutic, curing, treating, mitigating, rehabilitation, maintenance, and personal care
7.15 services as defined in United States Code, title 26, section 213, needed by the child with a
7.16 chronic illness or disability.

7.17 (b) For households with adjusted gross income equal to or greater than 275 percent of
7.18 federal poverty guidelines, the parental contribution shall be computed by applying the
7.19 following schedule of rates to the adjusted gross income of the natural or adoptive parents:

7.20 (1) if the adjusted gross income is equal to or greater than 275 percent of federal poverty
7.21 guidelines and less than or equal to 545 percent of federal poverty guidelines, the parental
7.22 contribution shall be determined using a sliding fee scale established by the commissioner
7.23 of human services which begins at 1.65 percent of adjusted gross income at 275 percent of
7.24 federal poverty guidelines and increases to 4.5 percent of adjusted gross income for those
7.25 with adjusted gross income up to 545 percent of federal poverty guidelines;

7.26 (2) if the adjusted gross income is greater than 545 percent of federal poverty guidelines
7.27 and less than 675 percent of federal poverty guidelines, the parental contribution shall be
7.28 4.5 percent of adjusted gross income;

7.29 (3) if the adjusted gross income is equal to or greater than 675 percent of federal poverty
7.30 guidelines and less than 975 percent of federal poverty guidelines, the parental contribution
7.31 shall be determined using a sliding fee scale established by the commissioner of human
7.32 services which begins at 4.5 percent of adjusted gross income at 675 percent of federal

8.1 poverty guidelines and increases to 5.99 percent of adjusted gross income for those with
8.2 adjusted gross income up to 975 percent of federal poverty guidelines; and

8.3 (4) if the adjusted gross income is equal to or greater than 975 percent of federal poverty
8.4 guidelines, the parental contribution shall be 7.49 percent of adjusted gross income.

8.5 If the child lives with the parent, the annual adjusted gross income is reduced by \$2,400
8.6 prior to calculating the parental contribution. If the child resides in an institution specified
8.7 in section 256B.35, the parent is responsible for the personal needs allowance specified
8.8 under that section in addition to the parental contribution determined under this section.
8.9 The parental contribution is reduced by any amount required to be paid directly to the child
8.10 pursuant to a court order, but only if actually paid.

8.11 (c) The household size to be used in determining the amount of contribution under
8.12 paragraph (b) includes natural and adoptive parents and their dependents, including the
8.13 child receiving services. Adjustments in the contribution amount due to annual changes in
8.14 the federal poverty guidelines shall be implemented on the first day of July following
8.15 publication of the changes.

8.16 (d) For purposes of paragraph (b), "income" means the adjusted gross income of the
8.17 natural or adoptive parents determined according to the previous year's federal tax form,
8.18 except, effective retroactive to July 1, 2003, taxable capital gains to the extent the funds
8.19 have been used to purchase a home shall not be counted as income.

8.20 (e) The contribution shall be explained in writing to the parents at the time eligibility
8.21 for services is being determined. The contribution shall be made on a monthly basis effective
8.22 with the first month in which the child receives services. Annually upon redetermination
8.23 or at termination of eligibility, if the contribution exceeded the cost of services provided,
8.24 the local agency or the state shall reimburse that excess amount to the parents, either by
8.25 direct reimbursement if the parent is no longer required to pay a contribution, or by a
8.26 reduction in or waiver of parental fees until the excess amount is exhausted. All
8.27 reimbursements must include a notice that the amount reimbursed may be taxable income
8.28 if the parent paid for the parent's fees through an employer's health care flexible spending
8.29 account under the Internal Revenue Code, section 125, and that the parent is responsible
8.30 for paying the taxes owed on the amount reimbursed.

8.31 (f) The monthly contribution amount must be reviewed at least every 12 months; when
8.32 there is a change in household size; and when there is a loss of or gain in income from one
8.33 month to another in excess of ten percent. The local agency shall mail a written notice 30
8.34 days in advance of the effective date of a change in the contribution amount. A decrease in

9.1 the contribution amount is effective in the month that the parent verifies a reduction in
9.2 income or change in household size.

9.3 (g) Parents of a minor child who do not live with each other shall each pay the
9.4 contribution required under paragraph (a). An amount equal to the annual court-ordered
9.5 child support payment actually paid on behalf of the child receiving services shall be deducted
9.6 from the adjusted gross income of the parent making the payment prior to calculating the
9.7 parental contribution under paragraph (b).

9.8 (h) The contribution under paragraph (b) shall be increased by an additional five percent
9.9 if the local agency determines that insurance coverage is available but not obtained for the
9.10 child. For purposes of this section, "available" means the insurance is a benefit of employment
9.11 for a family member at an annual cost of no more than five percent of the family's annual
9.12 income. For purposes of this section, "insurance" means health and accident insurance
9.13 coverage, enrollment in a nonprofit health service plan, health maintenance organization,
9.14 self-insured plan, or preferred provider organization.

9.15 Parents who have more than one child receiving services shall not be required to pay
9.16 more than the amount for the child with the highest expenditures. There shall be no resource
9.17 contribution from the parents. The parent shall not be required to pay a contribution in
9.18 excess of the cost of the services provided to the child, not counting payments made to
9.19 school districts for education-related services. Notice of an increase in fee payment must
9.20 be given at least 30 days before the increased fee is due.

9.21 (i) The contribution under paragraph (b) shall be reduced by \$300 per fiscal year if, in
9.22 the 12 months prior to July 1:

9.23 (1) the parent applied for insurance for the child;

9.24 (2) the insurer denied insurance;

9.25 (3) the parents submitted a complaint or appeal, in writing to the insurer, submitted a
9.26 complaint or appeal, in writing, to the commissioner of health or the commissioner of
9.27 commerce, or litigated the complaint or appeal; and

9.28 (4) as a result of the dispute, the insurer reversed its decision and granted insurance.

9.29 For purposes of this section, "insurance" has the meaning given in paragraph (h).

9.30 A parent who has requested a reduction in the contribution amount under this paragraph
9.31 shall submit proof in the form and manner prescribed by the commissioner or county agency,
9.32 including, but not limited to, the insurer's denial of insurance, the written letter or complaint
9.33 of the parents, court documents, and the written response of the insurer approving insurance.

10.1 The determinations of the commissioner or county agency under this paragraph are not rules
10.2 subject to chapter 14.

10.3 Sec. 5. Minnesota Statutes 2020, section 256B.14, subdivision 2, is amended to read:

10.4 Subd. 2. **Actions to obtain payment.** The state agency shall promulgate rules to
10.5 determine the ability of responsible relatives to contribute partial or complete payment or
10.6 repayment of medical assistance furnished to recipients for whom they are responsible. All
10.7 medical assistance exclusions shall be allowed, and a resource limit of \$10,000 for
10.8 nonexcluded resources shall be implemented. Above these limits, a contribution of one-third
10.9 of the excess resources shall be required. These rules shall not require payment or repayment
10.10 when payment would cause undue hardship to the responsible relative or that relative's
10.11 immediate family. These rules shall ~~be consistent with the requirements of section 252.27~~
10.12 ~~for~~ not apply to parents of children whose eligibility for medical assistance was determined
10.13 without deeming of the parents' resources and income under the TEFRA option or for the
10.14 purposes of accessing home and community-based waiver services. The county agency
10.15 shall give the responsible relative notice of the amount of the payment or repayment. If the
10.16 state agency or county agency finds that notice of the payment obligation was given to the
10.17 responsible relative, but that the relative failed or refused to pay, a cause of action exists
10.18 against the responsible relative for that portion of medical assistance granted after notice
10.19 was given to the responsible relative, which the relative was determined to be able to pay.

10.20 The action may be brought by the state agency or the county agency in the county where
10.21 assistance was granted, for the assistance, together with the costs of disbursements incurred
10.22 due to the action.

10.23 In addition to granting the county or state agency a money judgment, the court may,
10.24 upon a motion or order to show cause, order continuing contributions by a responsible
10.25 relative found able to repay the county or state agency. The order shall be effective only
10.26 for the period of time during which the recipient receives medical assistance from the county
10.27 or state agency.

10.28 Sec. 6. Minnesota Statutes 2020, section 256D.051, is amended by adding a subdivision
10.29 to read:

10.30 Subd. 20. SNAP employment and training. The commissioner shall implement a
10.31 Supplemental Nutrition Assistance Program (SNAP) employment and training program
10.32 that meets the SNAP employment and training participation requirements of the United
10.33 States Department of Agriculture governed by Code of Federal Regulations, title 7, section

11.1 273.7. The commissioner shall operate a SNAP employment and training program in which
 11.2 SNAP recipients elect to participate. In order to receive SNAP assistance beyond the time
 11.3 limit, unless residing in an area covered by a time-limit waiver governed by Code of Federal
 11.4 Regulations, title 7, section 273.24, nonexempt SNAP recipients who do not meet federal
 11.5 SNAP work requirements must participate in an employment and training program. In
 11.6 addition to county and Tribal agencies that administer SNAP, the commissioner may contract
 11.7 with third-party providers for SNAP employment and training services.

11.8 **EFFECTIVE DATE.** This section is effective August 1, 2021.

11.9 Sec. 7. Minnesota Statutes 2020, section 256D.051, is amended by adding a subdivision
 11.10 to read:

11.11 Subd. 21. **County and Tribal agency duties.** County or Tribal agencies that administer
 11.12 SNAP shall inform adult SNAP recipients about employment and training services and
 11.13 providers in the recipient's area. County or Tribal agencies that administer SNAP may elect
 11.14 to subcontract with a public or private entity approved by the commissioner to provide
 11.15 SNAP employment and training services.

11.16 **EFFECTIVE DATE.** This section is effective August 1, 2021.

11.17 Sec. 8. Minnesota Statutes 2020, section 256D.051, is amended by adding a subdivision
 11.18 to read:

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

11.21 (1) supervise the administration of SNAP employment and training services to county,
 11.22 Tribal, and contracted agencies under this section and Code of Federal Regulations, title 7,
 11.23 section 273.7;

11.24 (2) disburse money allocated and reimbursed for SNAP employment and training services
 11.25 to county, Tribal, and contracted agencies;

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

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

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

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

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

12.5 **EFFECTIVE DATE.** This section is effective August 1, 2021.

12.6 Sec. 9. Minnesota Statutes 2020, section 256D.051, is amended by adding a subdivision
 12.7 to read:

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

12.11 **EFFECTIVE DATE.** This section is effective August 1, 2021.

12.12 Sec. 10. Minnesota Statutes 2020, section 256D.051, is amended by adding a subdivision
 12.13 to read:

12.14 Subd. 24. **Program funding.** (a) The United States Department of Agriculture annually
 12.15 allocates SNAP employment and training funds to the commissioner of human services for
 12.16 the operation of the SNAP employment and training program.

12.17 (b) The United States Department of Agriculture authorizes the disbursement of SNAP
 12.18 employment and training reimbursement funds to the commissioner of human services for
 12.19 the operation of the SNAP employment and training program.

12.20 (c) Except for funds allocated for state program development and administrative purposes
 12.21 or designated by the United States Department of Agriculture for a specific project, the
 12.22 commissioner of human services shall disburse money allocated for federal SNAP
 12.23 employment and training to counties and tribes that administer SNAP based on a formula
 12.24 determined by the commissioner that includes but is not limited to the county's or tribe's
 12.25 proportion of adult SNAP recipients as compared to the statewide total.

12.26 (d) The commissioner of human services shall disburse federal funds that the
 12.27 commissioner receives as reimbursement for SNAP employment and training costs to the
 12.28 state agency, county, tribe, or contracted agency that incurred the costs being reimbursed.

12.29 (e) The commissioner of human services may reallocate unexpended money disbursed
 12.30 under this section to county, Tribal, or contracted agencies that demonstrate a need for
 12.31 additional funds.

13.1 **EFFECTIVE DATE.** This section is effective August 1, 2021.

13.2 Sec. 11. Minnesota Statutes 2020, section 256E.30, subdivision 2, is amended to read:

13.3 Subd. 2. **Allocation of money.** (a) State money appropriated and community service
13.4 block grant money allotted to the state and all money transferred to the community service
13.5 block grant from other block grants shall be allocated annually to community action agencies
13.6 and Indian reservation governments under paragraphs (b) and (c), and to migrant and seasonal
13.7 farmworker organizations under paragraph (d).

13.8 (b) The available annual money will provide base funding to all community action
13.9 agencies and the Indian reservations. Base funding amounts per agency are as follows: for
13.10 agencies with low income populations up to ~~1,999, \$25,000; 2,000 to 23,999, \$50,000;~~ and
13.11 24,000 or more, \$100,000.

13.12 (c) All remaining money of the annual money available after the base funding has been
13.13 determined must be allocated to each agency and reservation in proportion to the size of
13.14 the poverty level population in the agency's service area compared to the size of the poverty
13.15 level population in the state.

13.16 (d) Allocation of money to migrant and seasonal farmworker organizations must not
13.17 exceed three percent of the total annual money available. Base funding allocations must be
13.18 made for all community action agencies and Indian reservations that received money under
13.19 this subdivision, in fiscal year 1984, and for community action agencies designated under
13.20 this section with a service area population of 35,000 or greater.

13.21 **EFFECTIVE DATE.** This section is effective July 1, 2021.

13.22 Sec. 12. Minnesota Statutes 2020, section 256E.34, subdivision 1, is amended to read:

13.23 Subdivision 1. **Distribution of appropriation.** The commissioner must distribute funds
13.24 appropriated to the commissioner by law for that purpose to Hunger Solutions, a statewide
13.25 association of food shelves organized as a nonprofit corporation as defined under section
13.26 501(c)(3) of the Internal Revenue Code of 1986, to distribute to qualifying food shelves. A
13.27 food shelf qualifies under this section if:

13.28 (1) it is a nonprofit corporation, or is affiliated with a nonprofit corporation, as defined
13.29 in section 501(c)(3) of the Internal Revenue Code of 1986 or a federally recognized Tribal
13.30 nation;

14.1 (2) it distributes standard food orders without charge to needy individuals. The standard
 14.2 food order must consist of at least a two-day supply or six pounds per person of nutritionally
 14.3 balanced food items;

14.4 (3) it does not limit food distributions to individuals of a particular religious affiliation,
 14.5 race, or other criteria unrelated to need or to requirements necessary to administration of a
 14.6 fair and orderly distribution system;

14.7 (4) it does not use the money received or the food distribution program to foster or
 14.8 advance religious or political views; and

14.9 (5) it has a stable address and directly serves individuals.

14.10 **EFFECTIVE DATE.** This section is effective July 1, 2021.

14.11 Sec. 13. Minnesota Statutes 2020, section 256J.08, subdivision 21, is amended to read:

14.12 Subd. 21. **Date of application.** "Date of application" means the date on which the county
 14.13 agency receives an applicant's ~~signed~~ application as a signed written application, an
 14.14 application submitted by telephone, or an application submitted through Internet telepresence.

14.15 Sec. 14. Minnesota Statutes 2020, section 256J.09, subdivision 3, is amended to read:

14.16 Subd. 3. **Submitting application form.** (a) A county agency must offer, in person or
 14.17 by mail, the application forms prescribed by the commissioner as soon as a person makes
 14.18 a written or oral inquiry. At that time, the county agency must:

14.19 (1) inform the person that assistance begins ~~with~~ on the date ~~that~~ the signed application
 14.20 is received by the county agency either as a signed written application; an application
 14.21 submitted by telephone; or an application submitted through Internet telepresence; or on
 14.22 the date that all eligibility criteria are met, whichever is later;

14.23 (2) inform a person that the person may submit the application by telephone or through
 14.24 Internet telepresence;

14.25 (3) inform a person that when the person submits the application by telephone or through
 14.26 Internet telepresence, the county agency must receive a signed written application within
 14.27 30 days of the date that the person submitted the application by telephone or through Internet
 14.28 telepresence;

14.29 ~~(2)~~ (4) inform the person that any delay in submitting the application will reduce the
 14.30 amount of assistance paid for the month of application;

14.31 ~~(3)~~ (5) inform a person that the person may submit the application before an interview;

- 15.1 ~~(4)~~ (6) explain the information that will be verified during the application process by
15.2 the county agency as provided in section 256J.32;
- 15.3 ~~(5)~~ (7) inform a person about the county agency's average application processing time
15.4 and explain how the application will be processed under subdivision 5;
- 15.5 ~~(6)~~ (8) explain how to contact the county agency if a person's application information
15.6 changes and how to withdraw the application;
- 15.7 ~~(7)~~ (9) inform a person that the next step in the application process is an interview and
15.8 what a person must do if the application is approved including, but not limited to, attending
15.9 orientation under section 256J.45 and complying with employment and training services
15.10 requirements in sections 256J.515 to 256J.57;
- 15.11 ~~(8)~~ (10) inform the person that ~~the~~ an interview must be conducted. The interview may
15.12 be conducted face-to-face in the county office or at a location mutually agreed upon, through
15.13 Internet telepresence, or at a location mutually agreed upon by telephone;
- 15.14 ~~(9) inform a person who has received MFIP or DWP in the past 12 months of the option~~
15.15 ~~to have a face-to-face, Internet telepresence, or telephone interview;~~
- 15.16 ~~(10)~~ (11) explain the child care and transportation services that are available under
15.17 paragraph (c) to enable caregivers to attend the interview, screening, and orientation; and
- 15.18 ~~(11)~~ (12) identify any language barriers and arrange for translation assistance during
15.19 appointments, including, but not limited to, screening under subdivision 3a, orientation
15.20 under section 256J.45, and assessment under section 256J.521.
- 15.21 (b) Upon receipt of a signed application, the county agency must stamp the date of receipt
15.22 on the face of the application. The county agency must process the application within the
15.23 time period required under subdivision 5. An applicant may withdraw the application at
15.24 any time by giving written or oral notice to the county agency. The county agency must
15.25 issue a written notice confirming the withdrawal. The notice must inform the applicant of
15.26 the county agency's understanding that the applicant has withdrawn the application and no
15.27 longer wants to pursue it. When, within ten days of the date of the agency's notice, an
15.28 applicant informs a county agency, in writing, that the applicant does not wish to withdraw
15.29 the application, the county agency must reinstate the application and finish processing the
15.30 application.
- 15.31 (c) Upon a participant's request, the county agency must arrange for transportation and
15.32 child care or reimburse the participant for transportation and child care expenses necessary

16.1 to enable participants to attend the screening under subdivision 3a and orientation under
16.2 section 256J.45.

16.3 Sec. 15. Minnesota Statutes 2020, section 256J.30, subdivision 8, is amended to read:

16.4 Subd. 8. **Late MFIP household report forms.** (a) Paragraphs (b) to (e) apply to the
16.5 reporting requirements in subdivision 7.

16.6 (b) When the county agency receives an incomplete MFIP household report form, the
16.7 county agency must immediately ~~return the incomplete form and clearly state what the~~
16.8 ~~caregiver must do for the form to be complete~~ contact the caregiver by phone or in writing
16.9 to acquire the necessary information to complete the form.

16.10 (c) The automated eligibility system must send a notice of proposed termination of
16.11 assistance to the assistance unit if a complete MFIP household report form is not received
16.12 by a county agency. The automated notice must be mailed to the caregiver by approximately
16.13 the 16th of the month. When a caregiver submits an incomplete form on or after the date a
16.14 notice of proposed termination has been sent, the termination is valid unless the caregiver
16.15 submits a complete form before the end of the month.

16.16 (d) An assistance unit required to submit an MFIP household report form is considered
16.17 to have continued its application for assistance if a complete MFIP household report form
16.18 is received within a calendar month after the month in which the form was due and assistance
16.19 shall be paid for the period beginning with the first day of that calendar month.

16.20 (e) A county agency must allow good cause exemptions from the reporting requirements
16.21 under subdivision 5 when any of the following factors cause a caregiver to fail to provide
16.22 the county agency with a completed MFIP household report form before the end of the
16.23 month in which the form is due:

16.24 (1) an employer delays completion of employment verification;

16.25 (2) a county agency does not help a caregiver complete the MFIP household report form
16.26 when the caregiver asks for help;

16.27 (3) a caregiver does not receive an MFIP household report form due to mistake on the
16.28 part of the department or the county agency or due to a reported change in address;

16.29 (4) a caregiver is ill, or physically or mentally incapacitated; or

16.30 (5) some other circumstance occurs that a caregiver could not avoid with reasonable
16.31 care which prevents the caregiver from providing a completed MFIP household report form
16.32 before the end of the month in which the form is due.

17.1 **EFFECTIVE DATE.** This section is effective September 1, 2021.

17.2 Sec. 16. Minnesota Statutes 2020, section 256J.35, is amended to read:

17.3 **256J.35 AMOUNT OF ASSISTANCE PAYMENT.**

17.4 Except as provided in paragraphs (a) to (d), the amount of an assistance payment is equal
17.5 to the difference between the MFIP standard of need or the Minnesota family wage level
17.6 in section 256J.24 and countable income.

17.7 (a) Beginning July 1, 2015, MFIP assistance units are eligible for an MFIP housing
17.8 assistance grant of ~~\$110~~ \$150 per month, unless:

17.9 (1) the housing assistance unit is currently receiving public and assisted rental subsidies
17.10 provided through the Department of Housing and Urban Development (HUD) and is subject
17.11 to section 256J.37, subdivision 3a; or

17.12 (2) the assistance unit is a child-only case under section 256J.88.

17.13 (b) When MFIP eligibility exists for the month of application, the amount of the assistance
17.14 payment for the month of application must be prorated from the date of application or the
17.15 date all other eligibility factors are met for that applicant, whichever is later. This provision
17.16 applies when an applicant loses at least one day of MFIP eligibility.

17.17 (c) MFIP overpayments to an assistance unit must be recouped according to section
17.18 256P.08, subdivision 6.

17.19 (d) An initial assistance payment must not be made to an applicant who is not eligible
17.20 on the date payment is made.

17.21 **EFFECTIVE DATE.** This section is effective July 1, 2021.

17.22 Sec. 17. Minnesota Statutes 2020, section 256J.45, subdivision 1, is amended to read:

17.23 Subdivision 1. **County agency to provide orientation.** A county agency must provide
17.24 ~~a face-to-face~~ an orientation to each MFIP caregiver unless the caregiver is:

17.25 (1) a single parent, or one parent in a two-parent family, employed at least 35 hours per
17.26 week; or

17.27 (2) a second parent in a two-parent family who is employed for 20 or more hours per
17.28 week provided the first parent is employed at least 35 hours per week.

17.29 The county agency must inform caregivers who are not exempt under clause (1) or (2) that
17.30 failure to attend the orientation is considered an occurrence of noncompliance with program

18.1 requirements, and will result in the imposition of a sanction under section 256J.46. If the
18.2 client complies with the orientation requirement prior to the first day of the month in which
18.3 the grant reduction is proposed to occur, the orientation sanction shall be lifted.

18.4 Sec. 18. Minnesota Statutes 2020, section 256J.626, subdivision 1, is amended to read:

18.5 Subdivision 1. **Consolidated fund.** The consolidated fund is established to support
18.6 counties and tribes in meeting their duties under this chapter. Counties and tribes must use
18.7 funds from the consolidated fund to develop programs and services that are designed to
18.8 improve participant outcomes as measured in section 256J.751, subdivision 2. Counties and
18.9 tribes that administer MFIP eligibility may use the funds for any allowable expenditures
18.10 under subdivision 2, including case management. Tribes that do not administer MFIP
18.11 eligibility may use the funds for any allowable expenditures under subdivision 2, including
18.12 case management, except those in subdivision 2, paragraph (a), clauses (1) and (6). All
18.13 payments made through the MFIP consolidated fund to support a caregiver's pursuit of
18.14 greater economic stability does not count when determining a family's available income.

18.15 **EFFECTIVE DATE.** This section is effective July 1, 2021.

18.16 Sec. 19. Minnesota Statutes 2020, section 256J.95, subdivision 5, is amended to read:

18.17 Subd. 5. **Submitting application form.** The eligibility date for the diversionary work
18.18 program begins ~~with~~ on the date that the signed combined application form (CAF) is received
18.19 by the county agency either as a signed written application; an application submitted by
18.20 telephone; or an application submitted through Internet telepresence; or on the date that
18.21 diversionary work program eligibility criteria are met, whichever is later. The county agency
18.22 must inform an applicant that when the applicant submits the application by telephone or
18.23 through Internet telepresence, the county agency must receive a signed written application
18.24 within 30 days of the date that the applicant submitted the application by telephone or
18.25 through Internet telepresence. The county agency must inform the applicant that any delay
18.26 in submitting the application will reduce the benefits paid for the month of application. The
18.27 county agency must inform a person that an application may be submitted before the person
18.28 has an interview appointment. Upon receipt of a signed application, the county agency must
18.29 stamp the date of receipt on the face of the application. The applicant may withdraw the
18.30 application at any time prior to approval by giving written or oral notice to the county
18.31 agency. The county agency must follow the notice requirements in section 256J.09,
18.32 subdivision 3, when issuing a notice confirming the withdrawal.

19.1 Sec. 20. Minnesota Statutes 2020, section 256N.02, subdivision 16, is amended to read:

19.2 Subd. 16. **Permanent legal and physical custody.** "Permanent legal and physical
 19.3 custody" means: (1) a full transfer of permanent legal and physical custody of a child ordered
 19.4 by a Minnesota juvenile court under section 260C.515, subdivision 4, to a relative ~~ordered~~
 19.5 ~~by a Minnesota juvenile court under section 260C.515, subdivision 4, who is not the child's~~
 19.6 parent as defined in section 260C.007, subdivision 25; or (2) for a child under jurisdiction
 19.7 of a tribal court, a judicial determination under a similar provision in tribal code which
 19.8 means that a relative will assume the duty and authority to provide care, control, and
 19.9 protection of a child who is residing in foster care, and to make decisions regarding the
 19.10 child's education, health care, and general welfare until adulthood. To establish eligibility
 19.11 for Northstar kinship assistance, permanent legal and physical custody does not include
 19.12 joint legal custody, joint physical custody, or joint legal and joint physical custody of a child
 19.13 shared by the child's parent and relative custodian.

19.14 Sec. 21. Minnesota Statutes 2020, section 256N.02, subdivision 17, is amended to read:

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

19.22 Sec. 22. Minnesota Statutes 2020, section 256N.22, subdivision 1, is amended to read:

19.23 Subdivision 1. **General eligibility requirements.** (a) To be eligible for Northstar kinship
 19.24 assistance under this section, there must be a judicial determination under section 260C.515,
 19.25 subdivision 4, that a transfer of permanent legal and physical custody to a relative who is
 19.26 not the child's parent is in the child's best interest. For a child under jurisdiction of a tribal
 19.27 court, a judicial determination under a similar provision in tribal code indicating that a
 19.28 relative will assume the duty and authority to provide care, control, and protection of a child
 19.29 who is residing in foster care, and to make decisions regarding the child's education, health
 19.30 care, and general welfare until adulthood, and that this is in the child's best interest is
 19.31 considered equivalent. A child whose parent shares legal, physical, or legal and physical
 19.32 custody of the child with a relative custodian is not eligible for Northstar kinship assistance.
 19.33 Additionally, a child must:

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

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

20.5 (ii) have received from the commissioner an exemption from the requirement in item
20.6 (i) that the prospective relative custodian has been a licensed child foster parent for at least
20.7 six consecutive months, based on a determination that:

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

20.9 (B) expedited permanency cannot be completed without provision of Northstar kinship
20.10 assistance;

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

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

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

20.18 (3) meet the agency determinations regarding permanency requirements in subdivision
20.19 2;

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

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

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

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

20.30 (c) To be eligible for title IV-E Northstar kinship assistance, a child must also meet any
20.31 additional criteria in section 473(d) of the Social Security Act. The sibling of a child who
20.32 meets the criteria for title IV-E Northstar kinship assistance in section 473(d) of the Social

21.1 Security Act is eligible for title IV-E Northstar kinship assistance if the child and sibling
 21.2 are placed with the same prospective relative custodian or custodians, and the legally
 21.3 responsible agency, relatives, and commissioner agree on the appropriateness of the
 21.4 arrangement for the sibling. A child who meets all eligibility criteria except those specific
 21.5 to title IV-E Northstar kinship assistance is entitled to Northstar kinship assistance paid
 21.6 through funds other than title IV-E.

21.7 Sec. 23. Minnesota Statutes 2020, section 256N.23, subdivision 2, is amended to read:

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

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

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

21.13 (2) a petition to terminate parental rights;

21.14 (3) consent of the child's parent to adoption accepted by the court under chapter 260C
 21.15 or, in the case of a child receiving Northstar kinship assistance payments under section
 21.16 256N.22, consent of the child's parent to the child's adoption executed under chapter 259;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23.4 (g) Once the legally responsible agency has determined that placement with an identified
23.5 parent is in the child's best interests and made full written disclosure about the child's social
23.6 and medical history, the agency must ask the prospective adoptive parent if the prospective
23.7 adoptive parent is willing to adopt the child without receiving adoption assistance under
23.8 this section. If the identified parent is either unwilling or unable to adopt the child without
23.9 adoption assistance, the legally responsible agency must provide documentation as prescribed
23.10 by the commissioner to fulfill the requirement to make a reasonable effort to place the child
23.11 without adoption assistance. If the identified parent is willing to adopt the child without
23.12 adoption assistance, the parent must provide a written statement to this effect to the legally
23.13 responsible agency and the statement must be maintained in the permanent adoption record
23.14 of the legally responsible agency. For children under guardianship of the commissioner,
23.15 the legally responsible agency shall submit a copy of this statement to the commissioner to
23.16 be maintained in the permanent adoption record.

23.17 Sec. 24. Minnesota Statutes 2020, section 256N.23, subdivision 6, is amended to read:

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

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

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

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

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

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

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

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

24.7 Sec. 25. Minnesota Statutes 2020, section 256N.24, subdivision 1, is amended to read:

24.8 Subdivision 1. **Assessment.** (a) Each child eligible under sections 256N.21, 256N.22,
 24.9 and 256N.23, must be assessed to determine the benefits the child may receive under section
 24.10 256N.26, in accordance with the assessment tool, process, and requirements specified in
 24.11 subdivision 2.

24.12 (b) If an agency applies the emergency foster care rate for initial placement under section
 24.13 256N.26, the agency may wait up to 30 days to complete the initial assessment.

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

24.16 (d) An assessment must not be completed for:

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

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

24.22 Sec. 26. Minnesota Statutes 2020, section 256N.24, subdivision 8, is amended to read:

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

24.26 (b) If a new special assessment is required prior to the effective date of the Northstar
 24.27 kinship assistance agreement, it must be completed by the financially responsible agency,
 24.28 in consultation with the legally responsible agency if different. If the prospective relative
 24.29 custodian is unable or unwilling to cooperate with the special assessment process, the child
 24.30 shall be assigned the basic level, level B under section 256N.26, subdivision 3, ~~unless the~~

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

25.3 (c) If a special assessment is required prior to the effective date of the adoption assistance
 25.4 agreement, it must be completed by the financially responsible agency, in consultation with
 25.5 the legally responsible agency if different. If there is no financially responsible agency, the
 25.6 special assessment must be completed by the agency designated by the commissioner. If
 25.7 the prospective adoptive parent is unable or unwilling to cooperate with the special
 25.8 assessment process, the child must be assigned the basic level, level B under section 256N.26,
 25.9 subdivision 3, unless the child is known to be an at-risk child, in which case, the child shall
 25.10 be assigned level A under section 256N.26, subdivision 1.

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

25.13 Sec. 27. Minnesota Statutes 2020, section 256N.24, subdivision 11, is amended to read:

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

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

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

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

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

25.30 Sec. 28. Minnesota Statutes 2020, section 256N.24, subdivision 12, is amended to read:

25.31 Subd. 12. **Approval of initial assessments, special assessments, and reassessments.** (a)
 25.32 Any agency completing initial assessments, special assessments, or reassessments must

26.1 designate one or more supervisors or other staff to examine and approve assessments
 26.2 completed by others in the agency under subdivision 2. The person approving an assessment
 26.3 must not be the case manager or staff member completing that assessment.

26.4 (b) In cases where a special assessment or reassessment for ~~guardian~~ Northstar kinship
 26.5 assistance and adoption assistance is required under subdivision 8 or 11, the commissioner
 26.6 shall review and approve the assessment as part of the eligibility determination process
 26.7 outlined in section 256N.22, subdivision 7, for Northstar kinship assistance, or section
 26.8 256N.23, subdivision 7, for adoption assistance. The assessment determines the maximum
 26.9 ~~for~~ of the negotiated agreement amount under section 256N.25.

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

26.12 Sec. 29. Minnesota Statutes 2020, section 256N.24, subdivision 14, is amended to read:

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

26.18 Sec. 30. Minnesota Statutes 2020, section 256N.25, subdivision 1, is amended to read:

26.19 Subdivision 1. **Agreement; Northstar kinship assistance; adoption assistance.** (a) In
 26.20 order to receive Northstar kinship assistance or adoption assistance benefits on behalf of
 26.21 an eligible child, a written, binding agreement between the caregiver or caregivers, the
 26.22 financially responsible agency, or, if there is no financially responsible agency, the agency
 26.23 designated by the commissioner, and the commissioner must be established prior to
 26.24 finalization of the adoption or a transfer of permanent legal and physical custody. The
 26.25 agreement must be negotiated with the caregiver or caregivers under subdivision 2 and
 26.26 renegotiated under subdivision 3, if applicable.

26.27 (b) The agreement must be on a form approved by the commissioner and must specify
 26.28 the following:

26.29 (1) duration of the agreement;

26.30 (2) the nature and amount of any payment, services, and assistance to be provided under
 26.31 such agreement;

26.32 (3) the child's eligibility for Medicaid services;

27.1 (4) the terms of the payment, including any child care portion as specified in section
27.2 256N.24, subdivision 3;

27.3 (5) eligibility for reimbursement of nonrecurring expenses associated with adopting or
27.4 obtaining permanent legal and physical custody of the child, to the extent that the total cost
27.5 does not exceed \$2,000 per child pursuant to subdivision 1a;

27.6 (6) that the agreement must remain in effect regardless of the state of which the adoptive
27.7 parents or relative custodians are residents at any given time;

27.8 (7) provisions for modification of the terms of the agreement, including renegotiation
27.9 of the agreement;

27.10 (8) the effective date of the agreement; and

27.11 (9) the successor relative custodian or custodians for Northstar kinship assistance, when
27.12 applicable. The successor relative custodian or custodians may be added or changed by
27.13 mutual agreement under subdivision 3.

27.14 (c) The caregivers, the commissioner, and the financially responsible agency, or, if there
27.15 is no financially responsible agency, the agency designated by the commissioner, must sign
27.16 the agreement. A copy of the signed agreement must be given to each party. Once signed
27.17 by all parties, the commissioner shall maintain the official record of the agreement.

27.18 (d) The effective date of the Northstar kinship assistance agreement must be the date of
27.19 the court order that transfers permanent legal and physical custody to the relative. The
27.20 effective date of the adoption assistance agreement is the date of the finalized adoption
27.21 decree.

27.22 (e) Termination or disruption of the preadoptive placement or the foster care placement
27.23 prior to assignment of custody makes the agreement with that caregiver void.

27.24 Sec. 31. Minnesota Statutes 2020, section 256N.25, is amended by adding a subdivision
27.25 to read:

27.26 Subd. 1a. Reimbursement of nonrecurring expenses. (a) The commissioner of human
27.27 services must reimburse a relative custodian with a fully executed Northstar kinship assistance
27.28 benefit agreement for costs that the relative custodian incurs while seeking permanent legal
27.29 and physical custody of a child who is the subject of a Northstar kinship assistance benefit
27.30 agreement. The commissioner must reimburse a relative custodian for expenses that are
27.31 reasonable and necessary that the relative incurs during the transfer of permanent legal and
27.32 physical custody of a child to the relative custodian, subject to a maximum of \$2,000. To

28.1 be eligible for reimbursement, the expenses must directly relate to the legal transfer of
28.2 permanent legal and physical custody of the child to the relative custodian, must not have
28.3 been incurred by the relative custodian in violation of state or federal law, and must not
28.4 have been reimbursed from other sources or funds. The relative custodian must submit
28.5 reimbursement requests to the commissioner within 21 months of the date of the child's
28.6 finalized transfer of permanent legal and physical custody, and the relative custodian must
28.7 follow all requirements and procedures that the commissioner prescribes.

28.8 (b) The commissioner of human services must reimburse an adoptive parent for costs
28.9 that the adoptive parent incurs in an adoption of a child with special needs according to
28.10 section 256N.23, subdivision 2. The commissioner must reimburse an adoptive parent for
28.11 expenses that are reasonable and necessary for the adoption of the child to occur, subject
28.12 to a maximum of \$2,000. To be eligible for reimbursement, the expenses must directly relate
28.13 to the legal adoption of the child, must not have been incurred by the adoptive parent in
28.14 violation of state or federal law, and must not have been reimbursed from other sources or
28.15 funds.

28.16 (1) Children who have special needs but who are not citizens or residents of the United
28.17 States and were either adopted in another country or brought to this country for the purposes
28.18 of adoption are categorically ineligible for the reimbursement program in this section, except
28.19 when the child meets the eligibility criteria in this section after the dissolution of the child's
28.20 international adoption.

28.21 (2) An adoptive parent, in consultation with the responsible child-placing agency, may
28.22 request reimbursement of nonrecurring adoption expenses by submitting a complete
28.23 application to the commissioner that follows the commissioner's requirements and procedures
28.24 on forms that the commissioner prescribes.

28.25 (3) The commissioner must determine a child's eligibility for adoption expense
28.26 reimbursement under title IV-E of the Social Security Act, United States Code, title 42,
28.27 sections 670 to 679c. If the commissioner determines that a child is eligible, the commissioner
28.28 of human services must fully execute the agreement for nonrecurring adoption expense
28.29 reimbursement by signing the agreement. For a child to be eligible, the commissioner must
28.30 have fully executed the agreement for nonrecurring adoption expense reimbursement prior
28.31 to finalizing a child's adoption.

28.32 (4) An adoptive parent who has a fully executed Northstar adoption assistance agreement
28.33 is not required to submit a separate application for reimbursement of nonrecurring adoption
28.34 expenses for the child who is the subject of the Northstar adoption assistance agreement.

29.1 (5) If the commissioner has determined the child to be eligible, the adoptive parent must
 29.2 submit reimbursement requests to the commissioner within 21 months of the date of the
 29.3 child's adoption decree, and the adoptive parent must follow requirements and procedures
 29.4 that the commissioner prescribes.

29.5 Sec. 32. Minnesota Statutes 2020, section 256P.02, subdivision 1a, is amended to read:

29.6 Subd. 1a. **Exemption.** Participants who qualify for child care assistance programs under
 29.7 chapter 119B are exempt from this section, except that the personal property identified in
 29.8 subdivision 2 is counted toward the asset limit of the child care assistance program under
 29.9 chapter 119B.

29.10 **EFFECTIVE DATE.** This section is effective May 1, 2022.

29.11 Sec. 33. Minnesota Statutes 2020, section 256P.02, subdivision 2, is amended to read:

29.12 Subd. 2. **Personal property limitations.** The equity value of an assistance unit's personal
 29.13 property listed in clauses (1) to ~~(4)~~ (5) must not exceed \$10,000 for applicants and
 29.14 participants. For purposes of this subdivision, personal property is limited to:

29.15 (1) cash;

29.16 (2) bank accounts;

29.17 (3) liquid stocks and bonds that can be readily accessed without a financial penalty; ~~and~~

29.18 (4) vehicles not excluded under subdivision 3; and

29.19 (5) the full value of business accounts used to pay expenses not related to the business.

29.20 **EFFECTIVE DATE.** This section is effective May 1, 2022.

29.21 Sec. 34. Minnesota Statutes 2020, section 256P.04, subdivision 4, is amended to read:

29.22 Subd. 4. **Factors to be verified.** (a) The agency shall verify the following at application:

29.23 (1) identity of adults;

29.24 (2) age, if necessary to determine eligibility;

29.25 (3) immigration status;

29.26 (4) income;

29.27 (5) spousal support and child support payments made to persons outside the household;

29.28 (6) vehicles;

- 30.1 (7) checking and savings accounts, including but not limited to any business accounts
 30.2 used to pay expenses not related to the business;
- 30.3 (8) inconsistent information, if related to eligibility;
- 30.4 (9) residence;
- 30.5 (10) Social Security number; and
- 30.6 (11) use of nonrecurring income under section 256P.06, subdivision 3, clause (2), item
 30.7 (ix), for the intended purpose for which it was given and received.

30.8 (b) Applicants who are qualified noncitizens and victims of domestic violence as defined
 30.9 under section 256J.08, subdivision 73, clause (7), are not required to verify the information
 30.10 in paragraph (a), clause (10). When a Social Security number is not provided to the agency
 30.11 for verification, this requirement is satisfied when each member of the assistance unit
 30.12 cooperates with the procedures for verification of Social Security numbers, issuance of
 30.13 duplicate cards, and issuance of new numbers which have been established jointly between
 30.14 the Social Security Administration and the commissioner.

30.15 **EFFECTIVE DATE.** This section is effective May 1, 2022.

30.16 Sec. 35. Minnesota Statutes 2020, section 256P.05, is amended to read:

30.17 **256P.05 SELF-EMPLOYMENT EARNINGS.**

30.18 Subdivision 1. **Exempted programs.** Participants who qualify for ~~child care assistance~~
 30.19 ~~programs under chapter 119B~~, Minnesota supplemental aid under chapter 256D, and housing
 30.20 support under chapter 256I on the basis of eligibility for Supplemental Security Income are
 30.21 exempt from this section. Participants who qualify for child care assistance programs under
 30.22 chapter 119B are exempt from subdivision 3.

30.23 Subd. 2. **Self-employment income determinations.** Applicants and participants must
 30.24 choose one of the methods described in this subdivision for determining self-employment
 30.25 earned income. An agency must determine self-employment income, which is either:

- 30.26 (1) one-half of gross earnings from self-employment; or
- 30.27 (2) taxable income as determined from an Internal Revenue Service tax form that has
 30.28 been filed with the Internal Revenue Service ~~within the last~~ for the most recent year and
 30.29 according to guidance provided for the Supplemental Nutrition Assistance Program. A
 30.30 12-month average using ~~net~~ taxable income shall be used to budget monthly income.

31.1 Subd. 3. **Self-employment budgeting.** (a) The self-employment budget period begins
 31.2 in the month of application or in the first month of self-employment. ~~Applicants and~~
 31.3 ~~participants must choose one of the methods described in subdivision 2 for determining~~
 31.4 ~~self-employment earned income.~~

31.5 (b) Applicants and participants who elect to use taxable income as described in
 31.6 subdivision 2, clause (2), to determine self-employment income must continue to use this
 31.7 method until recertification, unless there is an unforeseen significant change in gross income
 31.8 equaling a decline in gross income of the amount equal to or greater than the earned income
 31.9 disregard as defined in section 256P.03 from the income used to determine the benefit for
 31.10 the current month.

31.11 (c) For applicants and participants who elect to use one-half of gross earnings as described
 31.12 in subdivision 2, clause (1), to determine self-employment income, earnings must be counted
 31.13 as income in the month received.

31.14 **EFFECTIVE DATE.** This section is effective May 1, 2022.

31.15 Sec. 36. Minnesota Statutes 2020, section 256P.06, subdivision 3, is amended to read:

31.16 Subd. 3. **Income inclusions.** The following must be included in determining the income
 31.17 of an assistance unit:

31.18 (1) earned income; and

31.19 (2) unearned income, which includes:

31.20 (i) interest and dividends from investments and savings;

31.21 (ii) capital gains as defined by the Internal Revenue Service from any sale of real property;

31.22 (iii) proceeds from rent and contract for deed payments in excess of the principal and
 31.23 interest portion owed on property;

31.24 (iv) income from trusts, excluding special needs and supplemental needs trusts;

31.25 (v) interest income from loans made by the participant or household;

31.26 (vi) cash prizes and winnings;

31.27 (vii) unemployment insurance income that is received by an adult member of the
 31.28 assistance unit unless the individual receiving unemployment insurance income is:

31.29 (A) 18 years of age and enrolled in a secondary school; or

31.30 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;

- 32.1 (viii) retirement, survivors, and disability insurance payments;
- 32.2 (ix) nonrecurring income over \$60 per quarter unless earmarked and used for the purpose
- 32.3 for which it is intended. Income and use of this income is subject to verification requirements
- 32.4 under section 256P.04;
- 32.5 (x) retirement benefits;
- 32.6 (xi) cash assistance benefits, as defined by each program in chapters 119B, 256D, 256I,
- 32.7 and 256J;
- 32.8 (xii) tribal per capita payments unless excluded by federal and state law;
- 32.9 (xiii) income and payments from service and rehabilitation programs that meet or exceed
- 32.10 the state's minimum wage rate;
- 32.11 (xiv) income from members of the United States armed forces unless excluded from
- 32.12 income taxes according to federal or state law;
- 32.13 (xv) all child support payments for programs under chapters 119B, 256D, and 256I;
- 32.14 (xvi) the amount of child support received that exceeds \$100 for assistance units with
- 32.15 one child and \$200 for assistance units with two or more children for programs under chapter
- 32.16 256J; and
- 32.17 (xvii) spousal support.

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

32.19 Sec. 37. Minnesota Statutes 2020, section 259.22, subdivision 4, is amended to read:

32.20 Subd. 4. **Time for filing petition.** A petition shall be filed not later than 12 months after

32.21 a child is placed in a prospective adoptive home. If a petition is not filed by that time, the

32.22 agency that placed the child, or, in a direct adoptive placement, the agency that is supervising

32.23 the placement shall file with the district court in the county where the prospective adoptive

32.24 parent resides a motion for an order and a report recommending one of the following:

32.25 (1) that the time for filing a petition be extended because of the child's special needs as

32.26 defined under title IV-E of the Social Security Act, United States Code, title 42, section

32.27 673;

32.28 (2) that, based on a written plan for completing filing of the petition, including a specific

32.29 timeline, to which the prospective adoptive parents have agreed, the time for filing a petition

32.30 be extended long enough to complete the plan because such an extension is in the best

33.1 interests of the child and additional time is needed for the child to adjust to the adoptive
33.2 home; or

33.3 (3) that the child be removed from the prospective adoptive home.

33.4 The prospective adoptive parent must reimburse an agency for the cost of preparing and
33.5 filing the motion and report under this section, unless the costs are reimbursed by the
33.6 commissioner under section 259.73 or ~~259A.70~~ 256N.25, subdivision 1a.

33.7 Sec. 38. Minnesota Statutes 2020, section 259.241, is amended to read:

33.8 **259.241 ADULT ADOPTION.**

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

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

33.16 (c) Notwithstanding paragraph (b), a person in extended foster care under section
33.17 260C.451 may consent to the person's own adoption as long as the court with jurisdiction
33.18 finds the person competent to give consent.

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

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

33.25 Sec. 39. Minnesota Statutes 2020, section 259.35, subdivision 1, is amended to read:

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

33.29 "Minnesota Statutes, section 259.59, provides that upon legally adopting a child, adoptive
33.30 parents assume all the rights and responsibilities of birth parents. The responsibilities include
33.31 providing for the child's financial support and caring for health, emotional, and behavioral

34.1 problems. Except for subsidized adoptions under Minnesota Statutes, chapter ~~259A~~ 256N,
 34.2 or any other provisions of law that expressly apply to adoptive parents and children, adoptive
 34.3 parents are not eligible for state or federal financial subsidies besides those that a birth
 34.4 parent would be eligible to receive for a child. Adoptive parents may not terminate their
 34.5 parental rights to a legally adopted child for a reason that would not apply to a birth parent
 34.6 seeking to terminate rights to a child. An individual who takes guardianship of a child for
 34.7 the purpose of adopting the child shall, upon taking guardianship from the child's country
 34.8 of origin, assume all the rights and responsibilities of birth and adoptive parents as stated
 34.9 in this paragraph."

34.10 Sec. 40. Minnesota Statutes 2020, section 259.53, subdivision 4, is amended to read:

34.11 Subd. 4. **Preadoption residence.** No petition shall be granted under this chapter until
 34.12 the child ~~shall have~~ has lived for three months in the proposed adoptive home, subject to a
 34.13 right of visitation by the commissioner or an agency or their authorized representatives.

34.14 Sec. 41. Minnesota Statutes 2020, section 259.73, is amended to read:

34.15 **259.73 REIMBURSEMENT OF NONRECURRING ADOPTION EXPENSES.**

34.16 An individual may apply for reimbursement for costs incurred in an adoption of a child
 34.17 with special needs under section ~~259A.70~~ 256N.25, subdivision 1a.

34.18 Sec. 42. Minnesota Statutes 2020, section 259.75, subdivision 5, is amended to read:

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

34.24 Sec. 43. Minnesota Statutes 2020, section 259.75, subdivision 6, is amended to read:

34.25 Subd. 6. **Periodic review of status.** (a) The ~~exchange service~~ commissioner shall
 34.26 semiannually check review the state adoption exchange status of listed children for whom
 34.27 inquiries have been received identified under subdivision 2, including a child whose
 34.28 registration was withdrawn pursuant to subdivision 5. The commissioner may determine
 34.29 that a child who is unregistered, or whose registration has been deferred, must be registered
 34.30 and require the authorized child-placing agency to register the child with the state adoption
 34.31 exchange within ten working days of the commissioner's determination.

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

35.5 Sec. 44. Minnesota Statutes 2020, section 259.75, subdivision 9, is amended to read:

35.6 Subd. 9. **Rules; staff.** The commissioner of human services shall make rules as necessary
35.7 to administer this section and shall employ necessary staff to carry out the purposes of this
35.8 section. The commissioner may contract for services to carry out the purposes of this section.

35.9 Sec. 45. Minnesota Statutes 2020, section 259.83, subdivision 1a, is amended to read:

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

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

35.21 Sec. 46. Minnesota Statutes 2020, section 259A.75, subdivision 1, is amended to read:

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

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

35.31 (c) The commissioner shall set aside an amount not to exceed five percent of the total
35.32 amount of the fiscal year appropriation from the state for the adoption assistance program

36.1 to reimburse a Minnesota county or tribal social services placing agency for child-specific
 36.2 adoption placement services. When adoption assistance payments for children's needs exceed
 36.3 95 percent of the total amount of the fiscal year appropriation from the state for the adoption
 36.4 assistance program, the amount of reimbursement available to placing agencies for adoption
 36.5 services is reduced correspondingly.

36.6 Sec. 47. Minnesota Statutes 2020, section 259A.75, subdivision 2, is amended to read:

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

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

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

36.13 (3) meet all of the special needs criteria according to section ~~259A.10, subdivision 2~~
 36.14 256N.23, subdivision 2.

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

36.18 Sec. 48. Minnesota Statutes 2020, section 259A.75, subdivision 3, is amended to read:

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

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

36.25 Sec. 49. Minnesota Statutes 2020, section 259A.75, subdivision 4, is amended to read:

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

36.30 (b) The commissioner shall determine eligibility for reimbursement of adoption placement
 36.31 services. If determined eligible, the commissioner of human services shall sign the purchase

37.1 of service agreement, making this a fully executed contract. No reimbursement under this
 37.2 section shall be made to an agency for services provided prior to the fully executed contract.

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

37.7 Sec. 50. Minnesota Statutes 2020, section 260C.007, subdivision 22a, is amended to read:

37.8 Subd. 22a. **Licensed residential family-based substance use disorder treatment**
 37.9 **program.** "Licensed residential family-based substance use disorder treatment program"
 37.10 means a residential treatment facility that provides the parent or guardian with parenting
 37.11 skills training, parent education, or individual and family counseling, under an organizational
 37.12 structure and treatment framework that involves understanding, recognizing, and responding
 37.13 to the effects of all types of trauma according to recognized principles of a trauma-informed
 37.14 approach and trauma-specific interventions to address the consequences of trauma and
 37.15 facilitate healing. The residential program must be licensed by the Department of Human
 37.16 Services under ~~chapter chapters~~ 245A and ~~sections 245G.01 to 245G.16, 245G.19, and~~
 37.17 ~~245G.21~~ 245G or Tribally licensed or approved as a residential substance use disorder
 37.18 treatment program specializing in the treatment of clients with children.

37.19 Sec. 51. Minnesota Statutes 2020, section 260C.212, subdivision 1, is amended to read:

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

37.24 (b) An out-of-home placement plan means a written document which is prepared by the
 37.25 responsible social services agency jointly with the parent or parents or guardian of the child
 37.26 and in consultation with the child's guardian ad litem, the child's tribe, if the child is an
 37.27 Indian child, the child's foster parent or representative of the foster care facility, and, where
 37.28 appropriate, the child. When a child is age 14 or older, the child may include two other
 37.29 individuals on the team preparing the child's out-of-home placement plan. The child may
 37.30 select one member of the case planning team to be designated as the child's advisor and to
 37.31 advocate with respect to the application of the reasonable and prudent parenting standards.
 37.32 The responsible social services agency may reject an individual selected by the child if the
 37.33 agency has good cause to believe that the individual would not act in the best interest of the

38.1 child. For a child in voluntary foster care for treatment under chapter 260D, preparation of
38.2 the out-of-home placement plan shall additionally include the child's mental health treatment
38.3 provider. For a child 18 years of age or older, the responsible social services agency shall
38.4 involve the child and the child's parents as appropriate. As appropriate, the plan shall be:

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

38.6 (2) ordered by the court, either as presented or modified after hearing, under section
38.7 260C.178, subdivision 7, or 260C.201, subdivision 6; and

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

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

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

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

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

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

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

38.32 (4) a description of any services or resources that were requested by the child or the
38.33 child's parent, guardian, foster parent, or custodian since the date of the child's placement

39.1 in the residential facility, and whether those services or resources were provided and if not,
39.2 the basis for the denial of the services or resources;

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

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

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

39.27 (8) efforts to ensure the child's educational stability while in foster care for a child who
39.28 attained the minimum age for compulsory school attendance under state law and is enrolled
39.29 full time in elementary or secondary school, or instructed in elementary or secondary
39.30 education at home, or instructed in an independent study elementary or secondary program,
39.31 or incapable of attending school on a full-time basis due to a medical condition that is
39.32 documented and supported by regularly updated information in the child's case plan.
39.33 Educational stability efforts include:

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

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

40.8 (9) the educational records of the child including the most recent information available
40.9 regarding:

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

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

40.12 (iii) the child's school record;

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

40.15 (v) any other relevant educational information;

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

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

40.19 (ii) how the child's known medical problems and identified needs from the screens,
40.20 including any known communicable diseases, as defined in section 144.4172, subdivision
40.21 2, shall be monitored and treated while the child is in foster care;

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

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

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

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

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

- 41.1 (11) the health records of the child including information available regarding:
- 41.2 (i) the names and addresses of the child's health care and dental care providers;
- 41.3 (ii) a record of the child's immunizations;
- 41.4 (iii) the child's known medical problems, including any known communicable diseases
- 41.5 as defined in section 144.4172, subdivision 2;
- 41.6 (iv) the child's medications; and
- 41.7 (v) any other relevant health care information such as the child's eligibility for medical
- 41.8 insurance or medical assistance;
- 41.9 (12) an independent living plan for a child 14 years of age or older, developed in
- 41.10 consultation with the child. The child may select one member of the case planning team to
- 41.11 be designated as the child's advisor and to advocate with respect to the application of the
- 41.12 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
- 41.13 not be limited to, the following objectives:
- 41.14 (i) educational, vocational, or employment planning;
- 41.15 (ii) health care planning and medical coverage;
- 41.16 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
- 41.17 license;
- 41.18 (iv) money management, including the responsibility of the responsible social services
- 41.19 agency to ensure that the child annually receives, at no cost to the child, a consumer report
- 41.20 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
- 41.21 in the report;
- 41.22 (v) planning for housing;
- 41.23 (vi) social and recreational skills;
- 41.24 (vii) establishing and maintaining connections with the child's family and community;
- 41.25 and
- 41.26 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate
- 41.27 activities typical for the child's age group, taking into consideration the capacities of the
- 41.28 individual child;
- 41.29 (13) for a child in voluntary foster care for treatment under chapter 260D, diagnostic
- 41.30 and assessment information, specific services relating to meeting the mental health care
- 41.31 needs of the child, and treatment outcomes;

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

42.6 (15) for a child placed in a qualified residential treatment program, the plan must include
42.7 the requirements in section 260C.708.

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

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

42.18 Upon the child's discharge from foster care, the responsible social services agency must
42.19 provide the child's parent, adoptive parent, or permanent legal and physical custodian, as
42.20 appropriate, and the child, if appropriate, must be provided the child is 14 years of age or
42.21 older, with a current copy of the child's health and education record. If a child meets the
42.22 conditions in subdivision 15, paragraph (b), the agency must also provide the child with the
42.23 child's social and medical history. The responsible social services agency may give a copy
42.24 of the child's health and education record and social and medical history to a child who is
42.25 younger than 14 years of age, if it is appropriate and if subdivision 15, paragraph (b), applies.

42.26 Sec. 52. Minnesota Statutes 2020, section 260C.212, subdivision 2, is amended to read:

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

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

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

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

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

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

43.10 (2) the medical needs of the child;

43.11 (3) the educational needs of the child;

43.12 (4) the developmental needs of the child;

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

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

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

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

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

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

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

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

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

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

44.7 (f) The agency must determine whether colocation with a parent who is receiving services
 44.8 in a licensed residential family-based substance use disorder treatment program is in the
 44.9 child's best interests according to paragraph (b) and include that determination in the child's
 44.10 case plan under subdivision 1. The agency may consider additional factors not identified
 44.11 in paragraph (b). The agency's determination must be documented in the child's case plan
 44.12 before the child is colocated with a parent.

44.13 (g) The agency must establish a juvenile treatment screening team under section 260C.157
 44.14 to determine whether it is necessary and appropriate to recommend placing a child in a
 44.15 qualified residential treatment program, as defined in section 260C.007, subdivision 26d.

44.16 Sec. 53. Minnesota Statutes 2020, section 260C.212, is amended by adding a subdivision
 44.17 to read:

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

44.23 (b) If the child continues to be in placement out of the home of the parent or guardian
 44.24 from whom the child was removed, reasonable efforts by the responsible social services
 44.25 agency to complete the child's social and medical history must begin no later than the child's
 44.26 permanency progress review hearing required under section 260C.204 or six months after
 44.27 the child's placement in foster care, whichever occurs earlier.

44.28 (c) In a child's social and medical history, the responsible social services agency must
 44.29 include background information and health history specific to the child, the child's birth
 44.30 parents, and the child's other birth relatives. Applicable background and health information
 44.31 about the child includes the child's current health condition, behavior, and demeanor;
 44.32 placement history; education history; sibling information; and birth, medical, dental, and
 44.33 immunization information. Redacted copies of pertinent records, assessments, and evaluations
 44.34 must be attached to the child's social and medical history. Applicable background information

45.1 about the child's birth parents and other birth relatives includes general background
45.2 information; education and employment history; physical health and mental health history;
45.3 and reasons for the child's placement.

45.4 Sec. 54. Minnesota Statutes 2020, section 260C.219, subdivision 5, is amended to read:

45.5 Subd. 5. **Children reaching age of majority; copies of records.** Regardless of whether
45.6 a child is under state guardianship or not, if a child leaves foster care by reason of having
45.7 attained the age of majority under state law, the child must be given at no cost a copy of
45.8 the child's social and medical history, as ~~defined~~ described in section ~~259.43,~~ 260C.212,
45.9 subdivision 15, including the child's health and education report.

45.10 Sec. 55. Minnesota Statutes 2020, section 260C.503, subdivision 2, is amended to read:

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

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

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

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

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

45.22 (5) the parent has committed sexual abuse as defined in section 260E.03, against the
45.23 child or another child of the parent;

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

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

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

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

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

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

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

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

46.19 Sec. 56. Minnesota Statutes 2020, section 260C.515, subdivision 3, is amended to read:

46.20 Subd. 3. **Guardianship; commissioner.** The court may issue an order that the child is
46.21 under the guardianship to ~~of~~ the commissioner of human services under the following
46.22 procedures and conditions:

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

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

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

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

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

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

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

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

47.11 (7) if an adoption is not finalized by the identified prospective adoptive parent within
47.12 six months of the execution of the consent to adopt under this clause, the responsible social
47.13 services agency shall pursue adoptive placement in another home unless the court finds in
47.14 a hearing under section 260C.317 that the failure to finalize is not due to either an action
47.15 or a failure to act by the prospective adoptive parent;

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

47.22 (9) unless otherwise required by the Indian Child Welfare Act, United States Code, title
47.23 25, section 1913(c), a consent to adopt executed under this section shall be irrevocable upon
47.24 acceptance by the court except upon order permitting revocation issued by the same court
47.25 after written findings that consent was obtained by fraud.

47.26 Sec. 57. Minnesota Statutes 2020, section 260C.605, subdivision 1, is amended to read:

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

47.30 (b) Reasonable efforts to make a placement in a home according to the placement
47.31 considerations under section 260C.212, subdivision 2, with a relative or foster parent who
47.32 will commit to being the permanent resource for the child in the event the child cannot be

48.1 reunified with a parent are required under section 260.012 and may be made concurrently
48.2 with reasonable, or if the child is an Indian child, active efforts to reunify the child with the
48.3 parent.

48.4 (c) Reasonable efforts under paragraph (b) must begin as soon as possible when the
48.5 child is in foster care under this chapter, but not later than the hearing required under section
48.6 260C.204.

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

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

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

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

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

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

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

48.17 (ii) an updated search is required whenever:

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

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

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

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

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

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

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

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

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

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

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

49.10 (4) updating and completing the social and medical history required under sections
49.11 ~~259.43~~ 260C.212, subdivision 15, and 260C.609;

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

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

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

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

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

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

49.28 Sec. 58. Minnesota Statutes 2020, section 260C.607, subdivision 6, is amended to read:

49.29 Subd. 6. **Motion and hearing to order adoptive placement.** (a) At any time after the
49.30 district court orders the child under the guardianship of the commissioner of human services,
49.31 but not later than 30 days after receiving notice required under section 260C.613, subdivision

50.1 1, paragraph (c), that the agency has made an adoptive placement, a relative or the child's
50.2 foster parent may file a motion for an order for adoptive placement of a child who is under
50.3 the guardianship of the commissioner if the relative or the child's foster parent:

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

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

50.11 (b) The motion shall be filed with the court conducting reviews of the child's progress
50.12 toward adoption under this section. The motion and supporting documents must make a
50.13 prima facie showing that the agency has been unreasonable in failing to make the requested
50.14 adoptive placement. The motion must be served according to the requirements for motions
50.15 under the Minnesota Rules of Juvenile Protection Procedure and shall be made on all
50.16 individuals and entities listed in subdivision 2.

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

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

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

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

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

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

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

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

51.13 Sec. 59. Minnesota Statutes 2020, section 260C.609, is amended to read:

51.14 **260C.609 SOCIAL AND MEDICAL HISTORY.**

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

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

51.22 ~~(c)~~ (a) The responsible social services agency shall thoroughly discuss the child's history
51.23 with the adopting prospective adoptive parent of the child and shall give a redacted copy
51.24 of the report of the child's social and medical history as described in section 260C.212,
51.25 subdivision 15, including redacted attachments, to the adopting prospective adoptive parent.
51.26 If the prospective adoptive parent does not pursue adoption of the child, the prospective
51.27 adoptive parent must return the child's social and medical history and redacted attachments
51.28 to the agency. The responsible social services agency may give a redacted copy of the child's
51.29 social and medical history may also be given to the child, as appropriate according to section
51.30 260C.212, subdivision 1.

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

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

52.5 Sec. 60. Minnesota Statutes 2020, section 260C.615, is amended to read:

52.6 **260C.615 DUTIES OF COMMISSIONER.**

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

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

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

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

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

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

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

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

52.25 Subd. 2. **Duties not reserved.** All duties, obligations, and consents not specifically
 52.26 reserved to the commissioner in this section are delegated to the responsible social services
 52.27 agency, subject to supervision by the commissioner under section 393.07.

52.28 Sec. 61. **GRANTS TO EXPAND ACCESS TO CHILD CARE FOR CHILDREN**
 52.29 **WITH DISABILITIES.**

52.30 Subdivision 1. **Establishment.** The commissioner of human services must establish
 52.31 competitive grants to expand access to licensed family child care providers or licensed child

53.1 care centers for children with disabilities including medical complexities. Grants must be
 53.2 awarded to counties or tribes and must be used to assist family child care providers or child
 53.3 care centers to serve children with disabilities in inclusive settings alongside children without
 53.4 disabilities. Competitive grants must be awarded to at least two applicants beginning no
 53.5 later than December 1, 2021.

53.6 Subd. 2. **Commissioner's duties.** To implement these grants, the commissioner must:

53.7 (1) develop a request for proposals with stakeholder input;

53.8 (2) develop procedures for data collection, qualitative and quantitative measurement of
 53.9 programmatic outcomes, and reporting requirements for grantees;

53.10 (3) convene a working group of grantees, grantee partners, and participating families to
 53.11 assess progress on grant activities, share best practices, and collect and review data on grant
 53.12 activities; and

53.13 (4) based on information gathered throughout the grant period and at the conclusion of
 53.14 the grant period, provide a report to the chairs and ranking minority members of the
 53.15 legislative committees with jurisdiction over health and human services regarding grant
 53.16 activities, with legislative recommendations for implementing inclusive child care statewide.
 53.17 The report must be made available to the public.

53.18 Subd. 3. **Grant activities.** Grantees must use grant money to expand access to inclusive
 53.19 family child care providers or child care centers to children with disabilities, which may
 53.20 include:

53.21 (1) onetime needs to equip a child care setting to serve children with disabilities, such
 53.22 as:

53.23 (i) environmental modifications;

53.24 (ii) accessibility modifications;

53.25 (iii) sensory adaptation;

53.26 (iv) training and staff time for training; or

53.27 (v) equipment purchase;

53.28 (2) ongoing medical or disability-related services for children with disabilities in inclusive
 53.29 child care settings, such as:

53.30 (i) mental health supports;

53.31 (ii) inclusion specialist services;

- 54.1 (iii) home care nursing;
 54.2 (iv) behavioral supports;
 54.3 (v) coaching or training for staff;
 54.4 (vi) substitute teaching time; or
 54.5 (vii) enhanced rate for increased staff-to-child ratio; and
 54.6 (3) other expenses determined by the grantee and family child care provider or child
 54.7 care center partners to be necessary to serve children with disabilities in inclusive child care
 54.8 settings.

54.9 Subd. 4. Requirements for grantees. Upon receipt of grant money and throughout the
 54.10 grant period, grant recipients must:

54.11 (1) partner with at least three family child care providers or child care centers, each of
 54.12 which must meet one of the following criteria:

54.13 (i) serve ten or fewer children, including at least one child with a disability who is not
 54.14 a family member of the family child care provider or of an employee of the child care center;

54.15 (ii) serve 11 to 30 children, including at least two children with disabilities; or

54.16 (iii) serve more than 30 children, including at least three children with disabilities;

54.17 (2) develop and use a process to ensure that grant funding be used to support children
 54.18 with disabilities who, without the additional supports made available through the grant,
 54.19 would have difficulty accessing inclusive child care settings;

54.20 (3) pursue funding for ongoing services needed for children with disabilities in inclusive
 54.21 child care settings, such as:

54.22 (i) Medicaid or private health insurance coverage;

54.23 (ii) additional grant funding; or

54.24 (iii) other sources of county, state, or federal funds; and

54.25 (4) explore and seek opportunities to use existing federal funds to provide ongoing
 54.26 support to family child care providers or child care centers serving children with disabilities.
 54.27 Grantees must seek to minimize family financial obligations for child care for a child with
 54.28 disabilities beyond what child care would cost for a child without disabilities.

54.29 Subd. 5. Reporting. Grantees must report semiannually to the commissioner according
 54.30 to the manner specified by the commissioner on the following:

- 55.1 (1) additional supports needed to serve children with disabilities in inclusive child care
 55.2 settings;
- 55.3 (2) costs for additional supports;
- 55.4 (3) billing best practices;
- 55.5 (4) available funding sources;
- 55.6 (5) processes for identifying families of children with disabilities who could benefit
 55.7 from grant activities and connecting them with family child care providers or child care
 55.8 centers interested in serving them; and
- 55.9 (6) processes used to determine whether a child is a child with a disability and means
 55.10 of prioritizing grant funding to serve children with significant support needs associated with
 55.11 their disability.

55.12 **Sec. 62. GRANT TO MINNESOTA ASSOCIATION FOR VOLUNTEER**
 55.13 **ADMINISTRATION.**

55.14 The commissioner of human services shall establish a onetime grant to the Minnesota
 55.15 Association for Volunteer Administration to administer needs-based volunteerism subgrants
 55.16 for underresourced nonprofit organizations in greater Minnesota to support selected
 55.17 organizations' efforts to address and minimize disparities in access to human services through
 55.18 increased volunteerism. Successful subgrant applicants must demonstrate that the populations
 55.19 served by the subgrantee are considered underserved or suffer from or are at risk of
 55.20 homelessness, hunger, poverty, lack of access to health care, or deficits in education. The
 55.21 Minnesota Association for Volunteer Administration shall give priority to organizations
 55.22 that are serving the needs of vulnerable populations. By December 15, 2023, the Minnesota
 55.23 Association for Volunteer Administration shall report data on outcomes of the subgrants
 55.24 and make recommendations for improving and sustaining volunteer efforts statewide to the
 55.25 chairs and ranking minority members of the legislative committees and divisions with
 55.26 jurisdiction over human services.

55.27 **Sec. 63. FEDERAL PANDEMIC EMERGENCY ASSISTANCE ALLOCATION;**
 55.28 **EMERGENCY ASSISTANCE GRANTS.**

55.29 (a) From the amount that Minnesota received under section 9201 of the federal American
 55.30 Rescue Plan Act, Public Law 117-2, for pandemic emergency assistance, the commissioner
 55.31 of human services shall allocate \$10,000,000 in fiscal year 2022 for emergency assistance
 55.32 grants according to paragraph (b).

56.1 (b) The commissioner shall distribute funds to counties to provide emergency assistance
 56.2 grants to families with children under Minnesota Statutes, section 256J.626. The emergency
 56.3 assistance grants under this section must be available for:

56.4 (1) rent or mortgage, including arrears;

56.5 (2) utility bills, including arrears;

56.6 (3) food;

56.7 (4) clothing needed for work or school;

56.8 (5) public transportation and vehicle repairs; and

56.9 (6) school-related equipment needs.

56.10 (c) Notwithstanding any county policies to the contrary, applicants are eligible for grants,
 56.11 subject to applicable maximum payments, for a security deposit, or if they are in arrears for
 56.12 rent, mortgage, or contract for deed payments.

56.13 **Sec. 64. FEDERAL PANDEMIC EMERGENCY ASSISTANCE ALLOCATION;**
 56.14 **MFIP CONSOLIDATED FUND.**

56.15 From the amount that Minnesota received under section 9201 of the federal American
 56.16 Rescue Plan Act, Public Law 117-2, for pandemic emergency assistance, the commissioner
 56.17 of human services shall allocate \$4,327,000 in fiscal year 2023 to counties according to
 56.18 Minnesota Statutes, section 256J.626.

56.19 **Sec. 65. APPROPRIATION; GRANT TO MINNESOTA ASSOCIATION FOR**
 56.20 **VOLUNTEER ADMINISTRATION.**

56.21 \$250,000 in fiscal year 2022 is appropriated from the general fund to the commissioner
 56.22 of human services for a grant to the Minnesota Association for Volunteer Administration
 56.23 to administer needs-based volunteerism subgrants. This is a onetime appropriation and is
 56.24 available until June 30, 2023.

56.25 **Sec. 66. APPROPRIATION; MFIP HOUSING BENEFIT INCREASE.**

56.26 \$8,137,000 in fiscal year 2022 and \$10,043,000 in fiscal year 2023 are appropriated
 56.27 from the federal TANF fund to the commissioner of human services to increase the MFIP
 56.28 housing benefit under Minnesota Statutes, section 256J.35. The federal TANF fund base
 56.29 for this appropriation is \$9,786,000 in fiscal year 2024 and \$9,623,000 in fiscal year 2025.

57.1 Sec. 67. **REPEALER.**

57.2 Minnesota Statutes 2020, sections 256D.051, subdivisions 1, 1a, 2, 2a, 3, 3a, 3b, 6b, 6c,
57.3 7, 8, 9, and 18; 256D.052, subdivision 3; and 259A.70, are repealed.

57.4 **EFFECTIVE DATE.** This section is effective August 1, 2021, except that the repeal
57.5 of Minnesota Statutes, section 259A.70, is effective July 1, 2021.

57.6 ARTICLE 2

57.7 CHILD PROTECTION

57.8 Section 1. Minnesota Statutes 2020, section 245.4876, subdivision 3, is amended to read:

57.9 Subd. 3. **Individual treatment plans.** All providers of outpatient services, day treatment
57.10 services, professional home-based family treatment, residential treatment, and acute care
57.11 hospital inpatient treatment, and all regional treatment centers that provide mental health
57.12 services for children must develop an individual treatment plan for each child client. The
57.13 individual treatment plan must be based on a diagnostic assessment. To the extent appropriate,
57.14 the child and the child's family shall be involved in all phases of developing and
57.15 implementing the individual treatment plan. Providers of residential treatment, professional
57.16 home-based family treatment, and acute care hospital inpatient treatment, and regional
57.17 treatment centers must develop the individual treatment plan within ten working days of
57.18 client intake or admission and must review the individual treatment plan every 90 days after
57.19 intake, ~~except that the administrative review of the treatment plan of a child placed in a~~
57.20 ~~residential facility shall be as specified in sections 260C.203 and 260C.212, subdivision 9.~~
57.21 Providers of day treatment services must develop the individual treatment plan before the
57.22 completion of five working days in which service is provided or within 30 days after the
57.23 diagnostic assessment is completed or obtained, whichever occurs first. Providers of
57.24 outpatient services must develop the individual treatment plan within 30 days after the
57.25 diagnostic assessment is completed or obtained or by the end of the second session of an
57.26 outpatient service, not including the session in which the diagnostic assessment was provided,
57.27 whichever occurs first. Providers of outpatient and day treatment services must review the
57.28 individual treatment plan every 90 days after intake.

57.29 **EFFECTIVE DATE.** This section is effective September 30, 2021.

57.30 Sec. 2. Minnesota Statutes 2020, section 245.4882, subdivision 1, is amended to read:

57.31 Subdivision 1. **Availability of residential treatment services.** County boards must
57.32 provide or contract for enough residential treatment services to meet the needs of each child

58.1 with severe emotional disturbance residing in the county and needing this level of care.
 58.2 Length of stay is based on the child's residential treatment need and shall be ~~subject to the~~
 58.3 ~~six-month review process established in section 260C.203, and for children in voluntary~~
 58.4 ~~placement for treatment, the court review process in section 260D.06~~ reviewed every 90
 58.5 days. Services must be appropriate to the child's age and treatment needs and must be made
 58.6 available as close to the county as possible. Residential treatment must be designed to:

- 58.7 (1) help the child improve family living and social interaction skills;
- 58.8 (2) help the child gain the necessary skills to return to the community;
- 58.9 (3) stabilize crisis admissions; and
- 58.10 (4) work with families throughout the placement to improve the ability of the families
 58.11 to care for children with severe emotional disturbance in the home.

58.12 **EFFECTIVE DATE.** This section is effective September 30, 2021.

58.13 Sec. 3. Minnesota Statutes 2020, section 245.4885, subdivision 1, is amended to read:

58.14 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the
 58.15 case of an emergency, all children referred for treatment of severe emotional disturbance
 58.16 in a ~~treatment foster care setting,~~ residential treatment facility; or informally admitted to a
 58.17 regional treatment center shall undergo an assessment to determine the appropriate level of
 58.18 care if public county funds are used to pay for the child's services.

58.19 (b) The ~~responsible social services agency~~ county board shall determine the appropriate
 58.20 level of care for a child when county-controlled funds are used to pay for the child's ~~services~~
 58.21 ~~or placement~~ residential treatment under this chapter, including residential treatment provided
 58.22 in a qualified residential treatment facility under chapter 260C and licensed by the
 58.23 ~~commissioner under chapter 245A. In accordance with section 260C.157, a juvenile treatment~~
 58.24 ~~screening team shall conduct a screening before the team may recommend whether to place~~
 58.25 ~~a child in a qualified residential treatment~~ program as defined in section 260C.007,
 58.26 subdivision 26d. When a ~~social services agency~~ county board does not have responsibility
 58.27 for a child's placement and the child is enrolled in a prepaid health program under section
 58.28 256B.69, the enrolled child's contracted health plan must determine the appropriate level
 58.29 of care for the child. When Indian Health Services funds or funds of a tribally owned facility
 58.30 funded under the Indian Self-Determination and Education Assistance Act, Public Law
 58.31 93-638, are to be used for a child, the Indian Health Services or 638 tribal health facility
 58.32 must determine the appropriate level of care for the child. When more than one entity bears

59.1 responsibility for a child's coverage, the entities shall coordinate level of care determination
 59.2 activities for the child to the extent possible.

59.3 ~~(c) The responsible social services agency must make the level of care determination~~
 59.4 ~~available to the juvenile treatment screening team, as permitted under chapter 13. The level~~
 59.5 ~~of care determination shall inform the juvenile treatment screening team process and the~~
 59.6 ~~assessment in section 260C.704 when considering whether to place the child in a qualified~~
 59.7 ~~residential treatment program. When the responsible social services agency is not involved~~
 59.8 ~~in determining a child's placement, the child's level of care determination shall determine~~
 59.9 whether the proposed treatment:

59.10 (1) is necessary;

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

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

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

59.15 (d) When a level of care determination is conducted, the ~~responsible social services~~
 59.16 ~~agency~~ county board or other entity may not determine that a screening ~~under section~~
 59.17 ~~260C.157 or~~ 2 referral, or admission to a treatment foster care setting or residential treatment
 59.18 facility is not appropriate solely because services were not first provided to the child in a
 59.19 less restrictive setting and the child failed to make progress toward or meet treatment goals
 59.20 in the less restrictive setting. The level of care determination must be based on a diagnostic
 59.21 assessment ~~that includes a functional assessment~~ of a child which evaluates the child's
 59.22 family, school, and community living situations; and an assessment of the child's need for
 59.23 care out of the home using a validated tool which assesses a child's functional status and
 59.24 assigns an appropriate level of care to the child. The validated tool must be approved by
 59.25 the commissioner of human services. If a diagnostic assessment ~~including a functional~~
 59.26 ~~assessment~~ has been completed by a mental health professional within the past 180 days, a
 59.27 new diagnostic assessment need not be completed unless in the opinion of the current treating
 59.28 mental health professional the child's mental health status has changed markedly since the
 59.29 assessment was completed. The child's parent shall be notified if an assessment will not be
 59.30 completed and of the reasons. A copy of the notice shall be placed in the child's file.
 59.31 Recommendations developed as part of the level of care determination process shall include
 59.32 specific community services needed by the child and, if appropriate, the child's family, and
 59.33 shall indicate whether ~~or not~~ these services are available and accessible to the child and the
 59.34 child's family. The child and the child's family must be invited to any meeting at which the

60.1 level of care determination is discussed and decisions regarding residential treatment are
 60.2 made. The child and the child's family may invite other relatives, friends, or advocates to
 60.3 attend these meetings.

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

60.8 ~~(f) When the responsible social services agency has authority, the agency must engage~~
 60.9 ~~the child's parents in case planning under sections 260C.212 and 260C.708 unless a court~~
 60.10 ~~terminates the parent's rights or court orders restrict the parent from participating in case~~
 60.11 ~~planning, visitation, or parental responsibilities.~~

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

60.15 (g) Discharge planning for the child to return to the community must include identification
 60.16 of and referrals to appropriate home and community supports to meet the needs of the child
 60.17 and family. Discharge planning must begin within 30 days after the child enters residential
 60.18 treatment and be updated every 60 days.

60.19 **EFFECTIVE DATE.** This section is effective September 30, 2021.

60.20 Sec. 4. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
 60.21 read:

60.22 **Subd. 3c. At risk of becoming a victim of sex trafficking or commercial sexual**
 60.23 **exploitation.** For the purposes of section 245A.25, a youth who is "at risk of becoming a
 60.24 victim of sex trafficking or commercial sexual exploitation" means a youth who meets the
 60.25 criteria established by the commissioner of human services for this purpose.

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

60.27 Sec. 5. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
 60.28 read:

60.29 **Subd. 4a. Children's residential facility.** "Children's residential facility" means a
 60.30 residential program licensed under this chapter or chapter 241 according to the applicable
 60.31 standards in Minnesota Rules, parts 2960.0010 to 2960.0710.

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

61.2 Sec. 6. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
61.3 read:

61.4 Subd. 6d. **Foster family setting.** "Foster family setting" has the meaning given in
61.5 Minnesota Rules, part 2960.3010, subpart 23, and includes settings licensed by the
61.6 commissioner of human services or the commissioner of corrections.

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

61.8 Sec. 7. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
61.9 read:

61.10 Subd. 6e. **Foster residence setting.** "Foster residence setting" has the meaning given
61.11 in Minnesota Rules, part 2960.3010, subpart 26, and includes settings licensed by the
61.12 commissioner of human services or the commissioner of corrections.

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

61.14 Sec. 8. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
61.15 read:

61.16 Subd. 18a. **Trauma.** For the purposes of section 245A.25, "trauma" means an event,
61.17 series of events, or set of circumstances experienced by an individual as physically or
61.18 emotionally harmful or life-threatening and has lasting adverse effects on the individual's
61.19 functioning and mental, physical, social, emotional, or spiritual well-being. Trauma includes
61.20 the cumulative emotional or psychological harm of group traumatic experiences transmitted
61.21 across generations within a community that are often associated with racial and ethnic
61.22 population groups that have suffered major intergenerational losses.

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

61.24 Sec. 9. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
61.25 read:

61.26 Subd. 23. **Victim of sex trafficking or commercial sexual exploitation.** For the purposes
61.27 of section 245A.25, "victim of sex trafficking or commercial sexual exploitation" means a
61.28 person who meets the definitions in section 260C.007, subdivision 31, clauses (4) and (5).

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

62.1 Sec. 10. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision
62.2 to read:

62.3 Subd. 24. **Youth.** For the purposes of section 245A.25, "youth" means a child as defined
62.4 in section 260C.007, subdivision 4, and includes individuals under 21 years of age who are
62.5 in foster care pursuant to section 260C.451.

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

62.7 Sec. 11. Minnesota Statutes 2020, section 245A.041, is amended by adding a subdivision
62.8 to read:

62.9 Subd. 5. **First date of working in a facility or setting; documentation**
62.10 **requirements.** Children's residential facility and foster residence setting license holders
62.11 must document the first date that a person who is a background study subject begins working
62.12 in the license holder's facility or setting. If the license holder does not maintain documentation
62.13 of each background study subject's first date of working in the facility or setting in the
62.14 license holder's personnel files, the license holder must provide documentation to the
62.15 commissioner that contains the first date that each background study subject began working
62.16 in the license holder's program upon the commissioner's request.

62.17 **EFFECTIVE DATE.** This section is effective August 1, 2021.

62.18 Sec. 12. **[245A.25] RESIDENTIAL PROGRAM CERTIFICATIONS FOR**
62.19 **COMPLIANCE WITH THE FAMILY FIRST PREVENTION SERVICES ACT.**

62.20 Subdivision 1. **Certification scope and applicability.** (a) This section establishes the
62.21 requirements that a children's residential facility or child foster residence setting must meet
62.22 to be certified for the purposes of Title IV-E funding requirements as:

62.23 (1) a qualified residential treatment program;

62.24 (2) a residential setting specializing in providing care and supportive services for youth
62.25 who have been or are at risk of becoming victims of sex trafficking or commercial sexual
62.26 exploitation;

62.27 (3) a residential setting specializing in providing prenatal, postpartum, or parenting
62.28 support for youth; or

62.29 (4) a supervised independent living setting for youth who are 18 years of age or older.

62.30 (b) This section does not apply to a foster family setting in which the license holder
62.31 resides in the foster home.

63.1 (c) Children's residential facilities licensed as detention settings according to Minnesota
 63.2 Rules, parts 2960.0230 to 2960.0290, or secure programs according to Minnesota Rules,
 63.3 parts 2960.0300 to 2960.0420, may not be certified under this section.

63.4 (d) For purposes of this section, "license holder" means an individual, organization, or
 63.5 government entity that was issued a children's residential facility or foster residence setting
 63.6 license by the commissioner of human services under this chapter or by the commissioner
 63.7 of corrections under chapter 241.

63.8 (e) Certifications issued under this section for foster residence settings may only be
 63.9 issued by the commissioner of human services and are not delegated to county or private
 63.10 licensing agencies under section 245A.16.

63.11 Subd. 2. **Program certification types and requests for certification.** (a) By July 1,
 63.12 2021, the commissioner of human services must offer certifications to license holders for
 63.13 the following types of programs:

63.14 (1) qualified residential treatment programs;

63.15 (2) residential settings specializing in providing care and supportive services for youth
 63.16 who have been or are at risk of becoming victims of sex trafficking or commercial sexual
 63.17 exploitation;

63.18 (3) residential settings specializing in providing prenatal, postpartum, or parenting
 63.19 support for youth; and

63.20 (4) supervised independent living settings for youth who are 18 years of age or older.

63.21 (b) An applicant or license holder must submit a request for certification under this
 63.22 section on a form and in a manner prescribed by the commissioner of human services. The
 63.23 decision of the commissioner of human services to grant or deny a certification request is
 63.24 final and not subject to appeal under chapter 14.

63.25 Subd. 3. **Trauma-informed care.** (a) Programs certified under subdivision 4 or 5 must
 63.26 provide services to a person according to a trauma-informed model of care that meets the
 63.27 requirements of this subdivision, except that programs certified under subdivision 5 are not
 63.28 required to meet the requirements of paragraph (e).

63.29 (b) For the purposes of this section, "trauma-informed care" means care that:

63.30 (1) acknowledges the effects of trauma on a person receiving services and on the person's
 63.31 family;

63.32 (2) modifies services to respond to the effects of trauma on the person receiving services;

64.1 (3) emphasizes skill and strength-building rather than symptom management; and

64.2 (4) focuses on the physical and psychological safety of the person receiving services
64.3 and the person's family.

64.4 (c) The license holder must have a process for identifying the signs and symptoms of
64.5 trauma in a youth and must address the youth's needs related to trauma. This process must
64.6 include:

64.7 (1) screening for trauma by completing a trauma-specific screening tool with each youth
64.8 upon the youth's admission or obtaining the results of a trauma-specific screening tool that
64.9 was completed with the youth within 30 days prior to the youth's admission to the program;
64.10 and

64.11 (2) ensuring that trauma-based interventions targeting specific trauma-related symptoms
64.12 are available to each youth when needed to assist the youth in obtaining services. For
64.13 qualified residential treatment programs, this must include the provision of services in
64.14 paragraph (e).

64.15 (d) The license holder must develop and provide services to each youth according to the
64.16 principles of trauma-informed care including:

64.17 (1) recognizing the impact of trauma on a youth when determining the youth's service
64.18 needs and providing services to the youth;

64.19 (2) allowing each youth to participate in reviewing and developing the youth's
64.20 individualized treatment or service plan;

64.21 (3) providing services to each youth that are person-centered and culturally responsive;
64.22 and

64.23 (4) adjusting services for each youth to address additional needs of the youth.

64.24 (e) In addition to the other requirements of this subdivision, qualified residential treatment
64.25 programs must use a trauma-based treatment model that includes:

64.26 (1) assessing each youth to determine if the youth needs trauma-specific treatment
64.27 interventions;

64.28 (2) identifying in each youth's treatment plan how the program will provide
64.29 trauma-specific treatment interventions to the youth;

64.30 (3) providing trauma-specific treatment interventions to a youth that target the youth's
64.31 specific trauma-related symptoms; and

65.1 (4) training all clinical staff of the program on trauma-specific treatment interventions.

65.2 (f) At the license holder's program, the license holder must provide a physical, social,
65.3 and emotional environment that:

65.4 (1) promotes the physical and psychological safety of each youth;

65.5 (2) avoids aspects that may be retraumatizing;

65.6 (3) responds to trauma experienced by each youth and the youth's other needs; and

65.7 (4) includes designated spaces that are available to each youth for engaging in sensory
65.8 and self-soothing activities.

65.9 (g) The license holder must base the program's policies and procedures on
65.10 trauma-informed principles. In the program's policies and procedures, the license holder
65.11 must:

65.12 (1) describe how the program provides services according to a trauma-informed model
65.13 of care;

65.14 (2) describe how the program's environment fulfills the requirements of paragraph (f);

65.15 (3) prohibit the use of aversive consequences for a youth's violation of program rules
65.16 or any other reason;

65.17 (4) describe the process for how the license holder incorporates trauma-informed
65.18 principles and practices into the organizational culture of the license holder's program; and

65.19 (5) if the program is certified to use restrictive procedures under Minnesota Rules, part
65.20 2960.0710, describe how the program uses restrictive procedures only when necessary for
65.21 a youth in a manner that addresses the youth's history of trauma and avoids causing the
65.22 youth additional trauma.

65.23 (h) Prior to allowing a staff person to have direct contact, as defined in section 245C.02,
65.24 subdivision 11, with a youth and annually thereafter, the license holder must train each staff
65.25 person about:

65.26 (1) concepts of trauma-informed care and how to provide services to each youth according
65.27 to these concepts; and

65.28 (2) impacts of each youth's culture, race, gender, and sexual orientation on the youth's
65.29 behavioral health and traumatic experiences.

65.30 Subd. 4. **Qualified residential treatment programs; certification requirements.** (a)
65.31 To be certified as a qualified residential treatment program, a license holder must meet:

66.1 (1) the definition of a qualified residential treatment program in section 260C.007,
66.2 subdivision 26d;

66.3 (2) the requirements for providing trauma-informed care and using a trauma-based
66.4 treatment model in subdivision 3; and

66.5 (3) the requirements of this subdivision.

66.6 (b) For each youth placed in the license holder's program, the license holder must
66.7 collaborate with the responsible social services agency and other appropriate parties to
66.8 implement the youth's out-of-home placement plan and the youth's short-term and long-term
66.9 mental health and behavioral health goals in the assessment required by sections 260C.212,
66.10 subdivision 1; 260C.704; and 260C.708.

66.11 (c) A qualified residential treatment program must use a trauma-based treatment model
66.12 that meets all of the requirements of subdivision 3 that is designed to address the needs,
66.13 including clinical needs, of youth with serious emotional or behavioral disorders or
66.14 disturbances. The license holder must develop, document, and review a treatment plan for
66.15 each youth according to the requirements of Minnesota Rules, parts 2960.0180, subpart 2,
66.16 item B; and 2960.0190, subpart 2.

66.17 (d) The following types of staff must be on-site according to the program's treatment
66.18 model and must be available 24 hours a day and seven days a week to provide care within
66.19 the scope of their practice:

66.20 (1) a registered nurse or licensed practical nurse licensed by the Minnesota Board of
66.21 Nursing to practice professional nursing or practical nursing as defined in section 148.171,
66.22 subdivisions 14 and 15; and

66.23 (2) other licensed clinical staff to meet each youth's clinical needs.

66.24 (e) A qualified residential treatment program must be accredited by one of the following
66.25 independent, not-for-profit organizations:

66.26 (1) the Commission on Accreditation of Rehabilitation Facilities (CARF);

66.27 (2) the Joint Commission;

66.28 (3) the Council on Accreditation (COA); or

66.29 (4) another independent, not-for-profit accrediting organization approved by the Secretary
66.30 of the United States Department of Health and Human Services.

66.31 (f) The license holder must facilitate participation of a youth's family members in the
66.32 youth's treatment program, consistent with the youth's best interests and according to the

67.1 youth's out-of-home placement plan required by sections 260C.212, subdivision 1; and
67.2 260C.708.

67.3 (g) The license holder must contact and facilitate outreach to each youth's family
67.4 members, including the youth's siblings, and must document outreach to the youth's family
67.5 members in the youth's file, including the contact method and each family member's contact
67.6 information. In the youth's file, the license holder must record and maintain the contact
67.7 information for all known biological family members and fictive kin of the youth.

67.8 (h) The license holder must document in the youth's file how the program integrates
67.9 family members into the treatment process for the youth, including after the youth's discharge
67.10 from the program, and how the program maintains the youth's connections to the youth's
67.11 siblings.

67.12 (i) The program must provide discharge planning and family-based aftercare support to
67.13 each youth for at least six months after the youth's discharge from the program. When
67.14 providing aftercare to a youth, the program must have monthly contact with the youth and
67.15 the youth's caregivers to promote the youth's engagement in aftercare services and to regularly
67.16 evaluate the family's needs. The program's monthly contact with the youth may be
67.17 face-to-face, by telephone, or virtual.

67.18 (j) The license holder must maintain a service delivery plan that describes how the
67.19 program provides services according to the requirements in paragraphs (b) to (i).

67.20 **Subd. 5. Residential settings specializing in providing care and supportive services**
67.21 **for youth who have been or are at risk of becoming victims of sex trafficking or**
67.22 **commercial sexual exploitation; certification requirements.** (a) To be certified as a
67.23 residential setting specializing in providing care and supportive services for youth who have
67.24 been or are at risk of becoming victims of sex trafficking or commercial sexual exploitation,
67.25 a license holder must meet the requirements of this subdivision.

67.26 (b) Settings certified according to this subdivision are exempt from the requirements of
67.27 section 245A.04, subdivision 11, paragraph (b).

67.28 (c) The program must use a trauma-informed model of care that meets all of the applicable
67.29 requirements of subdivision 3, and that is designed to address the needs, including emotional
67.30 and mental health needs, of youth who have been or are at risk of becoming victims of sex
67.31 trafficking or commercial sexual exploitation.

68.1 (d) The program must provide high-quality care and supportive services for youth who
 68.2 have been or are at risk of becoming victims of sex trafficking or commercial sexual
 68.3 exploitation and must:

68.4 (1) offer a safe setting to each youth designed to prevent ongoing and future trafficking
 68.5 of the youth;

68.6 (2) provide equitable, culturally responsive, and individualized services to each youth;

68.7 (3) assist each youth with accessing medical, mental health, legal, advocacy, and family
 68.8 services based on the youth's individual needs;

68.9 (4) provide each youth with relevant educational, life skills, and employment supports
 68.10 based on the youth's individual needs;

68.11 (5) offer a trafficking prevention education curriculum and provide support for each
 68.12 youth at risk of future sex trafficking or commercial sexual exploitation; and

68.13 (6) engage with the discharge planning process for each youth and the youth's family.

68.14 (e) The license holder must maintain a service delivery plan that describes how the
 68.15 program provides services according to the requirements in paragraphs (c) and (d).

68.16 (f) The license holder must ensure that each staff person who has direct contact, as
 68.17 defined in section 245C.02, subdivision 11, with a youth served by the license holder's
 68.18 program completes a human trafficking training approved by the Department of Human
 68.19 Services' Children and Family Services Administration before the staff person has direct
 68.20 contact with a youth served by the program and annually thereafter. For programs certified
 68.21 prior to January 1, 2022, the license holder must ensure that each staff person at the license
 68.22 holder's program completes the initial training by January 1, 2022.

68.23 **Subd. 6. Residential settings specializing in providing prenatal, postpartum, or**
 68.24 **parenting supports for youth; certification requirements.** (a) To be certified as a
 68.25 residential setting specializing in providing prenatal, postpartum, or parenting supports for
 68.26 youth, a license holder must meet the requirements of this subdivision.

68.27 (b) The license holder must collaborate with the responsible social services agency and
 68.28 other appropriate parties to implement each youth's out-of-home placement plan required
 68.29 by section 260C.212, subdivision 1.

68.30 (c) The license holder must specialize in providing prenatal, postpartum, or parenting
 68.31 supports for youth and must:

68.32 (1) provide equitable, culturally responsive, and individualized services to each youth;

69.1 (2) assist each youth with accessing postpartum services during the same period of time
69.2 that a woman is considered pregnant for the purposes of medical assistance eligibility under
69.3 section 256B.055, subdivision 6, including providing each youth with:

69.4 (i) sexual and reproductive health services and education; and

69.5 (ii) a postpartum mental health assessment and follow-up services; and

69.6 (3) discharge planning that includes the youth and the youth's family.

69.7 (d) On or before the date of a child's initial physical presence at the facility, the license
69.8 holder must provide education to the child's parent related to safe bathing and reducing the
69.9 risk of sudden unexpected infant death and abusive head trauma from shaking infants and
69.10 young children. The license holder must use the educational material developed by the
69.11 commissioner of human services to comply with this requirement. At a minimum, the
69.12 education must address:

69.13 (1) instruction that: (i) a child or infant should never be left unattended around water;

69.14 (ii) a tub should be filled with only two to four inches of water for infants; and (iii) an infant
69.15 should never be put into a tub when the water is running; and

69.16 (2) the risk factors related to sudden unexpected infant death and abusive head trauma
69.17 from shaking infants and young children and means of reducing the risks, including the
69.18 safety precautions identified in section 245A.1435 and the risks of co-sleeping.

69.19 The license holder must document the parent's receipt of the education and keep the
69.20 documentation in the parent's file. The documentation must indicate whether the parent
69.21 agrees to comply with the safeguards described in this paragraph. If the parent refuses to
69.22 comply, program staff must provide additional education to the parent as described in the
69.23 parental supervision plan. The parental supervision plan must include the intervention,
69.24 frequency, and staff responsible for the duration of the parent's participation in the program
69.25 or until the parent agrees to comply with the safeguards described in this paragraph.

69.26 (e) On or before the date of a child's initial physical presence at the facility, the license
69.27 holder must document the parent's capacity to meet the health and safety needs of the child
69.28 while on the facility premises considering the following factors:

69.29 (1) the parent's physical and mental health;

69.30 (2) the parent being under the influence of drugs, alcohol, medications, or other chemicals;

69.31 (3) the child's physical and mental health; and

70.1 (4) any other information available to the license holder indicating that the parent may
70.2 not be able to adequately care for the child.

70.3 (f) The license holder must have written procedures specifying the actions that staff shall
70.4 take if a parent is or becomes unable to adequately care for the parent's child.

70.5 (g) If the parent refuses to comply with the safeguards described in paragraph (d) or is
70.6 unable to adequately care for the child, the license holder must develop a parental supervision
70.7 plan in conjunction with the parent. The plan must account for any factors in paragraph (e)
70.8 that contribute to the parent's inability to adequately care for the child. The plan must be
70.9 dated and signed by the staff person who completed the plan.

70.10 (h) The license holder must have written procedures addressing whether the program
70.11 permits a parent to arrange for supervision of the parent's child by another youth in the
70.12 program. If permitted, the facility must have a procedure that requires staff approval of the
70.13 supervision arrangement before the supervision by the nonparental youth occurs. The
70.14 procedure for approval must include an assessment of the nonparental youth's capacity to
70.15 assume the supervisory responsibilities using the criteria in paragraph (e). The license holder
70.16 must document the license holder's approval of the supervisory arrangement and the
70.17 assessment of the nonparental youth's capacity to supervise the child and must keep this
70.18 documentation in the file of the parent whose child is being supervised by the nonparental
70.19 youth.

70.20 (i) The license holder must maintain a service delivery plan that describes how the
70.21 program provides services according to paragraphs (b) to (h).

70.22 **Subd. 7. Supervised independent living settings for youth 18 years of age or older;**
70.23 **certification requirements.** (a) To be certified as a supervised independent living setting
70.24 for youth who are 18 years of age or older, a license holder must meet the requirements of
70.25 this subdivision.

70.26 (b) A license holder must provide training, counseling, instruction, supervision, and
70.27 assistance for independent living according to the youth's needs.

70.28 (c) A license holder may provide services to assist the youth with locating housing,
70.29 money management, meal preparation, shopping, health care, transportation, and any other
70.30 support services necessary to meet the youth's needs and improve the youth's ability to
70.31 conduct such tasks independently.

70.32 (d) The service plan for the youth must contain an objective of independent living skills.

71.1 (e) The license holder must maintain a service delivery plan that describes how the
 71.2 program provides services according to paragraphs (b) to (d).

71.3 Subd. 8. **Monitoring and inspections.** (a) For a program licensed by the commissioner
 71.4 of human services, the commissioner of human services may review a program's compliance
 71.5 with certification requirements by conducting an inspection, a licensing review, or an
 71.6 investigation of the program. The commissioner may issue a correction order to the license
 71.7 holder for a program's noncompliance with the certification requirements of this section.
 71.8 For a program licensed by the commissioner of human services, a license holder must make
 71.9 a request for reconsideration of a correction order according to section 245A.06, subdivision
 71.10 2.

71.11 (b) For a program licensed by the commissioner of corrections, the commissioner of
 71.12 human services may review the program's compliance with the requirements for a certification
 71.13 issued under this section biennially and may issue a correction order identifying the program's
 71.14 noncompliance with the requirements of this section. The correction order must state the
 71.15 following:

71.16 (1) the conditions that constitute a violation of a law or rule;

71.17 (2) the specific law or rule violated; and

71.18 (3) the time allowed for the program to correct each violation.

71.19 (c) For a program licensed by the commissioner of corrections, if a license holder believes
 71.20 that there are errors in the correction order of the commissioner of human services, the
 71.21 license holder may ask the Department of Human Services to reconsider the parts of the
 71.22 correction order that the license holder alleges are in error. To submit a request for
 71.23 reconsideration, the license holder must send a written request for reconsideration by United
 71.24 States mail to the commissioner of human services. The request for reconsideration must
 71.25 be postmarked within 20 calendar days of the date that the correction order was received
 71.26 by the license holder and must:

71.27 (1) specify the parts of the correction order that are alleged to be in error;

71.28 (2) explain why the parts of the correction order are in error; and

71.29 (3) include documentation to support the allegation of error.

71.30 A request for reconsideration does not stay any provisions or requirements of the correction
 71.31 order. The commissioner of human services' disposition of a request for reconsideration is
 71.32 final and not subject to appeal under chapter 14.

72.1 (d) Nothing in this subdivision prohibits the commissioner of human services from
 72.2 decertifying a license holder according to subdivision 9 prior to issuing a correction order.

72.3 Subd. 9. **Decertification.** (a) The commissioner of human services may rescind a
 72.4 certification issued under this section if a license holder fails to comply with the certification
 72.5 requirements in this section.

72.6 (b) The license holder may request reconsideration of a decertification by notifying the
 72.7 commissioner of human services by certified mail or personal service. The license holder
 72.8 must request reconsideration of a decertification in writing. If the license holder sends the
 72.9 request for reconsideration of a decertification by certified mail, the license holder must
 72.10 send the request by United States mail to the commissioner of human services and the
 72.11 request must be postmarked within 20 calendar days after the license holder received the
 72.12 notice of decertification. If the license holder requests reconsideration of a decertification
 72.13 by personal service, the request for reconsideration must be received by the commissioner
 72.14 of human services within 20 calendar days after the license holder received the notice of
 72.15 decertification. When submitting a request for reconsideration of a decertification, the license
 72.16 holder must submit a written argument or evidence in support of the request for
 72.17 reconsideration.

72.18 (c) The commissioner of human services' disposition of a request for reconsideration is
 72.19 final and not subject to appeal under chapter 14.

72.20 Subd. 10. **Variances.** The commissioner of human services may grant variances to the
 72.21 requirements in this section that do not affect a youth's health or safety or compliance with
 72.22 federal requirements for Title IV-E funding if the conditions in section 245A.04, subdivision
 72.23 9, are met.

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

72.25 Sec. 13. Minnesota Statutes 2020, section 256.01, subdivision 14b, is amended to read:

72.26 **Subd. 14b. American Indian child welfare projects.** (a) The commissioner of human
 72.27 services may authorize projects to initiate tribal delivery of child welfare services to American
 72.28 Indian children and their parents and custodians living on the reservation. The commissioner
 72.29 has authority to solicit and determine which tribes may participate in a project. Grants may
 72.30 be issued to Minnesota Indian tribes to support the projects. The commissioner may waive
 72.31 existing state rules as needed to accomplish the projects. The commissioner may authorize
 72.32 projects to use alternative methods of (1) screening, investigating, and assessing reports of
 72.33 child maltreatment, and (2) administrative reconsideration, administrative appeal, and

73.1 judicial appeal of maltreatment determinations, provided the alternative methods used by
73.2 the projects comply with the provisions of section 256.045 and chapter 260E that deal with
73.3 the rights of individuals who are the subjects of reports or investigations, including notice
73.4 and appeal rights and data practices requirements. The commissioner shall only authorize
73.5 alternative methods that comply with the public policy under section 260E.01. The
73.6 commissioner may seek any federal approval necessary to carry out the projects as well as
73.7 seek and use any funds available to the commissioner, including use of federal funds,
73.8 foundation funds, existing grant funds, and other funds. The commissioner is authorized to
73.9 advance state funds as necessary to operate the projects. Federal reimbursement applicable
73.10 to the projects is appropriated to the commissioner for the purposes of the projects. The
73.11 projects must be required to address responsibility for safety, permanency, and well-being
73.12 of children.

73.13 (b) For the purposes of this section, "American Indian child" means a person under 21
73.14 years old and who is a tribal member or eligible for membership in one of the tribes chosen
73.15 for a project under this subdivision and who is residing on the reservation of that tribe.

73.16 (c) In order to qualify for an American Indian child welfare project, a tribe must:

73.17 (1) be one of the existing tribes with reservation land in Minnesota;

73.18 (2) have a tribal court with jurisdiction over child custody proceedings;

73.19 (3) have a substantial number of children for whom determinations of maltreatment have
73.20 occurred;

73.21 (4)(i) have capacity to respond to reports of abuse and neglect under chapter 260E; or
73.22 (ii) have codified the tribe's screening, investigation, and assessment of reports of child
73.23 maltreatment procedures, if authorized to use an alternative method by the commissioner
73.24 under paragraph (a);

73.25 (5) provide a wide range of services to families in need of child welfare services; ~~and~~

73.26 (6) have a tribal-state title IV-E agreement in effect; and

73.27 (7) enter into host Tribal contracts pursuant to section 256.0112, subdivision 6.

73.28 (d) Grants awarded under this section may be used for the nonfederal costs of providing
73.29 child welfare services to American Indian children on the tribe's reservation, including costs
73.30 associated with:

73.31 (1) assessment and prevention of child abuse and neglect;

73.32 (2) family preservation;

74.1 (3) facilitative, supportive, and reunification services;

74.2 (4) out-of-home placement for children removed from the home for child protective
74.3 purposes; and

74.4 (5) other activities and services approved by the commissioner that further the goals of
74.5 providing safety, permanency, and well-being of American Indian children.

74.6 (e) When a tribe has initiated a project and has been approved by the commissioner to
74.7 assume child welfare responsibilities for American Indian children of that tribe under this
74.8 section, the affected county social service agency is relieved of responsibility for responding
74.9 to reports of abuse and neglect under chapter 260E for those children during the time within
74.10 which the tribal project is in effect and funded. The commissioner shall work with tribes
74.11 and affected counties to develop procedures for data collection, evaluation, and clarification
74.12 of ongoing role and financial responsibilities of the county and tribe for child welfare services
74.13 prior to initiation of the project. Children who have not been identified by the tribe as
74.14 participating in the project shall remain the responsibility of the county. Nothing in this
74.15 section shall alter responsibilities of the county for law enforcement or court services.

74.16 (f) Participating tribes may conduct children's mental health screenings under section
74.17 245.4874, subdivision 1, paragraph (a), clause (12), for children who are eligible for the
74.18 initiative and living on the reservation and who meet one of the following criteria:

74.19 (1) the child must be receiving child protective services;

74.20 (2) the child must be in foster care; or

74.21 (3) the child's parents must have had parental rights suspended or terminated.

74.22 Tribes may access reimbursement from available state funds for conducting the screenings.
74.23 Nothing in this section shall alter responsibilities of the county for providing services under
74.24 section 245.487.

74.25 (g) Participating tribes may establish a local child mortality review panel. In establishing
74.26 a local child mortality review panel, the tribe agrees to conduct local child mortality reviews
74.27 for child deaths or near-fatalities occurring on the reservation under subdivision 12. Tribes
74.28 with established child mortality review panels shall have access to nonpublic data and shall
74.29 protect nonpublic data under subdivision 12, paragraphs (c) to (e). The tribe shall provide
74.30 written notice to the commissioner and affected counties when a local child mortality review
74.31 panel has been established and shall provide data upon request of the commissioner for
74.32 purposes of sharing nonpublic data with members of the state child mortality review panel
74.33 in connection to an individual case.

75.1 (h) The commissioner shall collect information on outcomes relating to child safety,
 75.2 permanency, and well-being of American Indian children who are served in the projects.
 75.3 Participating tribes must provide information to the state in a format and completeness
 75.4 deemed acceptable by the state to meet state and federal reporting requirements.

75.5 (i) In consultation with the White Earth Band, the commissioner shall develop and submit
 75.6 to the chairs and ranking minority members of the legislative committees with jurisdiction
 75.7 over health and human services a plan to transfer legal responsibility for providing child
 75.8 protective services to White Earth Band member children residing in Hennepin County to
 75.9 the White Earth Band. The plan shall include a financing proposal, definitions of key terms,
 75.10 statutory amendments required, and other provisions required to implement the plan. The
 75.11 commissioner shall submit the plan by January 15, 2012.

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

75.13 Sec. 14. Minnesota Statutes 2020, section 256.0112, subdivision 6, is amended to read:

75.14 Subd. 6. **Contracting within and across county lines; lead county contracts; lead**
 75.15 **Tribal contracts.** Paragraphs (a) to (e) govern contracting within and across county lines
 75.16 and lead county contracts. Paragraphs (a) to (e) govern contracting within and across
 75.17 reservation boundaries and lead Tribal contracts for initiative tribes under section 256.01,
 75.18 subdivision 14b. For purposes of this subdivision, "local agency" includes a tribe or a county
 75.19 agency.

75.20 (a) Once a local agency and an approved vendor execute a contract that meets the
 75.21 requirements of this subdivision, the contract governs all other purchases of service from
 75.22 the vendor by all other local agencies for the term of the contract. The local agency that
 75.23 negotiated and entered into the contract becomes the lead tribe or county for the contract.

75.24 (b) When the local agency in the county or reservation where a vendor is located wants
 75.25 to purchase services from that vendor and the vendor has no contract with the local agency
 75.26 or any other tribe or county, the local agency must negotiate and execute a contract with
 75.27 the vendor.

75.28 (c) When a local agency ~~in one county~~ wants to purchase services from a vendor located
 75.29 in another county or reservation, it must notify the local agency in the county or reservation
 75.30 where the vendor is located. Within 30 days of being notified, the local agency in the vendor's
 75.31 county or reservation must:

75.32 (1) if it has a contract with the vendor, send a copy to the inquiring local agency;

76.1 (2) if there is a contract with the vendor for which another local agency is the lead tribe
 76.2 or county, identify the lead tribe or county to the inquiring agency; or

76.3 (3) if no local agency has a contract with the vendor, inform the inquiring agency whether
 76.4 it will negotiate a contract and become the lead tribe or county. If the agency where the
 76.5 vendor is located will not negotiate a contract with the vendor because of concerns related
 76.6 to clients' health and safety, the agency must share those concerns with the inquiring local
 76.7 agency.

76.8 (d) If the local agency in the county where the vendor is located declines to negotiate a
 76.9 contract with the vendor or fails to respond within 30 days of receiving the notification
 76.10 under paragraph (c), the inquiring agency is authorized to negotiate a contract and must
 76.11 notify the local agency that declined or failed to respond.

76.12 (e) When the inquiring ~~county~~ local agency under paragraph (d) becomes the lead tribe
 76.13 or county for a contract and the contract expires and needs to be renegotiated, that tribe or
 76.14 county must again follow the requirements under paragraph (c) and notify the local agency
 76.15 where the vendor is located. The local agency where the vendor is located has the option
 76.16 of becoming the lead tribe or county for the new contract. If the local agency does not
 76.17 exercise the option, paragraph (d) applies.

76.18 (f) This subdivision does not affect the requirement to seek county concurrence under
 76.19 section 256B.092, subdivision 8a, when the services are to be purchased for a person with
 76.20 a developmental disability or under section 245.4711, subdivision 3, when the services to
 76.21 be purchased are for an adult with serious and persistent mental illness.

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

76.23 Sec. 15. Minnesota Statutes 2020, section 260C.007, subdivision 26c, is amended to read:

76.24 Subd. 26c. **Qualified individual.** (a) "Qualified individual" means a trained culturally
 76.25 competent professional or licensed clinician, including a mental health professional under
 76.26 section 245.4871, subdivision 27, who is ~~not~~ qualified to conduct the assessment approved
 76.27 by the commissioner. The qualified individual must not be an employee of the responsible
 76.28 social services agency and or an individual who is ~~not~~ connected to or affiliated with any
 76.29 placement setting in which a responsible social services agency has placed children.

76.30 (b) When the Indian Child Welfare Act of 1978, United States Code, title 25, sections
 76.31 1901 to 1963, applies to a child, the county must contact the child's tribe without delay to
 76.32 give the tribe the option to designate a qualified individual who is a trained culturally
 76.33 competent professional or licensed clinician, including a mental health professional under

77.1 section 245.4871, subdivision 27, who is not employed by the responsible social services
 77.2 agency and who is not connected to or affiliated with any placement setting in which a
 77.3 responsible social services agency has placed children. Only a federal waiver that
 77.4 demonstrates maintained objectivity may allow a responsible social services agency employee
 77.5 or Tribal employee affiliated with any placement setting in which the responsible social
 77.6 services agency has placed children to be designated the qualified individual.

77.7 Sec. 16. Minnesota Statutes 2020, section 260C.007, subdivision 31, is amended to read:

77.8 Subd. 31. **Sexually exploited youth.** "Sexually exploited youth" means an individual
 77.9 who:

77.10 (1) is alleged to have engaged in conduct which would, if committed by an adult, violate
 77.11 any federal, state, or local law relating to being hired, offering to be hired, or agreeing to
 77.12 be hired by another individual to engage in sexual penetration or sexual conduct;

77.13 (2) is a victim of a crime described in section 609.342, 609.343, 609.344, 609.345,
 77.14 609.3451, 609.3453, 609.352, 617.246, or 617.247;

77.15 (3) is a victim of a crime described in United States Code, title 18, section 2260; 2421;
 77.16 2422; 2423; 2425; 2425A; or 2256; ~~or~~

77.17 (4) is a sex trafficking victim as defined in section 609.321, subdivision 7b.; or

77.18 (5) is a victim of commercial sexual exploitation as defined in United States Code, title
 77.19 22, section 7102(11)(A) and (12).

77.20 **EFFECTIVE DATE.** This section is effective September 30, 2021.

77.21 Sec. 17. Minnesota Statutes 2020, section 260C.157, subdivision 3, is amended to read:

77.22 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency
 77.23 shall establish a juvenile treatment screening team to conduct screenings under this chapter
 77.24 and chapter 260D, and section 245.487, subdivision 3, for a child to receive treatment for
 77.25 an emotional disturbance, a developmental disability, or related condition in a residential
 77.26 treatment facility licensed by the commissioner of human services under chapter 245A, or
 77.27 licensed or approved by a tribe. A screening team is not required for a child to be in: (1) a
 77.28 residential facility specializing in prenatal, postpartum, or parenting support; (2) a facility
 77.29 specializing in high-quality residential care and supportive services to children and youth
 77.30 who ~~are~~ have been or are at risk of becoming victims of sex trafficking sex trafficking
 77.31 victims or are at risk of becoming sex trafficking victims or commercial sexual exploitation;
 77.32 (3) supervised settings for youth who are 18 years ~~old~~ of age or older and living

78.1 independently; or (4) a licensed residential family-based treatment facility for substance
78.2 abuse consistent with section 260C.190. Screenings are also not required when a child must
78.3 be placed in a facility due to an emotional crisis or other mental health emergency.

78.4 (b) The responsible social services agency shall conduct screenings within 15 days of a
78.5 request for a screening, unless the screening is for the purpose of residential treatment and
78.6 the child is enrolled in a prepaid health program under section 256B.69, in which case the
78.7 agency shall conduct the screening within ten working days of a request. The responsible
78.8 social services agency shall convene the juvenile treatment screening team, which may be
78.9 constituted under section 245.4885 or 256B.092 or Minnesota Rules, parts 9530.6600 to
78.10 9530.6655. The team shall consist of social workers; persons with expertise in the treatment
78.11 of juveniles who are emotionally ~~disabled~~ disturbed, chemically dependent, or have a
78.12 developmental disability; and the child's parent, guardian, or permanent legal custodian.
78.13 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b
78.14 and 27, the child's foster care provider, and professionals who are a resource to the child's
78.15 family such as teachers, medical or mental health providers, and clergy, as appropriate,
78.16 consistent with the family and permanency team as defined in section 260C.007, subdivision
78.17 16a. Prior to forming the team, the responsible social services agency must consult with the
78.18 child's parents, the child if the child is age 14 or older, ~~the child's parents~~, and, if applicable,
78.19 the child's tribe to obtain recommendations regarding which individuals to include on the
78.20 team and to ensure that the team is family-centered and will act in the child's best interest
78.21 interests. If the child, child's parents, or legal guardians raise concerns about specific relatives
78.22 or professionals, the team should not include those individuals. This provision does not
78.23 apply to paragraph (c).

78.24 (c) If the agency provides notice to tribes under section 260.761, and the child screened
78.25 is an Indian child, the responsible social services agency must make a rigorous and concerted
78.26 effort to include a designated representative of the Indian child's tribe on the juvenile
78.27 treatment screening team, unless the child's tribal authority declines to appoint a
78.28 representative. The Indian child's tribe may delegate its authority to represent the child to
78.29 any other federally recognized Indian tribe, as defined in section 260.755, subdivision 12.
78.30 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
78.31 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
78.32 260.835, apply to this section.

78.33 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes
78.34 to place a child with an emotional disturbance or developmental disability or related condition
78.35 in residential treatment, the responsible social services agency must conduct a screening.

79.1 If the team recommends treating the child in a qualified residential treatment program, the
79.2 agency must follow the requirements of sections 260C.70 to 260C.714.

79.3 The court shall ascertain whether the child is an Indian child and shall notify the
79.4 responsible social services agency and, if the child is an Indian child, shall notify the Indian
79.5 child's tribe as paragraph (c) requires.

79.6 (e) When the responsible social services agency is responsible for placing and caring
79.7 for the child and the screening team recommends placing a child in a qualified residential
79.8 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)
79.9 begin the assessment and processes required in section 260C.704 without delay; and (2)
79.10 conduct a relative search according to section 260C.221 to assemble the child's family and
79.11 permanency team under section 260C.706. Prior to notifying relatives regarding the family
79.12 and permanency team, the responsible social services agency must consult with the child's
79.13 parents and the child if the child is age 14 or older, ~~the child's parents~~ and, if applicable, the
79.14 child's tribe to ensure that the agency is providing notice to individuals who will act in the
79.15 child's best ~~interest~~ interests. The child and the child's parents may identify a culturally
79.16 competent qualified individual to complete the child's assessment. The agency shall make
79.17 efforts to refer the assessment to the identified qualified individual. The assessment may
79.18 not be delayed for the purpose of having the assessment completed by a specific qualified
79.19 individual.

79.20 (f) When a screening team determines that a child does not need treatment in a qualified
79.21 residential treatment program, the screening team must:

79.22 (1) document the services and supports that will prevent the child's foster care placement
79.23 and will support the child remaining at home;

79.24 (2) document the services and supports that the agency will arrange to place the child
79.25 in a family foster home; or

79.26 (3) document the services and supports that the agency has provided in any other setting.

79.27 (g) When the Indian child's tribe or tribal health care services provider or Indian Health
79.28 Services provider proposes to place a child for the primary purpose of treatment for an
79.29 emotional disturbance, a developmental disability, or co-occurring emotional disturbance
79.30 and chemical dependency, the Indian child's tribe or the tribe delegated by the child's tribe
79.31 shall submit necessary documentation to the county juvenile treatment screening team,
79.32 which must invite the Indian child's tribe to designate a representative to the screening team.

80.1 (h) The responsible social services agency must conduct and document the screening in
80.2 a format approved by the commissioner of human services.

80.3 **EFFECTIVE DATE.** This section is effective September 30, 2021.

80.4 Sec. 18. Minnesota Statutes 2020, section 260C.163, subdivision 3, is amended to read:

80.5 Subd. 3. **Appointment of counsel.** (a) The child, parent, guardian or custodian has the
80.6 right to effective assistance of counsel in connection with a proceeding in juvenile court as
80.7 provided in this subdivision.

80.8 (b) Except in proceedings where the sole basis for the petition is habitual truancy, if the
80.9 child desires counsel but is unable to employ it, the court shall appoint counsel to represent
80.10 the child who is ten years of age or older under section 611.14, clause (4), or other counsel
80.11 at public expense.

80.12 (c) ~~Except in proceedings where the sole basis for the petition is habitual truancy, if the~~
80.13 ~~parent, guardian, or custodian desires counsel but is unable to employ it, the court shall~~
80.14 ~~appoint counsel to represent the parent, guardian, or custodian in any case in which it feels~~
80.15 ~~that such an appointment is appropriate if the person would be financially unable to obtain~~
80.16 ~~counsel under the guidelines set forth in section 611.17.~~ In all child protection proceedings
80.17 where a child risks removal from the care of the child's parent, guardian, or custodian,
80.18 including a child in need of protection or services petition, an action pursuing removal of
80.19 a child from the child's home, a termination of parental rights petition, or a petition for
80.20 permanent out-of-home placement, if the parent, guardian, or custodian desires counsel and
80.21 is eligible for counsel under section 611.17, the court shall appoint counsel to represent
80.22 each parent, guardian, or custodian prior to the first hearing on the petition and at all stages
80.23 of the proceedings. Court appointed counsel shall be at county expense as outlined in
80.24 paragraph (h).

80.25 (d) In any proceeding where the subject of a petition for a child in need of protection or
80.26 services is ten years of age or older, the responsible social services agency shall, within 14
80.27 days after filing the petition or at the emergency removal hearing under section 260C.178,
80.28 subdivision 1, if the child is present, fully and effectively inform the child of the child's
80.29 right to be represented by appointed counsel upon request and shall notify the court as to
80.30 whether the child desired counsel. Information provided to the child shall include, at a
80.31 minimum, the fact that counsel will be provided without charge to the child, that the child's
80.32 communications with counsel are confidential, and that the child has the right to participate
80.33 in all proceedings on a petition, including the opportunity to personally attend all hearings.
80.34 The responsible social services agency shall also, within 14 days of the child's tenth birthday,

81.1 fully and effectively inform the child of the child's right to be represented by counsel if the
81.2 child reaches the age of ten years while the child is the subject of a petition for a child in
81.3 need of protection or services or is a child under the guardianship of the commissioner.

81.4 (e) In any proceeding where the sole basis for the petition is habitual truancy, the child,
81.5 parent, guardian, and custodian do not have the right to appointment of a public defender
81.6 or other counsel at public expense. However, before any out-of-home placement, including
81.7 foster care or inpatient treatment, can be ordered, the court must appoint a public defender
81.8 or other counsel at public expense in accordance with this subdivision.

81.9 (f) Counsel for the child shall not also act as the child's guardian ad litem.

81.10 (g) In any proceeding where the subject of a petition for a child in need of protection or
81.11 services is not represented by an attorney, the court shall determine the child's preferences
81.12 regarding the proceedings, including informing the child of the right to appointed counsel
81.13 and asking whether the child desires counsel, if the child is of suitable age to express a
81.14 preference.

81.15 (h) Court-appointed counsel for the parent, guardian, or custodian under this subdivision
81.16 is at county expense. If the county has contracted with counsel ~~meeting qualifications under~~
81.17 ~~paragraph (i)~~, the court shall appoint the counsel retained by the county, unless a conflict
81.18 of interest exists. If a conflict exists, after consulting with the chief judge of the judicial
81.19 district or the judge's designee, the county shall contract with competent counsel to provide
81.20 the necessary representation. The court may appoint only one counsel at public expense for
81.21 the first court hearing to represent the interests of the parents, guardians, and custodians,
81.22 unless, at any time during the proceedings upon petition of a party, the court determines
81.23 and makes written findings on the record that extraordinary circumstances exist that require
81.24 counsel to be appointed to represent a separate interest of other parents, guardians, or
81.25 custodians subject to the jurisdiction of the juvenile court.

81.26 ~~(i) Counsel retained by the county under paragraph (h) must meet the qualifications~~
81.27 ~~established by the Judicial Council in at least one of the following: (1) has a minimum of~~
81.28 ~~two years' experience handling child protection cases; (2) has training in handling child~~
81.29 ~~protection cases from a course or courses approved by the Judicial Council; or (3) is~~
81.30 ~~supervised by an attorney who meets the minimum qualifications under clause (1) or (2).~~

81.31 **EFFECTIVE DATE.** This section is effective July 1, 2022.

82.1 Sec. 19. Minnesota Statutes 2020, section 260C.212, subdivision 1a, is amended to read:

82.2 Subd. 1a. **Out-of-home placement plan update.** (a) Within 30 days of placing the child
82.3 in foster care, the agency must file the child's initial out-of-home placement plan with the
82.4 court. After filing the child's initial out-of-home placement plan, the agency shall update
82.5 and file the child's out-of-home placement plan with the court as follows:

82.6 (1) when the agency moves a child to a different foster care setting, the agency shall
82.7 inform the court within 30 days of the child's placement change or court-ordered trial home
82.8 visit. The agency must file the child's updated out-of-home placement plan with the court
82.9 at the next required review hearing;

82.10 (2) when the agency places a child in a qualified residential treatment program as defined
82.11 in section 260C.007, subdivision 26d, or moves a child from one qualified residential
82.12 treatment program to a different qualified residential treatment program, the agency must
82.13 update the child's out-of-home placement plan within 60 days. To meet the requirements
82.14 of section 260C.708, the agency must file the child's out-of-home placement plan ~~with the~~
82.15 ~~court as part of the 60-day hearing and~~ along with the agency's report seeking the court's
82.16 approval of the child's placement at a qualified residential treatment program under section
82.17 260C.71. After the court issues an order, the agency must update the child's out-of-home
82.18 placement plan after the court hearing to document the court's approval or disapproval of
82.19 the child's placement in a qualified residential treatment program;

82.20 (3) when the agency places a child with the child's parent in a licensed residential
82.21 family-based substance use disorder treatment program under section 260C.190, the agency
82.22 must identify the treatment program where the child will be placed in the child's out-of-home
82.23 placement plan prior to the child's placement. The agency must file the child's out-of-home
82.24 placement plan with the court at the next required review hearing; and

82.25 (4) under sections 260C.227 and 260C.521, the agency must update the child's
82.26 out-of-home placement plan and file the child's out-of-home placement plan with the court.

82.27 (b) When none of the items in paragraph (a) apply, the agency must update the child's
82.28 out-of-home placement plan no later than 180 days after the child's initial placement and
82.29 every six months thereafter, consistent with section 260C.203, paragraph (a).

82.30 **EFFECTIVE DATE.** This section is effective September 30, 2021.

83.1 Sec. 20. Minnesota Statutes 2020, section 260C.212, subdivision 13, is amended to read:

83.2 Subd. 13. **Protecting missing and runaway children and youth at risk of sex**
 83.3 **trafficking or commercial sexual exploitation.** (a) The local social services agency shall
 83.4 expeditiously locate any child missing from foster care.

83.5 (b) The local social services agency shall report immediately, but no later than 24 hours,
 83.6 after receiving information on a missing or abducted child to the local law enforcement
 83.7 agency for entry into the National Crime Information Center (NCIC) database of the Federal
 83.8 Bureau of Investigation, and to the National Center for Missing and Exploited Children.

83.9 (c) The local social services agency shall not discharge a child from foster care or close
 83.10 the social services case until diligent efforts have been exhausted to locate the child and the
 83.11 court terminates the agency's jurisdiction.

83.12 (d) The local social services agency shall determine the primary factors that contributed
 83.13 to the child's running away or otherwise being absent from care and, to the extent possible
 83.14 and appropriate, respond to those factors in current and subsequent placements.

83.15 (e) The local social services agency shall determine what the child experienced while
 83.16 absent from care, including screening the child to determine if the child is a possible sex
 83.17 trafficking or commercial sexual exploitation victim as defined in section ~~609.321,~~
 83.18 ~~subdivision 7b~~ 260C.007, subdivision 31.

83.19 (f) The local social services agency shall report immediately, but no later than 24 hours,
 83.20 to the local law enforcement agency any reasonable cause to believe a child is, or is at risk
 83.21 of being, a sex trafficking or commercial sexual exploitation victim.

83.22 (g) The local social services agency shall determine appropriate services as described
 83.23 in section 145.4717 with respect to any child for whom the local social services agency has
 83.24 responsibility for placement, care, or supervision when the local social services agency has
 83.25 reasonable cause to believe that the child is, or is at risk of being, a sex trafficking or
 83.26 commercial sexual exploitation victim.

83.27 **EFFECTIVE DATE.** This section is effective September 30, 2021.

83.28 Sec. 21. Minnesota Statutes 2020, section 260C.4412, is amended to read:

83.29 **260C.4412 PAYMENT FOR RESIDENTIAL PLACEMENTS.**

83.30 (a) When a child is placed in a foster care group residential setting under Minnesota
 83.31 Rules, parts 2960.0020 to 2960.0710, a foster residence licensed under chapter 245A that
 83.32 meets the standards of Minnesota Rules, parts 2960.3200 to 2960.3230, or a children's

84.1 residential facility licensed or approved by a tribe, foster care maintenance payments must
 84.2 be made on behalf of the child to cover the cost of providing food, clothing, shelter, daily
 84.3 supervision, school supplies, child's personal incidentals and supports, reasonable travel for
 84.4 visitation, or other transportation needs associated with the items listed. Daily supervision
 84.5 in the group residential setting includes routine day-to-day direction and arrangements to
 84.6 ensure the well-being and safety of the child. It may also include reasonable costs of
 84.7 administration and operation of the facility.

84.8 (b) The commissioner of human services shall specify the title IV-E administrative
 84.9 procedures under section 256.82 for each of the following residential program settings:

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

84.11 (i) qualified residential treatment programs as defined in section 260C.007, subdivision
 84.12 26d;

84.13 (ii) program settings specializing in providing prenatal, postpartum, or parenting supports
 84.14 for youth; and

84.15 (iii) program settings providing high-quality residential care and supportive services to
 84.16 children and youth who are, or are at risk of becoming, sex trafficking victims;

84.17 (2) licensed residential family-based substance use disorder treatment programs as
 84.18 defined in section 260C.007, subdivision 22a; and

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

84.21 (c) A lead contract under section 256.0112, subdivision 6, is not required to establish
 84.22 the foster care maintenance payment in paragraph (a) for foster residence settings licensed
 84.23 under chapter 245A that meet the standards of Minnesota Rules, parts 2960.3200 to
 84.24 2960.3230. The foster care maintenance payment for these settings must be consistent with
 84.25 section 256N.26, subdivision 3, and subject to the annual revision as specified in section
 84.26 256N.26, subdivision 9.

84.27 Sec. 22. Minnesota Statutes 2020, section 260C.452, is amended to read:

84.28 **260C.452 SUCCESSFUL TRANSITION TO ADULTHOOD.**

84.29 Subdivision 1. **Scope; purpose.** (a) For purposes of this section, "youth" means a person
 84.30 who is at least 14 years of age and under 23 years of age.

84.31 (b) This section pertains to a ~~child~~ youth who:

85.1 (1) is in foster care and is 14 years of age or older, including a youth who is under the
 85.2 guardianship of the commissioner of human services, ~~or who~~;

85.3 (2) has a permanency disposition of permanent custody to the agency, ~~or who~~;

85.4 (3) will leave foster care ~~at 18 to 21 years of age~~. when the youth is 18 years of age or
 85.5 older and under 21 years of age;

85.6 (4) has left foster care and was placed at a permanent adoptive placement when the youth
 85.7 was 16 years of age or older;

85.8 (5) is 16 years of age or older, has left foster care, and was placed with a relative to
 85.9 whom permanent legal and physical custody of the youth has been transferred; or

85.10 (6) was reunified with the youth's primary caretaker when the youth was 14 years of age
 85.11 or older and under 18 years of age.

85.12 (c) The purpose of this section is to provide support to a youth who is transitioning to
 85.13 adulthood by providing services to the youth concerning:

85.14 (1) education;

85.15 (2) employment;

85.16 (3) daily living skills such as financial literacy training and driving instruction, preventive
 85.17 health activities including promoting abstinence from substance use and smoking, and
 85.18 nutrition education and pregnancy prevention;

85.19 (4) forming meaningful, permanent connections with caring adults;

85.20 (5) engaging in age-appropriate and developmentally appropriate activities under section
 85.21 260C.212, subdivision 14, and positive youth development;

85.22 (6) financial, housing, counseling, and other services to assist a youth over 18 years of
 85.23 age in achieving self-sufficiency and accepting personal responsibility for the transition
 85.24 from adolescence to adulthood; and

85.25 (7) making vouchers available for education and training.

85.26 (d) The responsible social services agency may provide support and case management
 85.27 services to a youth as defined in paragraph (a) until the youth reaches 23 years of age.

85.28 According to section 260C.451, a youth's placement in a foster care setting will end when
 85.29 the youth reaches 21 years of age.

85.30 Subd. 1a. **Case management services.** Case management services include the
 85.31 responsibility for planning, coordinating, authorizing, monitoring, and evaluating services

86.1 for a youth and shall be provided to a youth by the responsible social services agency or
86.2 the contracted agency. Case management services include the out-of-home placement plan
86.3 under section 260C.212, subdivision 1, when the youth is in out-of-home placement.

86.4 Subd. 2. **Independent living plan.** When the ~~child~~ youth is 14 years of age or older and
86.5 is receiving support from the responsible social services agency under this section, the
86.6 responsible social services agency, in consultation with the ~~child~~ youth, shall complete the
86.7 youth's independent living plan according to section 260C.212, subdivision 1, paragraph
86.8 (c), clause (12), regardless of the youth's current placement status.

86.9 Subd. 3. **Notification.** ~~Six months before the child is expected to be discharged from~~
86.10 ~~foster care, the responsible social services agency shall provide written notice to the child~~
86.11 ~~regarding the right to continued access to services for certain children in foster care past 18~~
86.12 ~~years of age and of the right to appeal a denial of social services under section 256.045.~~

86.13 Subd. 4. **Administrative or court review of placements.** (a) When the ~~child~~ youth is
86.14 14 years of age or older, the court, in consultation with the ~~child~~ youth, shall review the
86.15 youth's independent living plan according to section 260C.203, paragraph (d).

86.16 (b) The responsible social services agency shall file a copy of the notification ~~required~~
86.17 ~~in subdivision 3~~ of foster care benefits for a youth who is 18 years of age or older according
86.18 to section 260C.451, subdivision 1, with the court. If the responsible social services agency
86.19 does not file the notice by the time the ~~child~~ youth is 17-1/2 years of age, the court shall
86.20 require the responsible social services agency to file the notice.

86.21 (c) When a youth is 18 years of age or older, the court shall ensure that the responsible
86.22 social services agency assists the ~~child~~ youth in obtaining the following documents before
86.23 the ~~child~~ youth leaves foster care: a Social Security card; an official or certified copy of the
86.24 ~~child's~~ youth's birth certificate; a state identification card or driver's license, tribal enrollment
86.25 identification card, green card, or school visa; health insurance information; the ~~child's~~
86.26 youth's school, medical, and dental records; a contact list of the ~~child's~~ youth's medical,
86.27 dental, and mental health providers; and contact information for the ~~child's~~ youth's siblings,
86.28 if the siblings are in foster care.

86.29 (d) For a ~~child~~ youth who will be discharged from foster care at 18 years of age or older
86.30 because the youth is not eligible for extended foster care benefits or chooses to leave foster
86.31 care, the responsible social services agency must develop a personalized transition plan as
86.32 directed by the ~~child~~ youth during the ~~90-day~~ 180-day period immediately prior to the
86.33 expected date of discharge. The transition plan must be as detailed as the ~~child~~ youth elects
86.34 and include specific options, including but not limited to:

- 87.1 (1) affordable housing with necessary supports that does not include a homeless shelter;
- 87.2 (2) health insurance, including eligibility for medical assistance as defined in section
- 87.3 256B.055, subdivision 17;
- 87.4 (3) education, including application to the Education and Training Voucher Program;
- 87.5 (4) local opportunities for mentors and continuing support services, ~~including the Healthy~~
- 87.6 ~~Transitions and Homeless Prevention program, if available;~~
- 87.7 (5) workforce supports and employment services;
- 87.8 (6) a copy of the ~~child's~~ youth's consumer credit report as defined in section 13C.001
- 87.9 and assistance in interpreting and resolving any inaccuracies in the report, at no cost to the
- 87.10 ~~child~~ youth;
- 87.11 (7) information on executing a health care directive under chapter 145C and on the
- 87.12 importance of designating another individual to make health care decisions on behalf of the
- 87.13 ~~child~~ youth if the ~~child~~ youth becomes unable to participate in decisions;
- 87.14 (8) appropriate contact information through 21 years of age if the ~~child~~ youth needs
- 87.15 information or help dealing with a crisis situation; and
- 87.16 (9) official documentation that the youth was previously in foster care.

87.17 Subd. 5. **Notice of termination of foster care social services.** (a) ~~When~~ Before a ~~child~~

87.18 youth who is 18 years of age or older leaves foster care at ~~18 years of age or older~~, the

87.19 responsible social services agency shall give the ~~child~~ youth written notice that foster care

87.20 shall terminate 30 days from the date that the notice is sent by the agency according to

87.21 section 260C.451, subdivision 8.

87.22 ~~(b) The child or the child's guardian ad litem may file a motion asking the court to review~~

87.23 ~~the responsible social services agency's determination within 15 days of receiving the notice.~~

87.24 ~~The child shall not be discharged from foster care until the motion is heard. The responsible~~

87.25 ~~social services agency shall work with the child to transition out of foster care.~~

87.26 ~~(c) The written notice of termination of benefits shall be on a form prescribed by the~~

87.27 ~~commissioner and shall give notice of the right to have the responsible social services~~

87.28 ~~agency's determination reviewed by the court under this section or sections 260C.203,~~

87.29 ~~260C.317, and 260C.515, subdivision 5 or 6. A copy of the termination notice shall be sent~~

87.30 ~~to the child and the child's attorney, if any, the foster care provider, the child's guardian ad~~

87.31 ~~litem, and the court. The responsible social services agency is not responsible for paying~~

87.32 ~~foster care benefits for any period of time after the child leaves foster care.~~

88.1 (b) Before case management services will end for a youth who is at least 18 years of
 88.2 age and under 23 years of age, the responsible social services agency shall give the youth:
 88.3 (1) written notice that case management services for the youth shall terminate; and (2)
 88.4 written notice that the youth has the right to appeal the termination of case management
 88.5 services under section 256.045, subdivision 3, by responding in writing within ten days of
 88.6 the date that the agency mailed the notice. The termination notice must include information
 88.7 about services for which the youth is eligible and how to access the services.

88.8 **EFFECTIVE DATE.** This section is effective July 1, 2021.

88.9 Sec. 23. Minnesota Statutes 2020, section 260C.704, is amended to read:

88.10 **260C.704 REQUIREMENTS FOR THE QUALIFIED INDIVIDUAL'S**
 88.11 **ASSESSMENT OF THE CHILD FOR PLACEMENT IN A QUALIFIED**
 88.12 **RESIDENTIAL TREATMENT PROGRAM.**

88.13 (a) A qualified individual must complete an assessment of the child prior to ~~or within~~
 88.14 ~~30 days of~~ the child's placement in a qualified residential treatment program in a format
 88.15 approved by the commissioner of human services, ~~and~~ unless, due to a crisis, the child must
 88.16 immediately be placed in a qualified residential treatment program. When a child must
 88.17 immediately be placed in a qualified residential treatment program without an assessment,
 88.18 the qualified individual must complete the child's assessment within 30 days of the child's
 88.19 placement. The qualified individual must:

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

88.22 (2) determine whether the child's needs can be met by the child's family members or
 88.23 through placement in a family foster home; or, if not, determine which residential setting
 88.24 would provide the child with the most effective and appropriate level of care to the child
 88.25 in the least restrictive environment;

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

88.28 (4) work with the child's family and permanency team using culturally competent
 88.29 practices.

88.30 If a level of care determination was conducted under section 245.4885, that information
 88.31 must be shared with the qualified individual and the juvenile treatment screening team.

89.1 (b) The child and the child's parents, when appropriate, may request that a specific
89.2 culturally competent qualified individual complete the child's assessment. The agency shall
89.3 make efforts to refer the child to the identified qualified individual to complete the
89.4 assessment. The assessment must not be delayed for a specific qualified individual to
89.5 complete the assessment.

89.6 (c) The qualified individual must provide the assessment, when complete, to the
89.7 responsible social services agency, ~~the child's parents or legal guardians, the guardian ad~~
89.8 ~~litem, and the court.~~ If the assessment recommends placement of the child in a qualified
89.9 residential treatment facility, the agency must distribute the assessment to the child's parent
89.10 or legal guardian and file the assessment with the court report as required in section 260C.71,
89.11 subdivision 2. If the assessment does not recommend placement in a qualified residential
89.12 treatment facility, the agency must provide a copy of the assessment to the parents or legal
89.13 guardians and the guardian ad litem and file the assessment determination with the court at
89.14 the next required hearing as required in section 260C.71, subdivision 5. If court rules and
89.15 chapter 13 permit disclosure of the results of the child's assessment, the agency may share
89.16 the results of the child's assessment with the child's foster care provider, other members of
89.17 the child's family, and the family and permanency team. The agency must not share the
89.18 child's private medical data with the family and permanency team unless: (1) chapter 13
89.19 permits the agency to disclose the child's private medical data to the family and permanency
89.20 team; or (2) the child's parent has authorized the agency to disclose the child's private medical
89.21 data to the family and permanency team.

89.22 (d) For an Indian child, the assessment of the child must follow the order of placement
89.23 preferences in the Indian Child Welfare Act of 1978, United States Code, title 25, section
89.24 1915.

89.25 (e) In the assessment determination, the qualified individual must specify in writing:

89.26 (1) the reasons why the child's needs cannot be met by the child's family or in a family
89.27 foster home. A shortage of family foster homes is not an acceptable reason for determining
89.28 that a family foster home cannot meet a child's needs;

89.29 (2) why the recommended placement in a qualified residential treatment program will
89.30 provide the child with the most effective and appropriate level of care to meet the child's
89.31 needs in the least restrictive environment possible and how placing the child at the treatment
89.32 program is consistent with the short-term and long-term goals of the child's permanency
89.33 plan; and

90.1 (3) if the qualified individual's placement recommendation is not the placement setting
 90.2 that the parent, family and permanency team, child, or tribe prefer, the qualified individual
 90.3 must identify the reasons why the qualified individual does not recommend the parent's,
 90.4 family and permanency team's, child's, or tribe's placement preferences. The out-of-home
 90.5 placement plan under section 260C.708 must also include reasons why the qualified
 90.6 individual did not recommend the preferences of the parents, family and permanency team,
 90.7 child, or tribe.

90.8 (f) If the qualified individual determines that the child's family or a family foster home
 90.9 or other less restrictive placement may meet the child's needs, the agency must move the
 90.10 child out of the qualified residential treatment program and transition the child to a less
 90.11 restrictive setting within 30 days of the determination. If the responsible social services
 90.12 agency has placement authority of the child, the agency must make a plan for the child's
 90.13 placement according to section 260C.212, subdivision 2. The agency must file the child's
 90.14 assessment determination with the court at the next required hearing.

90.15 (g) If the qualified individual recommends placing the child in a qualified residential
 90.16 treatment program and if the responsible social services agency has placement authority of
 90.17 the child, the agency shall make referrals to appropriate qualified residential treatment
 90.18 programs and, upon acceptance by an appropriate program, place the child in an approved
 90.19 or certified qualified residential treatment program.

90.20 **EFFECTIVE DATE.** This section is effective September 30, 2021.

90.21 Sec. 24. Minnesota Statutes 2020, section 260C.706, is amended to read:

90.22 **260C.706 FAMILY AND PERMANENCY TEAM REQUIREMENTS.**

90.23 (a) When the responsible social services agency's juvenile treatment screening team, as
 90.24 defined in section 260C.157, recommends placing the child in a qualified residential treatment
 90.25 program, the agency must assemble a family and permanency team within ten days.

90.26 (1) The team must include all appropriate biological family members, the child's parents,
 90.27 legal guardians or custodians, foster care providers, and relatives as defined in section
 90.28 260C.007, subdivisions ~~26e~~ 26b and 27, and professionals, as appropriate, who are a resource
 90.29 to the child's family, such as teachers, medical or mental health providers, or clergy.

90.30 (2) When a child is placed in foster care prior to the qualified residential treatment
 90.31 program, the agency shall include relatives responding to the relative search notice as
 90.32 required under section 260C.221 on this team, unless the juvenile court finds that contacting

91.1 a specific relative would ~~endanger~~ present a safety or health risk to the parent, guardian,
91.2 child, sibling, or any other family member.

91.3 (3) When a qualified residential treatment program is the child's initial placement setting,
91.4 the responsible social services agency must engage with the child and the child's parents to
91.5 determine the appropriate family and permanency team members.

91.6 (4) When the permanency goal is to reunify the child with the child's parent or legal
91.7 guardian, the purpose of the relative search and focus of the family and permanency team
91.8 is to preserve family relationships and identify and develop supports for the child and parents.

91.9 (5) The responsible agency must make a good faith effort to identify and assemble all
91.10 appropriate individuals to be part of the child's family and permanency team and request
91.11 input from the parents regarding relative search efforts consistent with section 260C.221.
91.12 The out-of-home placement plan in section 260C.708 must include all contact information
91.13 for the team members, as well as contact information for family members or relatives who
91.14 are not a part of the family and permanency team.

91.15 (6) If the child is age 14 or older, the team must include members of the family and
91.16 permanency team that the child selects in accordance with section 260C.212, subdivision
91.17 1, paragraph (b).

91.18 (7) Consistent with section 260C.221, a responsible social services agency may disclose
91.19 relevant and appropriate private data about the child to relatives in order for the relatives
91.20 to participate in caring and planning for the child's placement.

91.21 (8) If the child is an Indian child under section 260.751, the responsible social services
91.22 agency must make active efforts to include the child's tribal representative on the family
91.23 and permanency team.

91.24 (b) The family and permanency team shall meet regarding the assessment required under
91.25 section 260C.704 to determine whether it is necessary and appropriate to place the child in
91.26 a qualified residential treatment program and to participate in case planning under section
91.27 260C.708.

91.28 (c) When reunification of the child with the child's parent or legal guardian is the
91.29 permanency plan, the family and permanency team shall support the parent-child relationship
91.30 by recognizing the parent's legal authority, consulting with the parent regarding ongoing
91.31 planning for the child, and assisting the parent with visiting and contacting the child.

91.32 (d) When the agency's permanency plan is to transfer the child's permanent legal and
91.33 physical custody to a relative or for the child's adoption, the team shall:

92.1 (1) coordinate with the proposed guardian to provide the child with educational services,
 92.2 medical care, and dental care;

92.3 (2) coordinate with the proposed guardian, the agency, and the foster care facility to
 92.4 meet the child's treatment needs after the child is placed in a permanent placement with the
 92.5 proposed guardian;

92.6 (3) plan to meet the child's need for safety, stability, and connection with the child's
 92.7 family and community after the child is placed in a permanent placement with the proposed
 92.8 guardian; and

92.9 (4) in the case of an Indian child, communicate with the child's tribe to identify necessary
 92.10 and appropriate services for the child, transition planning for the child, the child's treatment
 92.11 needs, and how to maintain the child's connections to the child's community, family, and
 92.12 tribe.

92.13 (e) The agency shall invite the family and permanency team to participate in case planning
 92.14 and the agency shall give the team notice of court reviews under sections 260C.152 and
 92.15 260C.221 until: (1) the child is reunited with the child's parents; or (2) the child's foster care
 92.16 placement ends and the child is in a permanent placement.

92.17 **EFFECTIVE DATE.** This section is effective September 30, 2021.

92.18 Sec. 25. Minnesota Statutes 2020, section 260C.708, is amended to read:

92.19 **260C.708 OUT-OF-HOME PLACEMENT PLAN FOR QUALIFIED**
 92.20 **RESIDENTIAL TREATMENT PROGRAM PLACEMENTS.**

92.21 (a) When the responsible social services agency places a child in a qualified residential
 92.22 treatment program as defined in section 260C.007, subdivision 26d, the out-of-home
 92.23 placement plan must include:

92.24 (1) the case plan requirements in section ~~260.212, subdivision 1~~ 260C.212;

92.25 (2) the reasonable and good faith efforts of the responsible social services agency to
 92.26 identify and include all of the individuals required to be on the child's family and permanency
 92.27 team under section 260C.007;

92.28 (3) all contact information for members of the child's family and permanency team and
 92.29 for other relatives who are not part of the family and permanency team;

92.30 (4) evidence that the agency scheduled meetings of the family and permanency team,
 92.31 including meetings relating to the assessment required under section 260C.704, at a time
 92.32 and place convenient for the family;

93.1 (5) evidence that the family and permanency team is involved in the assessment required
 93.2 under section 260C.704 to determine the appropriateness of the child's placement in a
 93.3 qualified residential treatment program;

93.4 (6) the family and permanency team's placement preferences for the child in the
 93.5 assessment required under section 260C.704. When making a decision about the child's
 93.6 placement preferences, the family and permanency team must recognize:

93.7 (i) that the agency should place a child with the child's siblings unless a court finds that
 93.8 placing a child with the child's siblings is not possible due to a child's specialized placement
 93.9 needs or is otherwise contrary to the child's best interests; and

93.10 (ii) that the agency should place an Indian child according to the requirements of the
 93.11 Indian Child Welfare Act, the Minnesota Family Preservation Act under sections 260.751
 93.12 to 260.835, and section 260C.193, subdivision 3, paragraph (g);

93.13 ~~(5)~~ (7) when reunification of the child with the child's parent or legal guardian is the
 93.14 agency's goal, evidence demonstrating that the parent or legal guardian provided input about
 93.15 the members of the family and permanency team under section 260C.706;

93.16 ~~(6)~~ (8) when the agency's permanency goal is to reunify the child with the child's parent
 93.17 or legal guardian, the out-of-home placement plan must identify services and supports that
 93.18 maintain the parent-child relationship and the parent's legal authority, decision-making, and
 93.19 responsibility for ongoing planning for the child. In addition, the agency must assist the
 93.20 parent with visiting and contacting the child;

93.21 ~~(7)~~ (9) when the agency's permanency goal is to transfer permanent legal and physical
 93.22 custody of the child to a proposed guardian or to finalize the child's adoption, the case plan
 93.23 must document the agency's steps to transfer permanent legal and physical custody of the
 93.24 child or finalize adoption, as required in section 260C.212, subdivision 1, paragraph (c),
 93.25 clauses (6) and (7); and

93.26 ~~(8)~~ (10) the qualified individual's recommendation regarding the child's placement in a
 93.27 qualified residential treatment program and the court approval or disapproval of the placement
 93.28 as required in section 260C.71.

93.29 (b) If the placement preferences of the family and permanency team, child, and tribe, if
 93.30 applicable, are not consistent with the placement setting that the qualified individual
 93.31 recommends, the case plan must include the reasons why the qualified individual did not
 93.32 recommend following the preferences of the family and permanency team, child, and the
 93.33 tribe.

94.1 (c) The agency must file the out-of-home placement plan with the court as part of the
94.2 60-day ~~hearing~~ court order under section 260C.71.

94.3 **EFFECTIVE DATE.** This section is effective September 30, 2021.

94.4 Sec. 26. Minnesota Statutes 2020, section 260C.71, is amended to read:

94.5 **260C.71 COURT APPROVAL REQUIREMENTS.**

94.6 Subdivision 1. **Judicial review.** When the responsible social services agency has legal
94.7 authority to place a child at a qualified residential treatment facility under section 260C.007,
94.8 subdivision 21a, and the child's assessment under section 260C.704 recommends placing
94.9 the child in a qualified residential treatment facility, the agency shall place the child at a
94.10 qualified residential facility. Within 60 days of placing the child at a qualified residential
94.11 treatment facility, the agency must obtain a court order finding that the child's placement
94.12 is appropriate and meets the child's individualized needs.

94.13 Subd. 2. **Qualified residential treatment program; agency report to court.** (a) The
94.14 responsible social services agency shall file a written report with the court after receiving
94.15 the qualified individual's assessment as specified in section 260C.704 prior to the child's
94.16 placement or within 35 days of the date of the child's placement in a qualified residential
94.17 treatment facility. The written report shall contain or have attached:

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

94.19 (2) the names, races, dates of birth, residence, and post office address of the child's
94.20 parents or legal custodian, or guardian;

94.21 (3) the name and address of the qualified residential treatment program, including a
94.22 chief administrator of the facility;

94.23 (4) a statement of the facts that necessitated the child's foster care placement;

94.24 (5) the child's out-of-home placement plan under section 260C.212, subdivision 1,
94.25 including the requirements in section 260C.708;

94.26 (6) if the child is placed in an out-of-state qualified residential treatment program, the
94.27 compelling reasons why the child's needs cannot be met by an in-state placement;

94.28 (7) the qualified individual's assessment of the child under section 260C.704, paragraph
94.29 (c), in a format approved by the commissioner;

94.30 (8) if, at the time required for the report under this subdivision, the child's parent or legal
94.31 guardian, a child who is ten years of age or older, the family and permanency team, or a

95.1 tribe disagrees with the recommended qualified residential treatment program placement,
95.2 information regarding the disagreement and to the extent possible, the basis for the
95.3 disagreement in the report; and

95.4 (9) any other information that the responsible social services agency, child's parent, legal
95.5 custodian or guardian, child, or, in the case of an Indian child, tribe would like the court to
95.6 consider.

95.7 (b) The agency shall file the written report under paragraph (a) with the court and serve
95.8 on the parties a request for a hearing or a court order without a hearing.

95.9 (c) The agency must inform the child's parent or legal guardian and a child who is ten
95.10 years of age or older of the court review requirements of this section and the child and child's
95.11 parent's or legal guardian's right to submit information to the court:

95.12 (1) the agency must inform the child's parent or legal guardian and a child who is ten
95.13 years of age or older of the reporting date and the date by which the agency must receive
95.14 information from the child and child's parent so that the agency is able to submit the report
95.15 required by this subdivision to the court;

95.16 (2) the agency must inform the child's parent or legal guardian, and a child who is ten
95.17 years of age or older that the court will hold a hearing upon the request of the child or the
95.18 child's parent; and

95.19 (3) the agency must inform the child's parent or legal guardian, and a child who is ten
95.20 years of age or older that they have the right to request a hearing and the right to present
95.21 information to the court for the court's review under this subdivision.

95.22 Subd. 3. **Court hearing.** (a) The court shall hold a hearing when a party or a child who
95.23 is ten years of age or older requests a hearing.

95.24 (b) In all other circumstances, the court has the discretion to hold a hearing or issue an
95.25 order without a hearing.

95.26 Subd. 4. **Court findings and order.** (a) Within 60 days from the beginning of each
95.27 placement in a qualified residential treatment program when the qualified individual's
95.28 assessment of the child recommends placing the child in a qualified residential treatment
95.29 program, the court must consider the qualified individual's assessment of the child under
95.30 section 260C.704 and issue an order to:

95.31 (1) ~~consider the qualified individual's assessment of whether it is necessary and~~
95.32 ~~appropriate to place the child in a qualified residential treatment program under section~~
95.33 ~~260C.704;~~

96.1 ~~(2)~~ (1) determine whether a family foster home can meet the child's needs, whether it is
 96.2 necessary and appropriate to place a child in a qualified residential treatment program that
 96.3 is the least restrictive environment possible, and whether the child's placement is consistent
 96.4 with the child's short and long term goals as specified in the permanency plan; and

96.5 ~~(3)~~ (2) approve or disapprove of the child's placement.

96.6 ~~(b) In the out-of-home placement plan, the agency must document the court's approval~~
 96.7 ~~or disapproval of the placement, as specified in section 260C.708. If the court disapproves~~
 96.8 ~~of the child's placement in a qualified residential treatment program, the responsible social~~
 96.9 ~~services agency shall: (1) remove the child from the qualified residential treatment program~~
 96.10 ~~within 30 days of the court's order; and (2) make a plan for the child's placement that is~~
 96.11 ~~consistent with the child's best interests under section 260C.212, subdivision 2.~~

96.12 Subd. 5. Court review and approval not required. When the responsible social services
 96.13 agency has legal authority to place a child under section 260C.007, subdivision 21a, and
 96.14 the qualified individual's assessment of the child does not recommend placing the child in
 96.15 a qualified residential treatment program, the court is not required to hold a hearing and the
 96.16 court is not required to issue an order. Pursuant to section 260C.704, paragraph (f), the
 96.17 responsible social services agency shall make a plan for the child's placement consistent
 96.18 with the child's best interests under section 260C.212, subdivision 2. The agency must file
 96.19 the agency's assessment determination for the child with the court at the next required
 96.20 hearing.

96.21 **EFFECTIVE DATE.** This section is effective September 30, 2021.

96.22 Sec. 27. Minnesota Statutes 2020, section 260C.712, is amended to read:

96.23 **260C.712 ONGOING REVIEWS AND PERMANENCY HEARING**
 96.24 **REQUIREMENTS.**

96.25 As long as a child remains placed in a qualified residential treatment program, the
 96.26 responsible social services agency shall submit evidence at each administrative review under
 96.27 section 260C.203; each court review under sections 260C.202, 260C.203, and 260C.204,
 96.28 260D.06, 260D.07, and 260D.08; and each permanency hearing under section 260C.515,
 96.29 260C.519, or 260C.521, or 260D.07 that:

96.30 (1) demonstrates that an ongoing assessment of the strengths and needs of the child
 96.31 continues to support the determination that the child's needs cannot be met through placement
 96.32 in a family foster home;

97.1 (2) demonstrates that the placement of the child in a qualified residential treatment
 97.2 program provides the most effective and appropriate level of care for the child in the least
 97.3 restrictive environment;

97.4 (3) demonstrates how the placement is consistent with the short-term and long-term
 97.5 goals for the child, as specified in the child's permanency plan;

97.6 (4) documents how the child's specific treatment or service needs will be met in the
 97.7 placement;

97.8 (5) documents the length of time that the agency expects the child to need treatment or
 97.9 services; ~~and~~

97.10 (6) documents the responsible social services agency's efforts to prepare the child to
 97.11 return home or to be placed with a fit and willing relative, legal guardian, adoptive parent,
 97.12 or foster family; and

97.13 (7) if the child is placed in a qualified residential treatment program out-of-state,
 97.14 documents the compelling reasons for placing the child out-of-state, and the reasons that
 97.15 the child's needs cannot be met by an in-state placement.

97.16 **EFFECTIVE DATE.** This section is effective September 30, 2021.

97.17 Sec. 28. Minnesota Statutes 2020, section 260C.714, is amended to read:

97.18 **260C.714 REVIEW OF EXTENDED QUALIFIED RESIDENTIAL TREATMENT**
 97.19 **PROGRAM PLACEMENTS.**

97.20 (a) When a responsible social services agency places a child in a qualified residential
 97.21 treatment program for more than 12 consecutive months or 18 nonconsecutive months or,
 97.22 in the case of a child who is under 13 years of age, for more than six consecutive or
 97.23 nonconsecutive months, the agency must submit: (1) the signed approval by the county
 97.24 social services director of the responsible social services agency; and (2) the evidence
 97.25 supporting the child's placement at the most recent court review or permanency hearing
 97.26 under section 260C.712, ~~paragraph (b).~~

97.27 (b) The commissioner shall specify the procedures and requirements for the agency's
 97.28 review and approval of a child's extended qualified residential treatment program placement.
 97.29 The commissioner may consult with counties, tribes, child-placing agencies, mental health
 97.30 providers, licensed facilities, the child, the child's parents, and the family and permanency
 97.31 team members to develop case plan requirements and engage in periodic reviews of the
 97.32 case plan.

98.1 **EFFECTIVE DATE.** This section is effective September 30, 2021.

98.2 Sec. 29. Minnesota Statutes 2020, section 260D.01, is amended to read:

98.3 **260D.01 CHILD IN VOLUNTARY FOSTER CARE FOR TREATMENT.**

98.4 (a) Sections 260D.01 to 260D.10, may be cited as the "child in voluntary foster care for
98.5 treatment" provisions of the Juvenile Court Act.

98.6 (b) The juvenile court has original and exclusive jurisdiction over a child in voluntary
98.7 foster care for treatment upon the filing of a report or petition required under this chapter.
98.8 All obligations of the responsible social services agency to a child and family in foster care
98.9 contained in chapter 260C not inconsistent with this chapter are also obligations of the
98.10 agency with regard to a child in foster care for treatment under this chapter.

98.11 (c) This chapter shall be construed consistently with the mission of the children's mental
98.12 health service system as set out in section 245.487, subdivision 3, and the duties of an agency
98.13 under sections 256B.092 and 260C.157 and Minnesota Rules, parts 9525.0004 to 9525.0016,
98.14 to meet the needs of a child with a developmental disability or related condition. This
98.15 chapter:

98.16 (1) establishes voluntary foster care through a voluntary foster care agreement as the
98.17 means for an agency and a parent to provide needed treatment when the child must be in
98.18 foster care to receive necessary treatment for an emotional disturbance or developmental
98.19 disability or related condition;

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

98.22 (3) establishes the ongoing responsibility of the parent as legal custodian to visit the
98.23 child, to plan together with the agency for the child's treatment needs, to be available and
98.24 accessible to the agency to make treatment decisions, and to obtain necessary medical,
98.25 dental, and other care for the child; ~~and~~

98.26 (4) applies to voluntary foster care when the child's parent and the agency agree that the
98.27 child's treatment needs require foster care either:

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

98.30 (ii) due to a determination regarding the level of services needed by the child by the
98.31 responsible social services' services agency's screening team under section 256B.092, and
98.32 Minnesota Rules, parts 9525.0004 to 9525.0016; and

99.1 (5) includes the requirements for a child's placement in sections 260C.70 to 260C.714,
 99.2 when the juvenile treatment screening team recommends placing a child in a qualified
 99.3 residential treatment program except as modified by this chapter.

99.4 (d) This chapter does not apply when there is a current determination under chapter
 99.5 260E that the child requires child protective services or when the child is in foster care for
 99.6 any reason other than treatment for the child's emotional disturbance or developmental
 99.7 disability or related condition. When there is a determination under chapter 260E that the
 99.8 child requires child protective services based on an assessment that there are safety and risk
 99.9 issues for the child that have not been mitigated through the parent's engagement in services
 99.10 or otherwise, or when the child is in foster care for any reason other than the child's emotional
 99.11 disturbance or developmental disability or related condition, the provisions of chapter 260C
 99.12 apply.

99.13 (e) The paramount consideration in all proceedings concerning a child in voluntary foster
 99.14 care for treatment is the safety, health, and the best interests of the child. The purpose of
 99.15 this chapter is:

99.16 (1) to ensure that a child with a disability is provided the services necessary to treat or
 99.17 ameliorate the symptoms of the child's disability;

99.18 (2) to preserve and strengthen the child's family ties whenever possible and in the child's
 99.19 best interests, approving the child's placement away from the child's parents only when the
 99.20 child's need for care or treatment requires ~~it~~ out-of-home placement and the child cannot
 99.21 be maintained in the home of the parent; and

99.22 (3) to ensure that the child's parent retains legal custody of the child and associated
 99.23 decision-making authority unless the child's parent willfully fails or is unable to make
 99.24 decisions that meet the child's safety, health, and best interests. The court may not find that
 99.25 the parent willfully fails or is unable to make decisions that meet the child's needs solely
 99.26 because the parent disagrees with the agency's choice of foster care facility, unless the
 99.27 agency files a petition under chapter 260C, and establishes by clear and convincing evidence
 99.28 that the child is in need of protection or services.

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

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

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

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

100.5 (4) engaging with the responsible social services agency to ensure that the family and
 100.6 permanency team under section 260C.706 consists of appropriate family members. For
 100.7 purposes of voluntary placement of a child in foster care for treatment under chapter 260D,
 100.8 prior to forming the child's family and permanency team, the responsible social services
 100.9 agency must consult with the child's parents and the child if the child is 14 years of age or
 100.10 older, and if applicable, the child's tribe to obtain recommendations regarding which
 100.11 individuals to include on the team and to ensure that the team is family-centered and will
 100.12 act in the child's best interests. If the child or the child's parent or legal guardian raises
 100.13 concerns about specific relatives or professionals, the team should not include those
 100.14 individuals on the team unless the individual is a treating professional or an important
 100.15 connection to the youth as outlined in the case or crisis plan. For voluntary placements under
 100.16 this chapter in a qualified residential treatment program, as defined in section 260C.007,
 100.17 subdivision 26d, for purposes of engaging in a relative search as provided in section
 100.18 260C.221, the county agency must consult with the child's parent or legal guardian, the
 100.19 child if the child is 14 years of age or older, and, if applicable, the tribe, to obtain
 100.20 recommendations regarding which adult relatives should be notified. If the child, parent,
 100.21 or legal guardian raises concerns about specific relatives, the county agency must not notify
 100.22 them.

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

100.28 **EFFECTIVE DATE.** This section is effective September 30, 2021.

100.29 Sec. 30. Minnesota Statutes 2020, section 260D.05, is amended to read:

100.30 **260D.05 ADMINISTRATIVE REVIEW OF CHILD IN VOLUNTARY FOSTER**
 100.31 **CARE FOR TREATMENT.**

100.32 The administrative reviews required under section 260C.203 must be conducted for a
 100.33 child in voluntary foster care for treatment, except that the initial administrative review

101.1 must take place prior to the submission of the report to the court required under section
101.2 260D.06, subdivision 2. When a child is placed in a qualified residential treatment program
101.3 as defined in section 260C.007, subdivision 26d, the responsible social services agency
101.4 must submit evidence to the court as specified in section 260C.712.

101.5 **EFFECTIVE DATE.** This section is effective September 30, 2021.

101.6 Sec. 31. Minnesota Statutes 2020, section 260D.06, subdivision 2, is amended to read:

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

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

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

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

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

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

101.17 (5) the names and addresses of the foster parents or chief administrator of the facility in
101.18 which the child is placed, if the child is not in a family foster home or group home;

101.19 (6) a copy of the out-of-home placement plan required under section 260C.212,
101.20 subdivision 1;

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

101.23 (8) evidence as specified in section 260C.712 when a child is placed in a qualified
101.24 residential treatment program as defined in section 260C.007, subdivision 26d; and

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

101.27 (b) In the case of a child in placement due to emotional disturbance, the written report
101.28 shall include as an attachment, the child's individual treatment plan developed by the child's
101.29 treatment professional, as provided in section 245.4871, subdivision 21, or the child's
101.30 standard written plan, as provided in section 125A.023, subdivision 3, paragraph (e).

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

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

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

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

102.17 (3) the agency must also inform the child, age 12 or older, the child's parent, and the
102.18 foster care provider that an in-court hearing will be held if requested by the child, the parent,
102.19 or the foster care provider; and

102.20 (4) if, at the time required for the report under this section, a child, age 12 or older,
102.21 disagrees about the foster care facility or services provided under the out-of-home placement
102.22 plan required under section 260C.212, subdivision 1, the agency shall include information
102.23 regarding the child's disagreement, and to the extent possible, the basis for the child's
102.24 disagreement in the report required under this section.

102.25 (e) After receiving the required report, the court has jurisdiction to make the following
102.26 determinations and must do so within ten days of receiving the forwarded report, whether
102.27 a hearing is requested:

102.28 (1) whether the voluntary foster care arrangement is in the child's best interests;

102.29 (2) whether the parent and agency are appropriately planning for the child; and

102.30 (3) in the case of a child age 12 or older, who disagrees with the foster care facility or
102.31 services provided under the out-of-home placement plan, whether it is appropriate to appoint
102.32 counsel and a guardian ad litem for the child using standards and procedures under section
102.33 260C.163.

103.1 (f) Unless requested by a parent, representative of the foster care facility, or the child,
103.2 no in-court hearing is required in order for the court to make findings and issue an order as
103.3 required in paragraph (e).

103.4 (g) If the court finds the voluntary foster care arrangement is in the child's best interests
103.5 and that the agency and parent are appropriately planning for the child, the court shall issue
103.6 an order containing explicit, individualized findings to support its determination. The
103.7 individualized findings shall be based on the agency's written report and other materials
103.8 submitted to the court. The court may make this determination notwithstanding the child's
103.9 disagreement, if any, reported under paragraph (d).

103.10 (h) The court shall send a copy of the order to the county attorney, the agency, parent,
103.11 child, age 12 or older, and the foster parent or foster care facility.

103.12 (i) The court shall also send the parent, the child, age 12 or older, the foster parent, or
103.13 representative of the foster care facility notice of the permanency review hearing required
103.14 under section 260D.07, paragraph (e).

103.15 (j) If the court finds continuing the voluntary foster care arrangement is not in the child's
103.16 best interests or that the agency or the parent are not appropriately planning for the child,
103.17 the court shall notify the agency, the parent, the foster parent or foster care facility, the child,
103.18 age 12 or older, and the county attorney of the court's determinations and the basis for the
103.19 court's determinations. In this case, the court shall set the matter for hearing and appoint a
103.20 guardian ad litem for the child under section 260C.163, subdivision 5.

103.21 **EFFECTIVE DATE.** This section is effective September 30, 2021.

103.22 Sec. 32. Minnesota Statutes 2020, section 260D.07, is amended to read:

103.23 **260D.07 REQUIRED PERMANENCY REVIEW HEARING.**

103.24 (a) When the court has found that the voluntary arrangement is in the child's best interests
103.25 and that the agency and parent are appropriately planning for the child pursuant to the report
103.26 submitted under section 260D.06, and the child continues in voluntary foster care as defined
103.27 in section 260D.02, subdivision 10, for 13 months from the date of the voluntary foster care
103.28 agreement, or has been in placement for 15 of the last 22 months, the agency must:

103.29 (1) terminate the voluntary foster care agreement and return the child home; or

103.30 (2) determine whether there are compelling reasons to continue the voluntary foster care
103.31 arrangement and, if the agency determines there are compelling reasons, seek judicial
103.32 approval of its determination; or

104.1 (3) file a petition for the termination of parental rights.

104.2 (b) When the agency is asking for the court's approval of its determination that there are
104.3 compelling reasons to continue the child in the voluntary foster care arrangement, the agency
104.4 shall file a "Petition for Permanency Review Regarding a Child in Voluntary Foster Care
104.5 for Treatment" and ask the court to proceed under this section.

104.6 (c) The "Petition for Permanency Review Regarding a Child in Voluntary Foster Care
104.7 for Treatment" shall be drafted or approved by the county attorney and be under oath. The
104.8 petition shall include:

104.9 (1) the date of the voluntary placement agreement;

104.10 (2) whether the petition is due to the child's developmental disability or emotional
104.11 disturbance;

104.12 (3) the plan for the ongoing care of the child and the parent's participation in the plan;

104.13 (4) a description of the parent's visitation and contact with the child;

104.14 (5) the date of the court finding that the foster care placement was in the best interests
104.15 of the child, if required under section 260D.06, or the date the agency filed the motion under
104.16 section 260D.09, paragraph (b);

104.17 (6) the agency's reasonable efforts to finalize the permanent plan for the child, including
104.18 returning the child to the care of the child's family; ~~and~~

104.19 (7) a citation to this chapter as the basis for the petition-; and

104.20 (8) evidence as specified in section 260C.712 when a child is placed in a qualified
104.21 residential treatment program as defined in section 260C.007, subdivision 26d.

104.22 (d) An updated copy of the out-of-home placement plan required under section 260C.212,
104.23 subdivision 1, shall be filed with the petition.

104.24 (e) The court shall set the date for the permanency review hearing no later than 14 months
104.25 after the child has been in placement or within 30 days of the petition filing date when the
104.26 child has been in placement 15 of the last 22 months. The court shall serve the petition
104.27 together with a notice of hearing by United States mail on the parent, the child age 12 or
104.28 older, the child's guardian ad litem, if one has been appointed, the agency, the county
104.29 attorney, and counsel for any party.

104.30 (f) The court shall conduct the permanency review hearing on the petition no later than
104.31 14 months after the date of the voluntary placement agreement, within 30 days of the filing
104.32 of the petition when the child has been in placement 15 of the last 22 months, or within 15

105.1 days of a motion to terminate jurisdiction and to dismiss an order for foster care under
105.2 chapter 260C, as provided in section 260D.09, paragraph (b).

105.3 (g) At the permanency review hearing, the court shall:

105.4 (1) inquire of the parent if the parent has reviewed the "Petition for Permanency Review
105.5 Regarding a Child in Voluntary Foster Care for Treatment," whether the petition is accurate,
105.6 and whether the parent agrees to the continued voluntary foster care arrangement as being
105.7 in the child's best interests;

105.8 (2) inquire of the parent if the parent is satisfied with the agency's reasonable efforts to
105.9 finalize the permanent plan for the child, including whether there are services available and
105.10 accessible to the parent that might allow the child to safely be with the child's family;

105.11 (3) inquire of the parent if the parent consents to the court entering an order that:

105.12 (i) approves the responsible agency's reasonable efforts to finalize the permanent plan
105.13 for the child, which includes ongoing future planning for the safety, health, and best interests
105.14 of the child; and

105.15 (ii) approves the responsible agency's determination that there are compelling reasons
105.16 why the continued voluntary foster care arrangement is in the child's best interests; and

105.17 (4) inquire of the child's guardian ad litem and any other party whether the guardian or
105.18 the party agrees that:

105.19 (i) the court should approve the responsible agency's reasonable efforts to finalize the
105.20 permanent plan for the child, which includes ongoing and future planning for the safety,
105.21 health, and best interests of the child; and

105.22 (ii) the court should approve of the responsible agency's determination that there are
105.23 compelling reasons why the continued voluntary foster care arrangement is in the child's
105.24 best interests.

105.25 (h) At a permanency review hearing under this section, the court may take the following
105.26 actions based on the contents of the sworn petition and the consent of the parent:

105.27 (1) approve the agency's compelling reasons that the voluntary foster care arrangement
105.28 is in the best interests of the child; and

105.29 (2) find that the agency has made reasonable efforts to finalize the permanent plan for
105.30 the child.

105.31 (i) A child, age 12 or older, may object to the agency's request that the court approve its
105.32 compelling reasons for the continued voluntary arrangement and may be heard on the reasons

106.1 for the objection. Notwithstanding the child's objection, the court may approve the agency's
106.2 compelling reasons and the voluntary arrangement.

106.3 (j) If the court does not approve the voluntary arrangement after hearing from the child
106.4 or the child's guardian ad litem, the court shall dismiss the petition. In this case, either:

106.5 (1) the child must be returned to the care of the parent; or

106.6 (2) the agency must file a petition under section 260C.141, asking for appropriate relief
106.7 under sections 260C.301 or 260C.503 to 260C.521.

106.8 (k) When the court approves the agency's compelling reasons for the child to continue
106.9 in voluntary foster care for treatment, and finds that the agency has made reasonable efforts
106.10 to finalize a permanent plan for the child, the court shall approve the continued voluntary
106.11 foster care arrangement, and continue the matter under the court's jurisdiction for the purposes
106.12 of reviewing the child's placement every 12 months while the child is in foster care.

106.13 (l) A finding that the court approves the continued voluntary placement means the agency
106.14 has continued legal authority to place the child while a voluntary placement agreement
106.15 remains in effect. The parent or the agency may terminate a voluntary agreement as provided
106.16 in section 260D.10. Termination of a voluntary foster care placement of an Indian child is
106.17 governed by section 260.765, subdivision 4.

106.18 **EFFECTIVE DATE.** This section is effective September 30, 2021.

106.19 Sec. 33. Minnesota Statutes 2020, section 260D.08, is amended to read:

106.20 **260D.08 ANNUAL REVIEW.**

106.21 (a) After the court conducts a permanency review hearing under section 260D.07, the
106.22 matter must be returned to the court for further review of the responsible social services
106.23 reasonable efforts to finalize the permanent plan for the child and the child's foster care
106.24 placement at least every 12 months while the child is in foster care. The court shall give
106.25 notice to the parent and child, age 12 or older, and the foster parents of the continued review
106.26 requirements under this section at the permanency review hearing.

106.27 (b) Every 12 months, the court shall determine whether the agency made reasonable
106.28 efforts to finalize the permanency plan for the child, which means the exercise of due
106.29 diligence by the agency to:

106.30 (1) ensure that the agreement for voluntary foster care is the most appropriate legal
106.31 arrangement to meet the child's safety, health, and best interests and to conduct a genuine
106.32 examination of whether there is another permanency disposition order under chapter 260C,

107.1 including returning the child home, that would better serve the child's need for a stable and
 107.2 permanent home;

107.3 (2) engage and support the parent in continued involvement in planning and decision
 107.4 making for the needs of the child;

107.5 (3) strengthen the child's ties to the parent, relatives, and community;

107.6 (4) implement the out-of-home placement plan required under section 260C.212,
 107.7 subdivision 1, and ensure that the plan requires the provision of appropriate services to
 107.8 address the physical health, mental health, and educational needs of the child; ~~and~~

107.9 (5) submit evidence to the court as specified in section 260C.712 when a child is placed
 107.10 in a qualified residential treatment program setting as defined in section 260C.007,
 107.11 subdivision 26d; and

107.12 ~~(5)~~ (6) ensure appropriate planning for the child's safe, permanent, and independent
 107.13 living arrangement after the child's 18th birthday.

107.14 **EFFECTIVE DATE.** This section is effective September 30, 2021.

107.15 Sec. 34. Minnesota Statutes 2020, section 260D.14, is amended to read:

107.16 **260D.14 SUCCESSFUL TRANSITION TO ADULTHOOD FOR CHILDREN**
 107.17 **YOUTH IN VOLUNTARY PLACEMENT.**

107.18 Subdivision 1. **Case planning.** When ~~the child~~ a youth is 14 years of age or older, the
 107.19 responsible social services agency shall ensure that a child youth in foster care under this
 107.20 chapter is provided with the case plan requirements in section 260C.212, subdivisions 1
 107.21 and 14.

107.22 Subd. 2. **Notification.** The responsible social services agency shall provide a youth with
 107.23 written notice of the right to continued access to services for certain children in foster care
 107.24 past 18 years of age under section 260C.452, subdivision 3 foster care benefits that a youth
 107.25 who is 18 years of age or older may continue to receive according to section 260C.451,
 107.26 subdivision 1, and of the right to appeal a denial of social services under section 256.045.
 107.27 The notice must be provided to the ~~child~~ youth six months before the ~~child's~~ youth's 18th
 107.28 birthday.

107.29 Subd. 3. **Administrative or court reviews.** When ~~the child~~ a youth is ~~17~~ 14 years of
 107.30 age or older, the administrative review or court hearing must include a review of the
 107.31 responsible social services agency's support for the ~~child's~~ youth's successful transition to
 107.32 adulthood as required in section 260C.452, subdivision 4.

108.1 **EFFECTIVE DATE.** This section is effective July 1, 2021.

108.2 Sec. 35. Minnesota Statutes 2020, section 260E.36, is amended by adding a subdivision
108.3 to read:

108.4 Subd. 1a. **Sex trafficking and sexual exploitation training requirement.** As required
108.5 by the Child Abuse Prevention and Treatment Act amendments through Public Law 114-22
108.6 and to implement Public Law 115-123, all child protection social workers and social services
108.7 staff who have responsibility for child protective duties under this chapter or chapter 260C
108.8 shall complete training implemented by the commissioner of human services regarding sex
108.9 trafficking and sexual exploitation of children and youth.

108.10 **EFFECTIVE DATE.** This section is effective July 1, 2021.

108.11 Sec. 36. **DIRECTION TO THE COMMISSIONER; INITIAL IMPLEMENTATION**
108.12 **OF COURT-APPOINTED COUNSEL IN CHILD PROTECTION PROCEEDINGS.**

108.13 The commissioner of human services shall collect data from counties regarding
108.14 court-appointed counsel under Minnesota Statutes, section 260C.163, subdivision 3, including
108.15 but not limited to:

108.16 (1) data documenting the presence of court-appointed counsel for qualifying parents,
108.17 guardians, or custodians at each emergency protective hearing;

108.18 (2) total annual court-appointed parent representation expenditures for each county; and

108.19 (3) additional demographic information that would assist counties in obtaining title IV-E
108.20 reimbursement.

108.21 The commissioner must complete and submit a report on the data in this section and efforts
108.22 to assist counties with implementation of required court-appointment of counsel under
108.23 Minnesota Statutes, section 260C.163, subdivision 3, to the chairs and ranking minority
108.24 members of the legislative committees with jurisdiction over human services and judiciary
108.25 policy and finance on or before July 1, 2022.

108.26 Sec. 37. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
108.27 **AFTERCARE SUPPORTS.**

108.28 The commissioner of human services shall consult with stakeholders to develop policies
108.29 regarding aftercare supports for the transition of a child from a qualified residential treatment
108.30 program as defined in Minnesota Statutes, section 260C.007, subdivision 26d, to reunification
108.31 with the child's parent or legal guardian, including potential placement in a less restrictive

109.1 setting prior to reunification that aligns with the child's permanency plan and person-centered
109.2 support plan, when applicable. The policies must be consistent with Minnesota Rules, part
109.3 2960.0190, and Minnesota Statutes, section 245A.25, subdivision 4, paragraph (i), and
109.4 address the coordination of the qualified residential treatment program discharge planning
109.5 and aftercare supports where needed, the county social services case plan, and services from
109.6 community-based providers, to maintain the child's progress with behavioral health goals
109.7 as defined in the child's treatment plan. The commissioner must complete development of
109.8 the policy guidance by December 31, 2022.

109.9 **Sec. 38. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; COSTS**
109.10 **TO STATE, COUNTIES, AND PROVIDERS FOR IMPLEMENTATION OF THE**
109.11 **FAMILY FIRST PRESERVATION SERVICES ACT.**

109.12 The commissioner of human services shall contract with an appropriate vendor to study
109.13 the increased costs incurred by the state, counties, and providers to implement the
109.14 requirements of the federal Family First Preservation Services Act in Minnesota. Identified
109.15 costs should include, but are not limited to, reductions in Title IV-E payments to lead
109.16 agencies; additional staff needs for the state, lead agencies, and providers; implementation
109.17 of the federal Qualified Residential Treatment Program placement requirements and new
109.18 prevention services by the state, lead agencies, and providers; costs incurred by residential
109.19 facility providers to become certified as a qualified residential treatment program and to
109.20 maintain certification standards; and other costs that are directly or indirectly related to
109.21 implementation of the federal Family First Prevention Services Act. The study should also
109.22 include known or estimates of increased federal funding that the state or lead agencies could
109.23 receive through expanded Title IV-E reimbursements. The commissioner shall provide a
109.24 report on these costs to the chairs and ranking minority members of the legislative committees
109.25 with jurisdiction over human services by January 15, 2024.

109.26 **Sec. 39. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
109.27 **OMBUDSPERSON FOR FAMILIES REORGANIZATION STUDY.**

109.28 The commissioner of human services shall evaluate different options to reorganize the
109.29 Office of Ombudsperson for Families under Minnesota Statutes, section 257.0755, into at
109.30 least two separate offices, and develop and recommend a corresponding legislative proposal
109.31 for introduction in the 2022 regular legislative session. The proposal shall also include any
109.32 recommended reorganization of the community-specific boards under Minnesota Statutes,
109.33 section 257.0768. The commissioner shall submit a copy of the legislative proposal and a
109.34 letter describing the reasons for recommending the proposal, the analysis that led to the

110.1 recommended proposal, other reorganization options that were considered, and any fiscal
 110.2 impacts or considerations, to the chairs and ranking minority members of the legislative
 110.3 committees with jurisdiction over the Office of Ombudsperson for Families.

110.4 Sec. 40. **REPEALER.**

110.5 Minnesota Statutes 2020, section 245.4871, subdivision 32a, is repealed.

110.6 **EFFECTIVE DATE.** This section is effective September 30, 2021.

110.7

ARTICLE 3

110.8

CHILD PROTECTION POLICY

110.9 Section 1. Minnesota Statutes 2020, section 256.741, is amended by adding a subdivision
 110.10 to read:

110.11 Subd. 12a. **Appeals of good cause determinations.** According to section 256.045, an
 110.12 individual may appeal the determination or redetermination of good cause under this section.
 110.13 To initiate an appeal of a good cause determination or redetermination, the individual must
 110.14 make a request for a state agency hearing in writing within 30 calendar days after the date
 110.15 that a notice of denial for good cause is mailed or otherwise transmitted to the individual.
 110.16 Until a human services judge issues a decision under section 256.0451, subdivision 22, the
 110.17 child support agency shall cease all child support enforcement efforts and shall not report
 110.18 the individual's noncooperation to public assistance agencies.

110.19 Sec. 2. Minnesota Statutes 2020, section 256.741, is amended by adding a subdivision to
 110.20 read:

110.21 Subd. 12b. **Reporting noncooperation.** The public authority may issue a notice of the
 110.22 individual's noncooperation to each public assistance agency providing public assistance
 110.23 to the individual if:

110.24 (1) 30 calendar days have passed since the later of the initial county denial or the date
 110.25 of the denial following the state agency hearing; or

110.26 (2) the individual has not cooperated with the child support agency as required in
 110.27 subdivision 5.

110.28 Sec. 3. Minnesota Statutes 2020, section 260E.20, subdivision 2, is amended to read:

110.29 Subd. 2. **Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare
 110.30 agency shall ~~conduct a~~ have face-to-face contact with the child reported to be maltreated

111.1 and with the child's primary caregiver sufficient to complete a safety assessment and ensure
111.2 the immediate safety of the child.

111.3 (b) The face-to-face contact with the child and primary caregiver shall occur immediately
111.4 if sexual abuse or substantial child endangerment is alleged and within five calendar days
111.5 for all other reports. If the alleged offender was not already interviewed as the primary
111.6 caregiver, the local welfare agency shall also conduct a face-to-face interview with the
111.7 alleged offender in the early stages of the assessment or investigation. Face-to-face contact
111.8 with the child and primary caregiver in response to a report alleging sexual abuse or
111.9 substantial child endangerment may be postponed for no more than five calendar days if
111.10 the child is residing in a location that is confirmed to restrict contact with the alleged offender
111.11 as established in guidelines issued by the commissioner, or if the local welfare agency is
111.12 pursuing a court order for the child's caregiver to produce the child for questioning under
111.13 section 260E.22, subdivision 5.

111.14 (c) At the initial contact with the alleged offender, the local welfare agency or the agency
111.15 responsible for assessing or investigating the report must inform the alleged offender of the
111.16 complaints or allegations made against the individual in a manner consistent with laws
111.17 protecting the rights of the person who made the report. The interview with the alleged
111.18 offender may be postponed if it would jeopardize an active law enforcement investigation.

111.19 (d) The local welfare agency or the agency responsible for assessing or investigating
111.20 the report must provide the alleged offender with an opportunity to make a statement. The
111.21 alleged offender may submit supporting documentation relevant to the assessment or
111.22 investigation.

111.23 Sec. 4. Minnesota Statutes 2020, section 518.157, subdivision 1, is amended to read:

111.24 Subdivision 1. **Implementation; administration.** (a) By January 1, 1998, the chief
111.25 judge of each judicial district or a designee shall implement one or more parent education
111.26 programs within the judicial district for the purpose of educating parents about the impact
111.27 that divorce, the restructuring of families, and judicial proceedings have upon children and
111.28 families; methods for preventing parenting time conflicts; and dispute resolution options.
111.29 The chief judge of each judicial district or a designee may require that children attend a
111.30 separate education program designed to deal with the impact of divorce upon children as
111.31 part of the parent education program. Each parent education program must enable persons
111.32 to have timely and reasonable access to education sessions.

112.1 (b) The chief judge of each judicial district shall ensure that the judicial district's website
 112.2 includes information on the parent education program or programs required under this
 112.3 section.

112.4 Sec. 5. Minnesota Statutes 2020, section 518.157, subdivision 3, is amended to read:

112.5 Subd. 3. **Attendance.** (a) In a proceeding under this chapter where the parties have not
 112.6 agreed to custody or a parenting time is contested schedule, the court shall order the parents
 112.7 of a minor child shall attend to attend or take online a minimum of eight hours in an
 112.8 orientation and education program that meets the minimum standards promulgated by the
 112.9 Minnesota Supreme Court.

112.10 (b) In all other proceedings involving custody, support, or parenting time the court may
 112.11 order the parents of a minor child to attend a parent education program.

112.12 (c) The program shall provide the court with names of persons who fail to attend the
 112.13 parent education program as ordered by the court. Persons who are separated or contemplating
 112.14 involvement in a dissolution, paternity, custody, or parenting time proceeding may attend
 112.15 a parent education program without a court order.

112.16 (d) Unless otherwise ordered by the court, participation in a parent education program
 112.17 must begin before an initial case management conference and within 30 days after the first
 112.18 filing with the court or as soon as practicable after that time based on the reasonable
 112.19 availability of classes for the program for the parent. Parent education programs must offer
 112.20 an opportunity to participate at all phases of a pending or postdecree proceeding.

112.21 (e) Upon request of a party and a showing of good cause, the court may excuse the party
 112.22 from attending the program. If past or present domestic abuse, as defined in chapter 518B,
 112.23 is alleged, the court shall not require the parties to attend the same parent education sessions
 112.24 and shall enter an order setting forth the manner in which the parties may safely participate
 112.25 in the program.

112.26 (f) Before an initial case management conference for a proceeding under this chapter
 112.27 where the parties have not agreed to custody or parenting time, the court shall notify the
 112.28 parties of their option to resolve disagreements, including the development of a parenting
 112.29 plan, through the use of private mediation.

112.30 Sec. 6. Minnesota Statutes 2020, section 518.68, subdivision 2, is amended to read:

112.31 Subd. 2. **Contents.** The required notices must be substantially as follows:

112.32 **IMPORTANT NOTICE**

113.1 1. PAYMENTS TO PUBLIC AGENCY

113.2 According to Minnesota Statutes, section 518A.50, payments ordered for maintenance
113.3 and support must be paid to the public agency responsible for child support enforcement
113.4 as long as the person entitled to receive the payments is receiving or has applied for
113.5 public assistance or has applied for support and maintenance collection services. MAIL
113.6 PAYMENTS TO:

113.7 2. DEPRIVING ANOTHER OF CUSTODIAL OR PARENTAL RIGHTS -- A FELONY

113.8 A person may be charged with a felony who conceals a minor child or takes, obtains,
113.9 retains, or fails to return a minor child from or to the child's parent (or person with
113.10 custodial or visitation rights), according to Minnesota Statutes, section 609.26. A copy
113.11 of that section is available from any district court clerk.

113.12 3. NONSUPPORT OF A SPOUSE OR CHILD -- CRIMINAL PENALTIES

113.13 A person who fails to pay court-ordered child support or maintenance may be charged
113.14 with a crime, which may include misdemeanor, gross misdemeanor, or felony charges,
113.15 according to Minnesota Statutes, section 609.375. A copy of that section is available
113.16 from any district court clerk.

113.17 4. RULES OF SUPPORT, MAINTENANCE, PARENTING TIME

113.18 (a) Payment of support or spousal maintenance is to be as ordered, and the giving of
113.19 gifts or making purchases of food, clothing, and the like will not fulfill the obligation.

113.20 (b) Payment of support must be made as it becomes due, and failure to secure or denial
113.21 of parenting time is NOT an excuse for nonpayment, but the aggrieved party must seek
113.22 relief through a proper motion filed with the court.

113.23 (c) Nonpayment of support is not grounds to deny parenting time. The party entitled to
113.24 receive support may apply for support and collection services, file a contempt motion,
113.25 or obtain a judgment as provided in Minnesota Statutes, section 548.091.

113.26 (d) The payment of support or spousal maintenance takes priority over payment of debts
113.27 and other obligations.

113.28 (e) A party who accepts additional obligations of support does so with the full knowledge
113.29 of the party's prior obligation under this proceeding.

113.30 (f) Child support or maintenance is based on annual income, and it is the responsibility
113.31 of a person with seasonal employment to budget income so that payments are made
113.32 throughout the year as ordered.

114.1 (g) Reasonable parenting time guidelines are contained in Appendix B, which is available
 114.2 from the court administrator.

114.3 (h) The nonpayment of support may be enforced through the denial of student grants;
 114.4 interception of state and federal tax refunds; suspension of driver's, recreational, and
 114.5 occupational licenses; referral to the department of revenue or private collection agencies;
 114.6 seizure of assets, including bank accounts and other assets held by financial institutions;
 114.7 reporting to credit bureaus; ~~interest charging~~, income withholding, and contempt
 114.8 proceedings; and other enforcement methods allowed by law.

114.9 (i) The public authority may suspend or resume collection of the amount allocated for
 114.10 child care expenses if the conditions of Minnesota Statutes, section 518A.40, subdivision
 114.11 4, are met.

114.12 (j) The public authority may remove or resume a medical support offset if the conditions
 114.13 of Minnesota Statutes, section 518A.41, subdivision 16, are met.

114.14 ~~(k) The public authority may suspend or resume interest charging on child support~~
 114.15 ~~judgments if the conditions of Minnesota Statutes, section 548.091, subdivision 1a, are met.~~

114.16 5. MODIFYING CHILD SUPPORT

114.17 If either the obligor or obligee is laid off from employment or receives a pay reduction,
 114.18 child support may be modified, increased, or decreased. Any modification will only take
 114.19 effect when it is ordered by the court, and will only relate back to the time that a motion
 114.20 is filed. Either the obligor or obligee may file a motion to modify child support, and may
 114.21 request the public agency for help. UNTIL A MOTION IS FILED, THE CHILD
 114.22 SUPPORT OBLIGATION WILL CONTINUE AT THE CURRENT LEVEL. THE
 114.23 COURT IS NOT PERMITTED TO REDUCE SUPPORT RETROACTIVELY.

114.24 6. PARENTAL RIGHTS FROM MINNESOTA STATUTES, SECTION 518.17, 114.25 SUBDIVISION 3

114.26 Unless otherwise provided by the Court:

114.27 (a) Each party has the right of access to, and to receive copies of, school, medical, dental,
 114.28 religious training, and other important records and information about the minor children.
 114.29 Each party has the right of access to information regarding health or dental insurance
 114.30 available to the minor children. Presentation of a copy of this order to the custodian of
 114.31 a record or other information about the minor children constitutes sufficient authorization
 114.32 for the release of the record or information to the requesting party.

115.1 (b) Each party shall keep the other informed as to the name and address of the school
115.2 of attendance of the minor children. Each party has the right to be informed by school
115.3 officials about the children's welfare, educational progress and status, and to attend
115.4 school and parent teacher conferences. The school is not required to hold a separate
115.5 conference for each party.

115.6 (c) In case of an accident or serious illness of a minor child, each party shall notify the
115.7 other party of the accident or illness, and the name of the health care provider and the
115.8 place of treatment.

115.9 (d) Each party has the right of reasonable access and telephone contact with the minor
115.10 children.

115.11 7. WAGE AND INCOME DEDUCTION OF SUPPORT AND MAINTENANCE

115.12 Child support and/or spousal maintenance may be withheld from income, with or without
115.13 notice to the person obligated to pay, when the conditions of Minnesota Statutes, section
115.14 518A.53 have been met. A copy of those sections is available from any district court
115.15 clerk.

115.16 8. CHANGE OF ADDRESS OR RESIDENCE

115.17 Unless otherwise ordered, each party shall notify the other party, the court, and the public
115.18 authority responsible for collection, if applicable, of the following information within
115.19 ten days of any change: the residential and mailing address, telephone number, driver's
115.20 license number, Social Security number, and name, address, and telephone number of
115.21 the employer.

115.22 9. COST OF LIVING INCREASE OF SUPPORT AND MAINTENANCE

115.23 Basic support and/or spousal maintenance may be adjusted every two years based upon
115.24 a change in the cost of living (using Department of Labor Consumer Price Index,
115.25 unless otherwise specified in this order) when the conditions of Minnesota Statutes,
115.26 section 518A.75, are met. Cost of living increases are compounded. A copy of Minnesota
115.27 Statutes, section 518A.75, and forms necessary to request or contest a cost of living
115.28 increase are available from any district court clerk.

115.29 10. JUDGMENTS FOR UNPAID SUPPORT

115.30 If a person fails to make a child support payment, the payment owed becomes a judgment
115.31 against the person responsible to make the payment by operation of law on or after the
115.32 date the payment is due, and the person entitled to receive the payment or the public
115.33 agency may obtain entry and docketing of the judgment WITHOUT NOTICE to the

116.1 person responsible to make the payment under Minnesota Statutes, section 548.091.
116.2 ~~Interest begins to accrue on a payment or installment of child support whenever the~~
116.3 ~~unpaid amount due is greater than the current support due, according to Minnesota~~
116.4 ~~Statutes, section 548.091, subdivision 1a.~~

116.5 11. JUDGMENTS FOR UNPAID MAINTENANCE

116.6 (a) A judgment for unpaid spousal maintenance may be entered when the conditions of
116.7 Minnesota Statutes, section 548.091, are met. A copy of that section is available from
116.8 any district court clerk.

116.9 (b) The public authority is not responsible for calculating interest on any judgment for
116.10 unpaid spousal maintenance. When providing services in IV-D cases, as defined in
116.11 Minnesota Statutes, section 518A.26, subdivision 10, the public authority will only
116.12 collect interest on spousal maintenance if spousal maintenance is reduced to a sum
116.13 certain judgment.

116.14 12. ATTORNEY FEES AND COLLECTION COSTS FOR ENFORCEMENT OF CHILD 116.15 SUPPORT

116.16 A judgment for attorney fees and other collection costs incurred in enforcing a child
116.17 support order will be entered against the person responsible to pay support when the
116.18 conditions of Minnesota Statutes, section 518A.735, are met. A copy of Minnesota
116.19 Statutes, sections 518.14 and 518A.735 and forms necessary to request or contest these
116.20 attorney fees and collection costs are available from any district court clerk.

116.21 13. PARENTING TIME EXPEDITOR PROCESS

116.22 On request of either party or on its own motion, the court may appoint a parenting time
116.23 expeditor to resolve parenting time disputes under Minnesota Statutes, section 518.1751.
116.24 A copy of that section and a description of the expeditor process is available from any
116.25 district court clerk.

116.26 14. PARENTING TIME REMEDIES AND PENALTIES

116.27 Remedies and penalties for the wrongful denial of parenting time are available under
116.28 Minnesota Statutes, section 518.175, subdivision 6. These include compensatory parenting
116.29 time; civil penalties; bond requirements; contempt; and reversal of custody. A copy of
116.30 that subdivision and forms for requesting relief are available from any district court
116.31 clerk.

116.32 **EFFECTIVE DATE.** This section is effective August 1, 2022.

117.1 Sec. 7. Minnesota Statutes 2020, section 518A.29, is amended to read:

117.2 **518A.29 CALCULATION OF GROSS INCOME.**

117.3 (a) Subject to the exclusions and deductions in this section, gross income includes any
117.4 form of periodic payment to an individual, including, but not limited to, salaries, wages,
117.5 commissions, self-employment income under section 518A.30, workers' compensation,
117.6 unemployment benefits, annuity payments, military and naval retirement, pension and
117.7 disability payments, spousal maintenance received under a previous order or the current
117.8 proceeding, Social Security or veterans benefits provided for a joint child under section
117.9 518A.31, and potential income under section 518A.32. Salaries, wages, commissions, or
117.10 other compensation paid by third parties shall be based upon gross income before
117.11 participation in an employer-sponsored benefit plan that allows an employee to pay for a
117.12 benefit or expense using pretax dollars, such as flexible spending plans and health savings
117.13 accounts. No deductions shall be allowed for contributions to pensions, 401-K, IRA, or
117.14 other retirement benefits.

117.15 (b) Gross income does not include compensation received by a party for employment
117.16 in excess of a 40-hour work week, provided that:

117.17 (1) child support is ordered in an amount at least equal to the guideline amount based
117.18 on gross income not excluded under this clause; and

117.19 (2) the party demonstrates, and the court finds, that:

117.20 (i) the excess employment began after the filing of the petition for dissolution or legal
117.21 separation or a petition related to custody, parenting time, or support;

117.22 (ii) the excess employment reflects an increase in the work schedule or hours worked
117.23 over that of the two years immediately preceding the filing of the petition;

117.24 (iii) the excess employment is voluntary and not a condition of employment;

117.25 (iv) the excess employment is in the nature of additional, part-time or overtime
117.26 employment compensable by the hour or fraction of an hour; and

117.27 (v) the party's compensation structure has not been changed for the purpose of affecting
117.28 a support or maintenance obligation.

117.29 (c) Expense reimbursements or in-kind payments received by a parent in the course of
117.30 employment, self-employment, or operation of a business shall be counted as income if
117.31 they reduce personal living expenses.

118.1 (d) Gross income may be calculated on either an annual or monthly basis. Weekly income
118.2 shall be translated to monthly income by multiplying the weekly income by 4.33.

118.3 (e) Gross income does not include a child support payment received by a party. It is a
118.4 rebuttable presumption that adoption assistance payments, Northstar kinship assistance
118.5 payments, and foster care subsidies are not gross income.

118.6 (f) Gross income does not include the income of the obligor's spouse and the obligee's
118.7 spouse.

118.8 (g) ~~Child support or~~ Spousal maintenance payments ordered by a court for a ~~nonjoint~~
118.9 ~~child or~~ former spouse or ordered payable to the other party as part of the current proceeding
118.10 are deducted from other periodic payments received by a party for purposes of determining
118.11 gross income.

118.12 (h) Gross income does not include public assistance benefits received under section
118.13 256.741 or other forms of public assistance based on need.

118.14 **EFFECTIVE DATE.** This section is effective January 1, 2023.

118.15 Sec. 8. Minnesota Statutes 2020, section 518A.33, is amended to read:

118.16 **518A.33 DEDUCTION FROM INCOME FOR NONJOINT CHILDREN.**

118.17 (a) When either or both parents are legally responsible for a nonjoint child, a deduction
118.18 for this obligation shall be calculated under this section ~~if:~~

118.19 ~~(1) the nonjoint child primarily resides in the parent's household; and~~

118.20 ~~(2) the parent is not obligated to pay basic child support for the nonjoint child to the~~
118.21 ~~other parent or a legal custodian of the child under an existing child support order.~~

118.22 ~~(b) The court shall use the guidelines under section 518A.35 to determine the basic child~~
118.23 ~~support obligation for the nonjoint child or children by using the gross income of the parent~~
118.24 ~~for whom the deduction is being calculated and the number of nonjoint children primarily~~
118.25 ~~residing in the parent's household. If the number of nonjoint children to be used for the~~
118.26 ~~determination is greater than two, the determination must be made using the number two~~
118.27 ~~instead of the greater number.~~ Court-ordered child support for a nonjoint child shall be
118.28 deducted from the payor's gross income.

118.29 ~~(c) The deduction for nonjoint children is 50 percent of the guideline amount determined~~
118.30 ~~under paragraph (b).~~ When a parent is legally responsible for a nonjoint child and the parent
118.31 is not obligated to pay basic child support for the nonjoint child to the other parent or a legal
118.32 custodian under an existing child support order, a deduction shall be calculated. The court

119.1 shall use the basic support guideline table under section 518A.35 to determine this deduction
 119.2 by using the gross income of the parent for whom the deduction is being calculated, minus
 119.3 any deduction under paragraph (b) and the number of eligible nonjoint children, up to six
 119.4 children. The deduction for nonjoint children is 75 percent of the guideline amount
 119.5 determined under this paragraph.

119.6 **EFFECTIVE DATE.** This section is effective January 1, 2023.

119.7 Sec. 9. Minnesota Statutes 2020, section 518A.35, subdivision 1, is amended to read:

119.8 Subdivision 1. **Determination of support obligation.** (a) The guideline in this section
 119.9 is a rebuttable presumption and shall be used in any judicial or administrative proceeding
 119.10 to establish or modify a support obligation under this chapter.

119.11 (b) The basic child support obligation shall be determined by referencing the guideline
 119.12 for the appropriate number of joint children and the combined parental income for
 119.13 determining child support of the parents.

119.14 (c) If a child is not in the custody of either parent and a support order is sought against
 119.15 one or both parents, the basic child support obligation shall be determined by referencing
 119.16 the guideline for the appropriate number of joint children, and the parent's individual parental
 119.17 income for determining child support, not the combined parental incomes for determining
 119.18 child support of the parents. Unless a parent has court-ordered parenting time, the parenting
 119.19 expense adjustment formula under section 518A.34 must not be applied.

119.20 (d) If a child is ~~in custody of either parent~~ not residing with the parent that has
 119.21 court-ordered or statutory custody and a support order is sought ~~by the public authority~~
 119.22 under section 256.87 against one or both parents, unless the parent against whom the support
 119.23 order is sought has court-ordered parenting time, the basic support obligation must be
 119.24 determined by referencing the guideline for the appropriate number of joint children and
 119.25 the parent's individual income without application of the parenting expense adjustment
 119.26 formula under section 518A.34.

119.27 (e) For combined parental incomes for determining child support exceeding ~~\$15,000~~
 119.28 \$20,000 per month, the presumed basic child support obligations shall be as for parents
 119.29 with combined parental income for determining child support of ~~\$15,000~~ \$20,000 per month.
 119.30 A basic child support obligation in excess of this level may be demonstrated for those reasons
 119.31 set forth in section 518A.43.

119.32 **EFFECTIVE DATE.** This section is effective January 1, 2023.

120.1 Sec. 10. Minnesota Statutes 2020, section 518A.35, subdivision 2, is amended to read:

120.2 Subd. 2. **Basic support; guideline.** Unless otherwise agreed to by the parents and
 120.3 approved by the court, when establishing basic support, the court must order that basic
 120.4 support be divided between the parents based on their proportionate share of the parents'
 120.5 combined monthly parental income for determining child support (PICS). Basic support
 120.6 must be computed using the following guideline:

120.7	Combined Parental	Number of Children					
120.8	Income for	One	Two	Three	Four	Five	Six
120.9	Determining Child						
120.10	Support						
120.11	\$0- \$799		<u>\$50</u>	<u>\$75</u>	<u>\$75</u>	<u>\$100</u>	
120.12	<u>\$1,399</u>	\$50	<u>\$60</u>	<u>\$70</u>	<u>\$80</u>	<u>\$90</u>	\$100
120.13	800-899	80	129	149	173	201	233
120.14	900-999	90	145	167	194	226	262
120.15	1,000-1,099	116	161	186	216	251	291
120.16	1,100-1,199	145	205	237	275	320	370
120.17	1,200-1,299	177	254	294	341	396	459
120.18	1,300-1,399	212	309	356	414	480	557
120.19		251	368	425	493	573	664
120.20	1,400- 1,499	<u>60</u>	<u>75</u>	<u>85</u>	<u>100</u>	<u>110</u>	<u>120</u>
120.21		292	433	500	580	673	780
120.22	1,500- 1,599	<u>75</u>	<u>90</u>	<u>105</u>	<u>125</u>	<u>135</u>	<u>145</u>
120.23		337	502	580	673	781	905
120.24	1,600- 1,699	<u>90</u>	<u>110</u>	<u>130</u>	<u>150</u>	<u>160</u>	<u>170</u>
120.25		385	577	666	773	897	1,040
120.26	1,700- 1,799	<u>110</u>	<u>130</u>	<u>155</u>	<u>175</u>	<u>185</u>	<u>195</u>
120.27		436	657	758	880	1,021	1,183
120.28	1,800- 1,899	<u>130</u>	<u>150</u>	<u>180</u>	<u>200</u>	<u>210</u>	<u>220</u>
120.29		490	742	856	994	1,152	1,336
120.30	1,900- 1,999	<u>150</u>	<u>175</u>	<u>205</u>	<u>235</u>	<u>245</u>	<u>255</u>
120.31		516	832	960	1,114	1,292	1,498
120.32	2,000- 2,099	<u>170</u>	<u>200</u>	<u>235</u>	<u>270</u>	<u>285</u>	<u>295</u>
120.33		528	851	981	1,139	1,320	1,531
120.34	2,100- 2,199	<u>190</u>	<u>225</u>	<u>265</u>	<u>305</u>	<u>325</u>	<u>335</u>
120.35		538	867	1,000	1,160	1,346	1,561
120.36	2,200- 2,299	<u>215</u>	<u>255</u>	<u>300</u>	<u>345</u>	<u>367</u>	<u>379</u>
120.37		546	881	1,016	1,179	1,367	1,586
120.38	2,300- 2,399	<u>240</u>	<u>285</u>	<u>335</u>	<u>385</u>	<u>409</u>	<u>423</u>
120.39		554	893	1,029	1,195	1,385	1,608
120.40	2,400- 2,499	<u>265</u>	<u>315</u>	<u>370</u>	<u>425</u>	<u>451</u>	<u>467</u>
120.41		560	903	1,040	1,208	1,400	1,625
120.42	2,500- 2,599	<u>290</u>	<u>350</u>	<u>408</u>	<u>465</u>	<u>493</u>	<u>511</u>

121.1		<u>570</u>	<u>920</u>	<u>1,060</u>	<u>1,230</u>	<u>1,426</u>	<u>1,655</u>
121.2	2,600- 2,699	<u>315</u>	<u>385</u>	<u>446</u>	<u>505</u>	<u>535</u>	<u>555</u>
121.3		<u>580</u>	<u>936</u>	<u>1,078</u>	<u>1,251</u>	<u>1,450</u>	<u>1,683</u>
121.4	2,700- 2,799	<u>340</u>	<u>420</u>	<u>484</u>	<u>545</u>	<u>577</u>	<u>599</u>
121.5		<u>589</u>	<u>950</u>	<u>1,094</u>	<u>1,270</u>	<u>1,472</u>	<u>1,707</u>
121.6	2,800- 2,899	<u>365</u>	<u>455</u>	<u>522</u>	<u>585</u>	<u>619</u>	<u>643</u>
121.7		<u>596</u>	<u>963</u>	<u>1,109</u>	<u>1,287</u>	<u>1,492</u>	<u>1,730</u>
121.8	2,900- 2,999	<u>390</u>	<u>490</u>	<u>560</u>	<u>625</u>	<u>661</u>	<u>687</u>
121.9		<u>603</u>	<u>975</u>	<u>1,122</u>	<u>1,302</u>	<u>1,509</u>	<u>1,749</u>
121.10	3,000- 3,099	<u>415</u>	<u>525</u>	<u>598</u>	<u>665</u>	<u>703</u>	<u>731</u>
121.11		<u>613</u>	<u>991</u>	<u>1,141</u>	<u>1,324</u>	<u>1,535</u>	<u>1,779</u>
121.12	3,100- 3,199	<u>440</u>	<u>560</u>	<u>636</u>	<u>705</u>	<u>745</u>	<u>775</u>
121.13		<u>623</u>	<u>1,007</u>	<u>1,158</u>	<u>1,344</u>	<u>1,558</u>	<u>1,807</u>
121.14	3,200- 3,299	<u>465</u>	<u>595</u>	<u>674</u>	<u>745</u>	<u>787</u>	<u>819</u>
121.15		<u>636</u>	<u>1,021</u>	<u>1,175</u>	<u>1,363</u>	<u>1,581</u>	<u>1,833</u>
121.16	3,300- 3,399	<u>485</u>	<u>630</u>	<u>712</u>	<u>785</u>	<u>829</u>	<u>863</u>
121.17		<u>650</u>	<u>1,034</u>	<u>1,190</u>	<u>1,380</u>	<u>1,601</u>	<u>1,857</u>
121.18	3,400- 3,499	<u>505</u>	<u>665</u>	<u>750</u>	<u>825</u>	<u>871</u>	<u>907</u>
121.19		<u>664</u>	<u>1,047</u>	<u>1,204</u>	<u>1,397</u>	<u>1,621</u>	<u>1,880</u>
121.20	3,500- 3,599	<u>525</u>	<u>695</u>	<u>784</u>	<u>861</u>	<u>910</u>	<u>948</u>
121.21		<u>677</u>	<u>1,062</u>	<u>1,223</u>	<u>1,418</u>	<u>1,646</u>	<u>1,909</u>
121.22	3,600- 3,699	<u>545</u>	<u>725</u>	<u>818</u>	<u>897</u>	<u>949</u>	<u>989</u>
121.23		<u>691</u>	<u>1,077</u>	<u>1,240</u>	<u>1,439</u>	<u>1,670</u>	<u>1,937</u>
121.24	3,700- 3,799	<u>565</u>	<u>755</u>	<u>852</u>	<u>933</u>	<u>988</u>	<u>1,030</u>
121.25		<u>705</u>	<u>1,081</u>	<u>1,257</u>	<u>1,459</u>	<u>1,693</u>	<u>1,963</u>
121.26	3,800- 3,899	<u>585</u>	<u>785</u>	<u>886</u>	<u>969</u>	<u>1,027</u>	<u>1,071</u>
121.27		<u>719</u>	<u>1,104</u>	<u>1,273</u>	<u>1,478</u>	<u>1,715</u>	<u>1,988</u>
121.28	3,900- 3,999	<u>605</u>	<u>815</u>	<u>920</u>	<u>1,005</u>	<u>1,065</u>	<u>1,111</u>
121.29		<u>732</u>	<u>1,116</u>	<u>1,288</u>	<u>1,496</u>	<u>1,736</u>	<u>2,012</u>
121.30	4,000- 4,099	<u>625</u>	<u>845</u>	<u>954</u>	<u>1,041</u>	<u>1,103</u>	<u>1,151</u>
121.31		<u>746</u>	<u>1,132</u>	<u>1,305</u>	<u>1,516</u>	<u>1,759</u>	<u>2,039</u>
121.32	4,100- 4,199	<u>645</u>	<u>875</u>	<u>988</u>	<u>1,077</u>	<u>1,142</u>	<u>1,191</u>
121.33		<u>760</u>	<u>1,147</u>	<u>1,322</u>	<u>1,536</u>	<u>1,781</u>	<u>2,064</u>
121.34	4,200- 4,299	<u>665</u>	<u>905</u>	<u>1,022</u>	<u>1,113</u>	<u>1,180</u>	<u>1,230</u>
121.35		<u>774</u>	<u>1,161</u>	<u>1,338</u>	<u>1,554</u>	<u>1,802</u>	<u>2,088</u>
121.36	4,300- 4,399	<u>685</u>	<u>935</u>	<u>1,056</u>	<u>1,149</u>	<u>1,218</u>	<u>1,269</u>
121.37		<u>787</u>	<u>1,175</u>	<u>1,353</u>	<u>1,572</u>	<u>1,822</u>	<u>2,111</u>
121.38	4,400- 4,499	<u>705</u>	<u>965</u>	<u>1,090</u>	<u>1,185</u>	<u>1,256</u>	<u>1,308</u>
121.39		<u>801</u>	<u>1,184</u>	<u>1,368</u>	<u>1,589</u>	<u>1,841</u>	<u>2,133</u>
121.40	4,500- 4,599	<u>724</u>	<u>993</u>	<u>1,122</u>	<u>1,219</u>	<u>1,292</u>	<u>1,345</u>
121.41		<u>808</u>	<u>1,200</u>	<u>1,386</u>	<u>1,608</u>	<u>1,864</u>	<u>2,160</u>
121.42	4,600- 4,699	<u>743</u>	<u>1,021</u>	<u>1,154</u>	<u>1,253</u>	<u>1,328</u>	<u>1,382</u>
121.43		<u>814</u>	<u>1,215</u>	<u>1,402</u>	<u>1,627</u>	<u>1,887</u>	<u>2,186</u>
121.44	4,700- 4,799	<u>762</u>	<u>1,049</u>	<u>1,186</u>	<u>1,287</u>	<u>1,364</u>	<u>1,419</u>
121.45		<u>820</u>	<u>1,231</u>	<u>1,419</u>	<u>1,645</u>	<u>1,908</u>	<u>2,212</u>
121.46	4,800- 4,899	<u>781</u>	<u>1,077</u>	<u>1,218</u>	<u>1,321</u>	<u>1,400</u>	<u>1,456</u>

122.1		<u>825</u>	<u>1,246</u>	<u>1,435</u>	<u>1,663</u>	<u>1,930</u>	<u>2,236</u>
122.2	4,900- 4,999	<u>800</u>	<u>1,105</u>	<u>1,250</u>	<u>1,354</u>	<u>1,435</u>	<u>1,493</u>
122.3		<u>831</u>	<u>1,260</u>	<u>1,450</u>	<u>1,680</u>	<u>1,950</u>	<u>2,260</u>
122.4	5,000- 5,099	<u>818</u>	<u>1,132</u>	<u>1,281</u>	<u>1,387</u>	<u>1,470</u>	<u>1,529</u>
122.5		<u>837</u>	<u>1,275</u>	<u>1,468</u>	<u>1,701</u>	<u>1,975</u>	<u>2,289</u>
122.6	5,100- 5,199	<u>835</u>	<u>1,159</u>	<u>1,312</u>	<u>1,420</u>	<u>1,505</u>	<u>1,565</u>
122.7		<u>843</u>	<u>1,290</u>	<u>1,485</u>	<u>1,722</u>	<u>1,999</u>	<u>2,317</u>
122.8	5,200- 5,299	<u>852</u>	<u>1,186</u>	<u>1,343</u>	<u>1,453</u>	<u>1,540</u>	<u>1,601</u>
122.9		<u>849</u>	<u>1,304</u>	<u>1,502</u>	<u>1,743</u>	<u>2,022</u>	<u>2,345</u>
122.10	5,300- 5,399	<u>869</u>	<u>1,213</u>	<u>1,374</u>	<u>1,486</u>	<u>1,575</u>	<u>1,638</u>
122.11		<u>854</u>	<u>1,318</u>	<u>1,518</u>	<u>1,763</u>	<u>2,046</u>	<u>2,372</u>
122.12	5,400- 5,499	<u>886</u>	<u>1,240</u>	<u>1,405</u>	<u>1,519</u>	<u>1,610</u>	<u>1,674</u>
122.13		<u>860</u>	<u>1,331</u>	<u>1,535</u>	<u>1,782</u>	<u>2,068</u>	<u>2,398</u>
122.14	5,500- 5,599	<u>903</u>	<u>1,264</u>	<u>1,434</u>	<u>1,550</u>	<u>1,643</u>	<u>1,708</u>
122.15		<u>866</u>	<u>1,346</u>	<u>1,551</u>	<u>1,801</u>	<u>2,090</u>	<u>2,424</u>
122.16	5,600- 5,699	<u>920</u>	<u>1,288</u>	<u>1,463</u>	<u>1,581</u>	<u>1,676</u>	<u>1,743</u>
122.17		<u>873</u>	<u>1,357</u>	<u>1,568</u>	<u>1,819</u>	<u>2,111</u>	<u>2,449</u>
122.18	5,700- 5,799	<u>937</u>	<u>1,312</u>	<u>1,492</u>	<u>1,612</u>	<u>1,709</u>	<u>1,777</u>
122.19		<u>881</u>	<u>1,376</u>	<u>1,583</u>	<u>1,837</u>	<u>2,132</u>	<u>2,473</u>
122.20	5,800- 5,899	<u>954</u>	<u>1,336</u>	<u>1,521</u>	<u>1,643</u>	<u>1,742</u>	<u>1,811</u>
122.21		<u>888</u>	<u>1,390</u>	<u>1,599</u>	<u>1,855</u>	<u>2,152</u>	<u>2,497</u>
122.22	5,900- 5,999	<u>971</u>	<u>1,360</u>	<u>1,550</u>	<u>1,674</u>	<u>1,775</u>	<u>1,846</u>
122.23		<u>895</u>	<u>1,404</u>	<u>1,604</u>	<u>1,872</u>	<u>2,172</u>	<u>2,520</u>
122.24	6,000- 6,099	<u>988</u>	<u>1,383</u>	<u>1,577</u>	<u>1,703</u>	<u>1,805</u>	<u>1,877</u>
122.25		<u>902</u>	<u>1,419</u>	<u>1,631</u>	<u>1,892</u>	<u>2,195</u>	<u>2,546</u>
122.26	6,100- 6,199	<u>993</u>	<u>1,391</u>	<u>1,586</u>	<u>1,713</u>	<u>1,815</u>	<u>1,887</u>
122.27		<u>909</u>	<u>1,433</u>	<u>1,645</u>	<u>1,912</u>	<u>2,217</u>	<u>2,572</u>
122.28	6,200- 6,299	<u>999</u>	<u>1,399</u>	<u>1,594</u>	<u>1,722</u>	<u>1,825</u>	<u>1,898</u>
122.29		<u>916</u>	<u>1,448</u>	<u>1,664</u>	<u>1,932</u>	<u>2,239</u>	<u>2,597</u>
122.30	6,300- 6,399	<u>1,005</u>	<u>1,406</u>	<u>1,603</u>	<u>1,732</u>	<u>1,836</u>	<u>1,909</u>
122.31		<u>923</u>	<u>1,462</u>	<u>1,682</u>	<u>1,951</u>	<u>2,260</u>	<u>2,621</u>
122.32	6,400- 6,499	<u>1,010</u>	<u>1,414</u>	<u>1,612</u>	<u>1,741</u>	<u>1,846</u>	<u>1,920</u>
122.33		<u>930</u>	<u>1,476</u>	<u>1,697</u>	<u>1,970</u>	<u>2,282</u>	<u>2,646</u>
122.34	6,500- 6,599	<u>1,016</u>	<u>1,422</u>	<u>1,621</u>	<u>1,751</u>	<u>1,856</u>	<u>1,931</u>
122.35		<u>936</u>	<u>1,490</u>	<u>1,713</u>	<u>1,989</u>	<u>2,305</u>	<u>2,673</u>
122.36	6,600- 6,699	<u>1,021</u>	<u>1,430</u>	<u>1,630</u>	<u>1,761</u>	<u>1,866</u>	<u>1,941</u>
122.37		<u>943</u>	<u>1,505</u>	<u>1,730</u>	<u>2,009</u>	<u>2,328</u>	<u>2,700</u>
122.38	6,700- 6,799	<u>1,027</u>	<u>1,438</u>	<u>1,639</u>	<u>1,770</u>	<u>1,876</u>	<u>1,951</u>
122.39		<u>950</u>	<u>1,519</u>	<u>1,746</u>	<u>2,028</u>	<u>2,350</u>	<u>2,727</u>
122.40	6,800- 6,899	<u>1,032</u>	<u>1,445</u>	<u>1,648</u>	<u>1,780</u>	<u>1,887</u>	<u>1,962</u>
122.41		<u>957</u>	<u>1,533</u>	<u>1,762</u>	<u>2,047</u>	<u>2,379</u>	<u>2,747</u>
122.42	6,900- 6,999	<u>1,038</u>	<u>1,453</u>	<u>1,657</u>	<u>1,790</u>	<u>1,897</u>	<u>1,973</u>
122.43		<u>963</u>	<u>1,547</u>	<u>1,778</u>	<u>2,065</u>	<u>2,394</u>	<u>2,753</u>
122.44	7,000- 7,099	<u>1,044</u>	<u>1,462</u>	<u>1,666</u>	<u>1,800</u>	<u>1,908</u>	<u>1,984</u>
122.45		<u>970</u>	<u>1,561</u>	<u>1,795</u>	<u>2,085</u>	<u>2,417</u>	<u>2,758</u>
122.46	7,100- 7,199	<u>1,050</u>	<u>1,470</u>	<u>1,676</u>	<u>1,810</u>	<u>1,918</u>	<u>1,995</u>

123.1		<u>974</u>	<u>1,574</u>	<u>1,812</u>	<u>2,104</u>	<u>2,439</u>	<u>2,764</u>
123.2	7,200- 7,299	<u>1,056</u>	<u>1,479</u>	<u>1,686</u>	<u>1,821</u>	<u>1,930</u>	<u>2,007</u>
123.3		<u>980</u>	<u>1,587</u>	<u>1,828</u>	<u>2,123</u>	<u>2,462</u>	<u>2,769</u>
123.4	7,300- 7,399	<u>1,063</u>	<u>1,488</u>	<u>1,696</u>	<u>1,832</u>	<u>1,942</u>	<u>2,019</u>
123.5		<u>989</u>	<u>1,600</u>	<u>1,844</u>	<u>2,142</u>	<u>2,483</u>	<u>2,775</u>
123.6	7,400- 7,499	<u>1,069</u>	<u>1,496</u>	<u>1,706</u>	<u>1,843</u>	<u>1,953</u>	<u>2,032</u>
123.7		<u>998</u>	<u>1,613</u>	<u>1,860</u>	<u>2,160</u>	<u>2,505</u>	<u>2,781</u>
123.8	7,500- 7,599	<u>1,075</u>	<u>1,505</u>	<u>1,716</u>	<u>1,854</u>	<u>1,965</u>	<u>2,043</u>
123.9		<u>1,006</u>	<u>1,628</u>	<u>1,877</u>	<u>2,180</u>	<u>2,528</u>	<u>2,803</u>
123.10	7,600- 7,699	<u>1,081</u>	<u>1,514</u>	<u>1,725</u>	<u>1,863</u>	<u>1,975</u>	<u>2,054</u>
123.11		<u>1,015</u>	<u>1,643</u>	<u>1,894</u>	<u>2,199</u>	<u>2,550</u>	<u>2,833</u>
123.12	7,700- 7,799	<u>1,087</u>	<u>1,522</u>	<u>1,735</u>	<u>1,874</u>	<u>1,986</u>	<u>2,066</u>
123.13		<u>1,023</u>	<u>1,658</u>	<u>1,911</u>	<u>2,218</u>	<u>2,572</u>	<u>2,864</u>
123.14	7,800- 7,899	<u>1,093</u>	<u>1,531</u>	<u>1,745</u>	<u>1,885</u>	<u>1,998</u>	<u>2,078</u>
123.15		<u>1,032</u>	<u>1,673</u>	<u>1,928</u>	<u>2,237</u>	<u>2,594</u>	<u>2,894</u>
123.16	7,900- 7,999	<u>1,099</u>	<u>1,540</u>	<u>1,755</u>	<u>1,896</u>	<u>2,009</u>	<u>2,090</u>
123.17		<u>1,040</u>	<u>1,688</u>	<u>1,944</u>	<u>2,256</u>	<u>2,616</u>	<u>2,925</u>
123.18	8,000- 8,099	<u>1,106</u>	<u>1,548</u>	<u>1,765</u>	<u>1,907</u>	<u>2,021</u>	<u>2,102</u>
123.19		<u>1,048</u>	<u>1,703</u>	<u>1,960</u>	<u>2,274</u>	<u>2,637</u>	<u>2,955</u>
123.20	8,100- 8,199	<u>1,112</u>	<u>1,557</u>	<u>1,775</u>	<u>1,917</u>	<u>2,032</u>	<u>2,114</u>
123.21		<u>1,056</u>	<u>1,717</u>	<u>1,976</u>	<u>2,293</u>	<u>2,658</u>	<u>2,985</u>
123.22	8,200- 8,299	<u>1,118</u>	<u>1,566</u>	<u>1,785</u>	<u>1,928</u>	<u>2,044</u>	<u>2,126</u>
123.23		<u>1,064</u>	<u>1,731</u>	<u>1,992</u>	<u>2,311</u>	<u>2,679</u>	<u>3,016</u>
123.24	8,300 -8,399	<u>1,124</u>	<u>1,574</u>	<u>1,795</u>	<u>1,939</u>	<u>2,055</u>	<u>2,137</u>
123.25		<u>1,072</u>	<u>1,746</u>	<u>2,008</u>	<u>2,328</u>	<u>2,700</u>	<u>3,046</u>
123.26	8,400- 8,499	<u>1,131</u>	<u>1,583</u>	<u>1,804</u>	<u>1,949</u>	<u>2,066</u>	<u>2,149</u>
123.27		<u>1,080</u>	<u>1,760</u>	<u>2,023</u>	<u>2,346</u>	<u>2,720</u>	<u>3,077</u>
123.28	8,500- 8,599	<u>1,137</u>	<u>1,592</u>	<u>1,814</u>	<u>1,960</u>	<u>2,078</u>	<u>2,161</u>
123.29		<u>1,092</u>	<u>1,780</u>	<u>2,047</u>	<u>2,374</u>	<u>2,752</u>	<u>3,107</u>
123.30	8,600- 8,699	<u>1,143</u>	<u>1,600</u>	<u>1,824</u>	<u>1,970</u>	<u>2,089</u>	<u>2,173</u>
123.31		<u>1,105</u>	<u>1,801</u>	<u>2,071</u>	<u>2,401</u>	<u>2,784</u>	<u>3,138</u>
123.32	8,700- 8,799	<u>1,149</u>	<u>1,609</u>	<u>1,834</u>	<u>1,981</u>	<u>2,100</u>	<u>2,185</u>
123.33		<u>1,118</u>	<u>1,822</u>	<u>2,094</u>	<u>2,429</u>	<u>2,816</u>	<u>3,168</u>
123.34	8,800- 8,899	<u>1,155</u>	<u>1,618</u>	<u>1,844</u>	<u>1,992</u>	<u>2,112</u>	<u>2,197</u>
123.35		<u>1,130</u>	<u>1,842</u>	<u>2,118</u>	<u>2,456</u>	<u>2,848</u>	<u>3,199</u>
123.36	8,900- 8,999	<u>1,162</u>	<u>1,626</u>	<u>1,854</u>	<u>2,003</u>	<u>2,124</u>	<u>2,209</u>
123.37		<u>1,143</u>	<u>1,863</u>	<u>2,142</u>	<u>2,484</u>	<u>2,880</u>	<u>3,223</u>
123.38	9,000- 9,099	<u>1,168</u>	<u>1,635</u>	<u>1,864</u>	<u>2,014</u>	<u>2,135</u>	<u>2,221</u>
123.39		<u>1,156</u>	<u>1,884</u>	<u>2,166</u>	<u>2,512</u>	<u>2,912</u>	<u>3,243</u>
123.40	9,100- 9,199	<u>1,174</u>	<u>1,644</u>	<u>1,874</u>	<u>2,024</u>	<u>2,146</u>	<u>2,232</u>
123.41		<u>1,168</u>	<u>1,904</u>	<u>2,190</u>	<u>2,539</u>	<u>2,944</u>	<u>3,263</u>
123.42	9,200- 9,299	<u>1,180</u>	<u>1,652</u>	<u>1,884</u>	<u>2,035</u>	<u>2,158</u>	<u>2,244</u>
123.43		<u>1,181</u>	<u>1,925</u>	<u>2,213</u>	<u>2,567</u>	<u>2,976</u>	<u>3,284</u>
123.44	9,300- 9,399	<u>1,186</u>	<u>1,661</u>	<u>1,893</u>	<u>2,045</u>	<u>2,168</u>	<u>2,255</u>
123.45		<u>1,194</u>	<u>1,946</u>	<u>2,237</u>	<u>2,594</u>	<u>3,008</u>	<u>3,304</u>
123.46	9,400- 9,499	<u>1,193</u>	<u>1,670</u>	<u>1,903</u>	<u>2,056</u>	<u>2,179</u>	<u>2,267</u>

124.1		<u>1,207</u>	<u>1,967</u>	<u>2,261</u>	<u>2,622</u>	<u>3,031</u>	<u>3,324</u>
124.2	9,500- 9,599	<u>1,199</u>	<u>1,678</u>	<u>1,913</u>	<u>2,066</u>	<u>2,190</u>	<u>2,278</u>
124.3		<u>1,219</u>	<u>1,987</u>	<u>2,285</u>	<u>2,650</u>	<u>3,050</u>	<u>3,345</u>
124.4	9,600- 9,699	<u>1,205</u>	<u>1,687</u>	<u>1,923</u>	<u>2,077</u>	<u>2,202</u>	<u>2,290</u>
124.5		<u>1,232</u>	<u>2,008</u>	<u>2,309</u>	<u>2,677</u>	<u>3,069</u>	<u>3,365</u>
124.6	9,700- 9,799	<u>1,211</u>	<u>1,696</u>	<u>1,933</u>	<u>2,088</u>	<u>2,214</u>	<u>2,302</u>
124.7		<u>1,245</u>	<u>2,029</u>	<u>2,332</u>	<u>2,705</u>	<u>3,087</u>	<u>3,385</u>
124.8	9,800- 9,899	<u>1,217</u>	<u>1,704</u>	<u>1,943</u>	<u>2,099</u>	<u>2,225</u>	<u>2,314</u>
124.9		<u>1,257</u>	<u>2,049</u>	<u>2,356</u>	<u>2,732</u>	<u>3,106</u>	<u>3,406</u>
124.10	9,900- 9,999	<u>1,224</u>	<u>1,713</u>	<u>1,953</u>	<u>2,110</u>	<u>2,237</u>	<u>2,326</u>
124.11		<u>1,270</u>	<u>2,070</u>	<u>2,380</u>	<u>2,760</u>	<u>3,125</u>	<u>3,426</u>
124.12	10,000-10,099	<u>1,230</u>	<u>1,722</u>	<u>1,963</u>	<u>2,121</u>	<u>2,248</u>	<u>2,338</u>
124.13		<u>1,283</u>	<u>2,091</u>	<u>2,404</u>	<u>2,788</u>	<u>3,144</u>	<u>3,446</u>
124.14	10,100-10,199	<u>1,236</u>	<u>1,730</u>	<u>1,973</u>	<u>2,131</u>	<u>2,259</u>	<u>2,350</u>
124.15		<u>1,295</u>	<u>2,111</u>	<u>2,428</u>	<u>2,815</u>	<u>3,162</u>	<u>3,467</u>
124.16	10,200-10,299	<u>1,242</u>	<u>1,739</u>	<u>1,983</u>	<u>2,142</u>	<u>2,270</u>	<u>2,361</u>
124.17		<u>1,308</u>	<u>2,132</u>	<u>2,451</u>	<u>2,843</u>	<u>3,181</u>	<u>3,487</u>
124.18	10,300-10,399	<u>1,248</u>	<u>1,748</u>	<u>1,992</u>	<u>2,152</u>	<u>2,281</u>	<u>2,373</u>
124.19		<u>1,321</u>	<u>2,153</u>	<u>2,475</u>	<u>2,870</u>	<u>3,200</u>	<u>3,507</u>
124.20	10,400-10,499	<u>1,254</u>	<u>1,756</u>	<u>2,002</u>	<u>2,163</u>	<u>2,292</u>	<u>2,384</u>
124.21		<u>1,334</u>	<u>2,174</u>	<u>2,499</u>	<u>2,898</u>	<u>3,218</u>	<u>3,528</u>
124.22	10,500-10,599	<u>1,261</u>	<u>1,765</u>	<u>2,012</u>	<u>2,173</u>	<u>2,304</u>	<u>2,396</u>
124.23		<u>1,346</u>	<u>2,194</u>	<u>2,523</u>	<u>2,921</u>	<u>3,237</u>	<u>3,548</u>
124.24	10,600-10,699	<u>1,267</u>	<u>1,774</u>	<u>2,022</u>	<u>2,184</u>	<u>2,316</u>	<u>2,409</u>
124.25		<u>1,359</u>	<u>2,215</u>	<u>2,547</u>	<u>2,938</u>	<u>3,256</u>	<u>3,568</u>
124.26	10,700-10,799	<u>1,273</u>	<u>1,782</u>	<u>2,032</u>	<u>2,195</u>	<u>2,327</u>	<u>2,420</u>
124.27		<u>1,372</u>	<u>2,236</u>	<u>2,570</u>	<u>2,955</u>	<u>3,274</u>	<u>3,589</u>
124.28	10,800-10,899	<u>1,279</u>	<u>1,791</u>	<u>2,042</u>	<u>2,206</u>	<u>2,338</u>	<u>2,432</u>
124.29		<u>1,384</u>	<u>2,256</u>	<u>2,594</u>	<u>2,972</u>	<u>3,293</u>	<u>3,609</u>
124.30	10,900-10,999	<u>1,285</u>	<u>1,800</u>	<u>2,052</u>	<u>2,217</u>	<u>2,349</u>	<u>2,444</u>
124.31		<u>1,397</u>	<u>2,277</u>	<u>2,618</u>	<u>2,989</u>	<u>3,312</u>	<u>3,629</u>
124.32	11,000-11,099	<u>1,292</u>	<u>1,808</u>	<u>2,061</u>	<u>2,226</u>	<u>2,360</u>	<u>2,455</u>
124.33		<u>1,410</u>	<u>2,294</u>	<u>2,642</u>	<u>3,006</u>	<u>3,331</u>	<u>3,649</u>
124.34	11,100-11,199	<u>1,298</u>	<u>1,817</u>	<u>2,071</u>	<u>2,237</u>	<u>2,372</u>	<u>2,467</u>
124.35		<u>1,422</u>	<u>2,306</u>	<u>2,666</u>	<u>3,023</u>	<u>3,349</u>	<u>3,667</u>
124.36	11,200-11,299	<u>1,304</u>	<u>1,826</u>	<u>2,081</u>	<u>2,248</u>	<u>2,384</u>	<u>2,479</u>
124.37		<u>1,435</u>	<u>2,319</u>	<u>2,689</u>	<u>3,040</u>	<u>3,366</u>	<u>3,686</u>
124.38	11,300-11,399	<u>1,310</u>	<u>1,834</u>	<u>2,091</u>	<u>2,259</u>	<u>2,395</u>	<u>2,491</u>
124.39		<u>1,448</u>	<u>2,331</u>	<u>2,713</u>	<u>3,055</u>	<u>3,383</u>	<u>3,705</u>
124.40	11,400-11,499	<u>1,316</u>	<u>1,843</u>	<u>2,101</u>	<u>2,270</u>	<u>2,406</u>	<u>2,503</u>
124.41		<u>1,461</u>	<u>2,344</u>	<u>2,735</u>	<u>3,071</u>	<u>3,400</u>	<u>3,723</u>
124.42	11,500-11,599	<u>1,323</u>	<u>1,852</u>	<u>2,111</u>	<u>2,280</u>	<u>2,417</u>	<u>2,514</u>
124.43		<u>1,473</u>	<u>2,356</u>	<u>2,748</u>	<u>3,087</u>	<u>3,417</u>	<u>3,742</u>
124.44	11,600-11,699	<u>1,329</u>	<u>1,860</u>	<u>2,121</u>	<u>2,291</u>	<u>2,428</u>	<u>2,526</u>
124.45		<u>1,486</u>	<u>2,367</u>	<u>2,762</u>	<u>3,102</u>	<u>3,435</u>	<u>3,761</u>
124.46	11,700-11,799	<u>1,335</u>	<u>1,869</u>	<u>2,131</u>	<u>2,302</u>	<u>2,439</u>	<u>2,537</u>

125.1		<u>1,499</u>	<u>2,378</u>	<u>2,775</u>	<u>3,116</u>	<u>3,452</u>	<u>3,780</u>
125.2	11,800-11,899	<u>1,341</u>	<u>1,878</u>	<u>2,141</u>	<u>2,313</u>	<u>2,451</u>	<u>2,549</u>
125.3		<u>1,511</u>	<u>2,389</u>	<u>2,788</u>	<u>3,131</u>	<u>3,469</u>	<u>3,798</u>
125.4	11,900-11,999	<u>1,347</u>	<u>1,886</u>	<u>2,150</u>	<u>2,323</u>	<u>2,463</u>	<u>2,561</u>
125.5		<u>1,524</u>	<u>2,401</u>	<u>2,801</u>	<u>3,146</u>	<u>3,485</u>	<u>3,817</u>
125.6	12,000-12,099	<u>1,354</u>	<u>1,895</u>	<u>2,160</u>	<u>2,333</u>	<u>2,474</u>	<u>2,573</u>
125.7		<u>1,537</u>	<u>2,412</u>	<u>2,814</u>	<u>3,160</u>	<u>3,501</u>	<u>3,836</u>
125.8	12,100-12,199	<u>1,360</u>	<u>1,904</u>	<u>2,170</u>	<u>2,344</u>	<u>2,485</u>	<u>2,585</u>
125.9		<u>1,549</u>	<u>2,423</u>	<u>2,828</u>	<u>3,175</u>	<u>3,517</u>	<u>3,854</u>
125.10	12,200-12,299	<u>1,366</u>	<u>1,912</u>	<u>2,180</u>	<u>2,355</u>	<u>2,497</u>	<u>2,597</u>
125.11		<u>1,562</u>	<u>2,434</u>	<u>2,841</u>	<u>3,190</u>	<u>3,534</u>	<u>3,871</u>
125.12	12,300-12,399	<u>1,372</u>	<u>1,921</u>	<u>2,190</u>	<u>2,366</u>	<u>2,509</u>	<u>2,609</u>
125.13		<u>1,575</u>	<u>2,445</u>	<u>2,854</u>	<u>3,205</u>	<u>3,550</u>	<u>3,889</u>
125.14	12,400-12,499	<u>1,378</u>	<u>1,930</u>	<u>2,200</u>	<u>2,377</u>	<u>2,520</u>	<u>2,621</u>
125.15		<u>1,588</u>	<u>2,456</u>	<u>2,867</u>	<u>3,219</u>	<u>3,566</u>	<u>3,907</u>
125.16	12,500-12,599	<u>1,385</u>	<u>1,938</u>	<u>2,210</u>	<u>2,387</u>	<u>2,531</u>	<u>2,633</u>
125.17		<u>1,600</u>	<u>2,467</u>	<u>2,880</u>	<u>3,234</u>	<u>3,582</u>	<u>3,924</u>
125.18	12,600-12,699	<u>1,391</u>	<u>1,947</u>	<u>2,220</u>	<u>2,397</u>	<u>2,542</u>	<u>2,644</u>
125.19		<u>1,613</u>	<u>2,478</u>	<u>2,894</u>	<u>3,249</u>	<u>3,598</u>	<u>3,942</u>
125.20	12,700-12,799	<u>1,397</u>	<u>1,956</u>	<u>2,230</u>	<u>2,408</u>	<u>2,553</u>	<u>2,656</u>
125.21		<u>1,626</u>	<u>2,489</u>	<u>2,907</u>	<u>3,264</u>	<u>3,615</u>	<u>3,960</u>
125.22	12,800-12,899	<u>1,403</u>	<u>1,964</u>	<u>2,240</u>	<u>2,419</u>	<u>2,565</u>	<u>2,668</u>
125.23		<u>1,638</u>	<u>2,500</u>	<u>2,920</u>	<u>3,278</u>	<u>3,631</u>	<u>3,977</u>
125.24	12,900-12,999	<u>1,409</u>	<u>1,973</u>	<u>2,250</u>	<u>2,430</u>	<u>2,576</u>	<u>2,680</u>
125.25		<u>1,651</u>	<u>2,512</u>	<u>2,933</u>	<u>3,293</u>	<u>3,647</u>	<u>3,995</u>
125.26	13,000-13,099	<u>1,416</u>	<u>1,982</u>	<u>2,259</u>	<u>2,440</u>	<u>2,587</u>	<u>2,691</u>
125.27		<u>1,664</u>	<u>2,523</u>	<u>2,946</u>	<u>3,308</u>	<u>3,663</u>	<u>4,012</u>
125.28	13,100-13,199	<u>1,422</u>	<u>1,990</u>	<u>2,269</u>	<u>2,451</u>	<u>2,599</u>	<u>2,703</u>
125.29		<u>1,676</u>	<u>2,534</u>	<u>2,960</u>	<u>3,322</u>	<u>3,679</u>	<u>4,030</u>
125.30	13,200-13,299	<u>1,428</u>	<u>1,999</u>	<u>2,279</u>	<u>2,462</u>	<u>2,610</u>	<u>2,715</u>
125.31		<u>1,689</u>	<u>2,545</u>	<u>2,973</u>	<u>3,337</u>	<u>3,696</u>	<u>4,048</u>
125.32	13,300-13,399	<u>1,434</u>	<u>2,008</u>	<u>2,289</u>	<u>2,473</u>	<u>2,622</u>	<u>2,727</u>
125.33		<u>1,702</u>	<u>2,556</u>	<u>2,986</u>	<u>3,352</u>	<u>3,712</u>	<u>4,065</u>
125.34	13,400-13,499	<u>1,440</u>	<u>2,016</u>	<u>2,299</u>	<u>2,484</u>	<u>2,633</u>	<u>2,739</u>
125.35		<u>1,715</u>	<u>2,567</u>	<u>2,999</u>	<u>3,367</u>	<u>3,728</u>	<u>4,083</u>
125.36	13,500-13,599	<u>1,446</u>	<u>2,025</u>	<u>2,309</u>	<u>2,494</u>	<u>2,644</u>	<u>2,751</u>
125.37		<u>1,727</u>	<u>2,578</u>	<u>3,012</u>	<u>3,381</u>	<u>3,744</u>	<u>4,100</u>
125.38	13,600-13,699	<u>1,453</u>	<u>2,034</u>	<u>2,318</u>	<u>2,504</u>	<u>2,655</u>	<u>2,762</u>
125.39		<u>1,740</u>	<u>2,589</u>	<u>3,026</u>	<u>3,396</u>	<u>3,760</u>	<u>4,118</u>
125.40	13,700-13,799	<u>1,459</u>	<u>2,042</u>	<u>2,328</u>	<u>2,515</u>	<u>2,666</u>	<u>2,773</u>
125.41		<u>1,753</u>	<u>2,600</u>	<u>3,039</u>	<u>3,411</u>	<u>3,777</u>	<u>4,136</u>
125.42	13,800-13,899	<u>1,465</u>	<u>2,051</u>	<u>2,338</u>	<u>2,526</u>	<u>2,677</u>	<u>2,784</u>
125.43		<u>1,765</u>	<u>2,611</u>	<u>3,052</u>	<u>3,425</u>	<u>3,793</u>	<u>4,153</u>
125.44	13,900-13,999	<u>1,471</u>	<u>2,060</u>	<u>2,348</u>	<u>2,537</u>	<u>2,688</u>	<u>2,795</u>
125.45		<u>1,778</u>	<u>2,623</u>	<u>3,065</u>	<u>3,440</u>	<u>3,809</u>	<u>4,171</u>
125.46	14,000-14,099	<u>1,477</u>	<u>2,068</u>	<u>2,358</u>	<u>2,547</u>	<u>2,699</u>	<u>2,807</u>

126.1		<u>1,791</u>	<u>2,634</u>	<u>3,078</u>	<u>3,455</u>	<u>3,825</u>	<u>4,189</u>
126.2	14,100-14,199	<u>1,484</u>	<u>2,077</u>	<u>2,368</u>	<u>2,558</u>	<u>2,711</u>	<u>2,819</u>
126.3		<u>1,803</u>	<u>2,645</u>	<u>3,092</u>	<u>3,470</u>	<u>3,841</u>	<u>4,206</u>
126.4	14,200-14,299	<u>1,490</u>	<u>2,086</u>	<u>2,378</u>	<u>2,569</u>	<u>2,722</u>	<u>2,831</u>
126.5		<u>1,816</u>	<u>2,656</u>	<u>3,105</u>	<u>3,484</u>	<u>3,858</u>	<u>4,224</u>
126.6	14,300-14,399	<u>1,496</u>	<u>2,094</u>	<u>2,388</u>	<u>2,580</u>	<u>2,734</u>	<u>2,843</u>
126.7		<u>1,829</u>	<u>2,667</u>	<u>3,118</u>	<u>3,499</u>	<u>3,874</u>	<u>4,239</u>
126.8	14,400-14,499	<u>1,502</u>	<u>2,103</u>	<u>2,398</u>	<u>2,590</u>	<u>2,746</u>	<u>2,855</u>
126.9		<u>1,842</u>	<u>2,678</u>	<u>3,131</u>	<u>3,514</u>	<u>3,889</u>	<u>4,253</u>
126.10	14,500-14,599	<u>1,508</u>	<u>2,111</u>	<u>2,407</u>	<u>2,600</u>	<u>2,757</u>	<u>2,867</u>
126.11		<u>1,854</u>	<u>2,689</u>	<u>3,144</u>	<u>3,529</u>	<u>3,902</u>	<u>4,268</u>
126.12	14,600-14,699	<u>1,515</u>	<u>2,120</u>	<u>2,417</u>	<u>2,611</u>	<u>2,768</u>	<u>2,879</u>
126.13		<u>1,864</u>	<u>2,700</u>	<u>3,158</u>	<u>3,541</u>	<u>3,916</u>	<u>4,282</u>
126.14	14,700-14,799	<u>1,521</u>	<u>2,129</u>	<u>2,427</u>	<u>2,622</u>	<u>2,780</u>	<u>2,891</u>
126.15		<u>1,872</u>	<u>2,711</u>	<u>3,170</u>	<u>3,553</u>	<u>3,929</u>	<u>4,297</u>
126.16	14,800-14,899	<u>1,527</u>	<u>2,138</u>	<u>2,437</u>	<u>2,633</u>	<u>2,792</u>	<u>2,903</u>
126.17		<u>1,879</u>	<u>2,722</u>	<u>3,181</u>	<u>3,565</u>	<u>3,942</u>	<u>4,311</u>
126.18	14,900-14,999	<u>1,533</u>	<u>2,146</u>	<u>2,447</u>	<u>2,643</u>	<u>2,802</u>	<u>2,914</u>
126.19	15,000, or the	<u>1,883</u>	<u>2,727</u>	<u>3,186</u>	<u>3,571</u>	<u>3,949</u>	<u>4,319</u>
126.20	amount in effect	<u>1,539</u>	<u>2,155</u>	<u>2,457</u>	<u>2,654</u>	<u>2,813</u>	<u>2,926</u>
126.21	under subd. 4						
126.22	-15,099						
126.23	<u>15,100-15,199</u>	<u>1,545</u>	<u>2,163</u>	<u>2,466</u>	<u>2,664</u>	<u>2,825</u>	<u>2,937</u>
126.24	<u>15,200-15,299</u>	<u>1,551</u>	<u>2,171</u>	<u>2,476</u>	<u>2,675</u>	<u>2,836</u>	<u>2,949</u>
126.25	<u>15,300-15,399</u>	<u>1,557</u>	<u>2,180</u>	<u>2,486</u>	<u>2,685</u>	<u>2,847</u>	<u>2,961</u>
126.26	<u>15,400-15,499</u>	<u>1,563</u>	<u>2,188</u>	<u>2,495</u>	<u>2,695</u>	<u>2,858</u>	<u>2,973</u>
126.27	<u>15,500-15,599</u>	<u>1,569</u>	<u>2,197</u>	<u>2,505</u>	<u>2,706</u>	<u>2,869</u>	<u>2,985</u>
126.28	<u>15,600-15,699</u>	<u>1,575</u>	<u>2,205</u>	<u>2,514</u>	<u>2,716</u>	<u>2,880</u>	<u>2,996</u>
126.29	<u>15,700-15,799</u>	<u>1,581</u>	<u>2,214</u>	<u>2,524</u>	<u>2,727</u>	<u>2,891</u>	<u>3,008</u>
126.30	<u>15,800-15,899</u>	<u>1,587</u>	<u>2,222</u>	<u>2,534</u>	<u>2,737</u>	<u>2,902</u>	<u>3,019</u>
126.31	<u>15,900-15,999</u>	<u>1,593</u>	<u>2,230</u>	<u>2,543</u>	<u>2,747</u>	<u>2,913</u>	<u>3,030</u>
126.32	<u>16,000-16,099</u>	<u>1,599</u>	<u>2,239</u>	<u>2,553</u>	<u>2,758</u>	<u>2,924</u>	<u>3,042</u>
126.33	<u>16,100-16,199</u>	<u>1,605</u>	<u>2,247</u>	<u>2,562</u>	<u>2,768</u>	<u>2,935</u>	<u>3,053</u>
126.34	<u>16,200-16,299</u>	<u>1,611</u>	<u>2,256</u>	<u>2,572</u>	<u>2,779</u>	<u>2,946</u>	<u>3,065</u>
126.35	<u>16,300-16,399</u>	<u>1,617</u>	<u>2,264</u>	<u>2,582</u>	<u>2,789</u>	<u>2,957</u>	<u>3,076</u>
126.36	<u>16,400-16,499</u>	<u>1,623</u>	<u>2,272</u>	<u>2,591</u>	<u>2,799</u>	<u>2,968</u>	<u>3,088</u>
126.37	<u>16,500-16,599</u>	<u>1,629</u>	<u>2,281</u>	<u>2,601</u>	<u>2,810</u>	<u>2,979</u>	<u>3,099</u>
126.38	<u>16,600-16,699</u>	<u>1,635</u>	<u>2,289</u>	<u>2,610</u>	<u>2,820</u>	<u>2,990</u>	<u>3,110</u>
126.39	<u>16,700-16,799</u>	<u>1,641</u>	<u>2,298</u>	<u>2,620</u>	<u>2,830</u>	<u>3,001</u>	<u>3,121</u>
126.40	<u>16,800-16,899</u>	<u>1,647</u>	<u>2,306</u>	<u>2,629</u>	<u>2,840</u>	<u>3,011</u>	<u>3,132</u>
126.41	<u>16,900-16,999</u>	<u>1,653</u>	<u>2,315</u>	<u>2,639</u>	<u>2,851</u>	<u>3,022</u>	<u>3,143</u>
126.42	<u>17,000-17,099</u>	<u>1,659</u>	<u>2,323</u>	<u>2,649</u>	<u>2,861</u>	<u>3,033</u>	<u>3,155</u>

127.1	<u>17,100-17,199</u>	<u>1,665</u>	<u>2,331</u>	<u>2,658</u>	<u>2,871</u>	<u>3,044</u>	<u>3,167</u>
127.2	<u>17,200-17,299</u>	<u>1,671</u>	<u>2,340</u>	<u>2,668</u>	<u>2,882</u>	<u>3,055</u>	<u>3,178</u>
127.3	<u>17,300-17,399</u>	<u>1,677</u>	<u>2,348</u>	<u>2,677</u>	<u>2,892</u>	<u>3,066</u>	<u>3,189</u>
127.4	<u>17,400-17,499</u>	<u>1,683</u>	<u>2,357</u>	<u>2,687</u>	<u>2,902</u>	<u>3,077</u>	<u>3,201</u>
127.5	<u>17,500-17,599</u>	<u>1,689</u>	<u>2,365</u>	<u>2,696</u>	<u>2,912</u>	<u>3,088</u>	<u>3,212</u>
127.6	<u>17,600-17,699</u>	<u>1,695</u>	<u>2,373</u>	<u>2,705</u>	<u>2,922</u>	<u>3,098</u>	<u>3,223</u>
127.7	<u>17,700-17,799</u>	<u>1,701</u>	<u>2,382</u>	<u>2,715</u>	<u>2,932</u>	<u>3,109</u>	<u>3,234</u>
127.8	<u>17,800-17,899</u>	<u>1,707</u>	<u>2,390</u>	<u>2,724</u>	<u>2,942</u>	<u>3,119</u>	<u>3,245</u>
127.9	<u>17,900-17,999</u>	<u>1,713</u>	<u>2,399</u>	<u>2,734</u>	<u>2,953</u>	<u>3,130</u>	<u>3,256</u>
127.10	<u>18,000-18,099</u>	<u>1,719</u>	<u>2,407</u>	<u>2,744</u>	<u>2,963</u>	<u>3,141</u>	<u>3,268</u>
127.11	<u>18,100-18,199</u>	<u>1,725</u>	<u>2,415</u>	<u>2,753</u>	<u>2,973</u>	<u>3,152</u>	<u>3,279</u>
127.12	<u>18,200-18,299</u>	<u>1,731</u>	<u>2,424</u>	<u>2,763</u>	<u>2,984</u>	<u>3,163</u>	<u>3,290</u>
127.13	<u>18,300-18,399</u>	<u>1,737</u>	<u>2,432</u>	<u>2,772</u>	<u>2,994</u>	<u>3,174</u>	<u>3,301</u>
127.14	<u>18,400-18,499</u>	<u>1,743</u>	<u>2,441</u>	<u>2,782</u>	<u>3,004</u>	<u>3,185</u>	<u>3,313</u>
127.15	<u>18,500-18,599</u>	<u>1,749</u>	<u>2,449</u>	<u>2,791</u>	<u>3,014</u>	<u>3,196</u>	<u>3,324</u>
127.16	<u>18,600-18,699</u>	<u>1,755</u>	<u>2,457</u>	<u>2,801</u>	<u>3,024</u>	<u>3,206</u>	<u>3,335</u>
127.17	<u>18,700-18,799</u>	<u>1,761</u>	<u>2,466</u>	<u>2,811</u>	<u>3,035</u>	<u>3,217</u>	<u>3,346</u>
127.18	<u>18,800-18,899</u>	<u>1,767</u>	<u>2,474</u>	<u>2,820</u>	<u>3,045</u>	<u>3,227</u>	<u>3,357</u>
127.19	<u>18,900-18,999</u>	<u>1,773</u>	<u>2,483</u>	<u>2,830</u>	<u>3,056</u>	<u>3,238</u>	<u>3,368</u>
127.20	<u>19,000-19,099</u>	<u>1,779</u>	<u>2,491</u>	<u>2,840</u>	<u>3,066</u>	<u>3,249</u>	<u>3,380</u>
127.21	<u>19,100-19,199</u>	<u>1,785</u>	<u>2,499</u>	<u>2,849</u>	<u>3,076</u>	<u>3,260</u>	<u>3,392</u>
127.22	<u>19,200-19,299</u>	<u>1,791</u>	<u>2,508</u>	<u>2,859</u>	<u>3,087</u>	<u>3,271</u>	<u>3,403</u>
127.23	<u>19,300-19,399</u>	<u>1,797</u>	<u>2,516</u>	<u>2,868</u>	<u>3,097</u>	<u>3,282</u>	<u>3,414</u>
127.24	<u>19,400-19,499</u>	<u>1,803</u>	<u>2,525</u>	<u>2,878</u>	<u>3,107</u>	<u>3,293</u>	<u>3,426</u>
127.25	<u>19,500-19,599</u>	<u>1,809</u>	<u>2,533</u>	<u>2,887</u>	<u>3,117</u>	<u>3,304</u>	<u>3,437</u>
127.26	<u>19,600-19,699</u>	<u>1,815</u>	<u>2,541</u>	<u>2,896</u>	<u>3,127</u>	<u>3,315</u>	<u>3,448</u>
127.27	<u>19,700-19,799</u>	<u>1,821</u>	<u>2,550</u>	<u>2,906</u>	<u>3,138</u>	<u>3,326</u>	<u>3,459</u>
127.28	<u>19,800-19,899</u>	<u>1,827</u>	<u>2,558</u>	<u>2,915</u>	<u>3,148</u>	<u>3,337</u>	<u>3,470</u>
127.29	<u>19,900-19,999</u>	<u>1,833</u>	<u>2,567</u>	<u>2,925</u>	<u>3,159</u>	<u>3,348</u>	<u>3,481</u>
127.30	<u>20,000 and over or</u>	<u>1,839</u>	<u>2,575</u>	<u>2,935</u>	<u>3,170</u>	<u>3,359</u>	<u>3,492</u>
127.31	<u>the amount in</u>						
127.32	<u>effect under</u>						
127.33	<u>subdivision 4</u>						

127.34 **EFFECTIVE DATE.** This section is effective January 1, 2023.

127.35 Sec. 11. Minnesota Statutes 2020, section 518A.39, subdivision 7, is amended to read:

127.36 Subd. 7. **Child care exception.** Child care support must be based on the actual child
 127.37 care expenses. The court may provide that a decrease in the amount of the child care based

128.1 on a decrease in the actual child care expenses is effective as of the date the expense is
128.2 decreased. Under section 518A.40, subdivision 4, paragraph (d), a decrease in the amount
128.3 of child care support shall be effective as of the date the expenses terminated unless otherwise
128.4 found by the court.

128.5 Sec. 12. Minnesota Statutes 2020, section 518A.40, is amended by adding a subdivision
128.6 to read:

128.7 Subd. 3a. **Child care cost information.** (a) Upon the request of the obligor when child
128.8 care support is ordered to be paid, unless there is a protective or restraining order issued by
128.9 the court regarding one of the parties or on behalf of a joint child, or the obligee is a
128.10 participant in the Safe at Home program:

128.11 (1) the obligee must give the child care provider the name and address of the obligor
128.12 and must give the obligor the name, address, and telephone number of the child care provider;

128.13 (2) by February 1 of each year, the obligee must provide the obligor with verification
128.14 from the child care provider that indicates the total child care expenses paid for the previous
128.15 year; and

128.16 (3) when there is a change in the child care provider, the type of child care provider, or
128.17 the age group of the child, the obligee must provide updated information to the obligor
128.18 within 30 calendar days. If the obligee fails to provide the annual verification from the
128.19 provider or updated information, the obligor may request the verification from the provider.

128.20 (b) When the obligee is no longer incurring child care expenses, the obligee must notify
128.21 the obligor, and the public authority if it provides child support services, that the child care
128.22 expenses ended and on which date. If the public authority is providing services, the public
128.23 authority must follow the procedure outlined in subdivision 4.

128.24 Sec. 13. Minnesota Statutes 2020, section 518A.40, subdivision 4, is amended to read:

128.25 Subd. 4. **Change in child care.** (a) When a court order provides for child care expenses,
128.26 and child care support is not assigned under section 256.741, the public authority, if the
128.27 public authority provides child support enforcement services, may suspend collecting the
128.28 amount allocated for child care expenses when either party informs the public authority that
128.29 no child care ~~costs~~ expenses are being incurred and:

128.30 (1) the public authority verifies the accuracy of the information with the obligee; or

128.31 (2) the obligee fails to respond within 30 days of the date of a written request from the
128.32 public authority for information regarding child care costs. A written or oral response from

129.1 the obligee that child care costs are being incurred is sufficient for the public authority to
129.2 continue collecting child care expenses.

129.3 The suspension is effective as of the first day of the month following the date that the public
129.4 authority either verified the information with the obligee or the obligee failed to respond.

129.5 The public authority will resume collecting child care expenses when either party provides
129.6 information that child care costs are incurred, or when a child care support assignment takes
129.7 effect under section 256.741, subdivision 4. The resumption is effective as of the first day
129.8 of the month after the date that the public authority received the information.

129.9 (b) If the parties provide conflicting information to the public authority regarding whether
129.10 child care expenses are being incurred, the public authority will continue or resume collecting
129.11 child care expenses. Either party, by motion to the court, may challenge the suspension,
129.12 continuation, or resumption of the collection of child care expenses under this subdivision.
129.13 If the public authority suspends collection activities for the amount allocated for child care
129.14 expenses, all other provisions of the court order remain in effect.

129.15 (c) In cases where there is a substantial increase or decrease in child care expenses, the
129.16 parties may modify the order under section 518A.39.

129.17 (d) In cases where child care expenses have terminated, the parties may modify the order
129.18 under section 518A.39.

129.19 (e) When the public authority is providing child support services, the parties may contact
129.20 the public authority about the option of a stipulation to modify or terminate the child care
129.21 support amount.

129.22 Sec. 14. Minnesota Statutes 2020, section 518A.42, is amended to read:

129.23 **518A.42 ABILITY TO PAY; SELF-SUPPORT ADJUSTMENT.**

129.24 Subdivision 1. **Ability to pay.** (a) It is a rebuttable presumption that a child support
129.25 order should not exceed the obligor's ability to pay. To determine the amount of child support
129.26 the obligor has the ability to pay, the court shall follow the procedure set out in this section.

129.27 (b) The court shall calculate the obligor's income available for support by subtracting a
129.28 monthly self-support reserve equal to 120 percent of the federal poverty guidelines for one
129.29 person from the obligor's ~~gross income~~ parental income for determining child support (PICS).
129.30 If the obligor's income available for support calculated under this paragraph is equal to or
129.31 greater than the obligor's support obligation calculated under section 518A.34, the court
129.32 shall order child support under section 518A.34.

130.1 (c) If the obligor's income available for support calculated under paragraph (b) is more
 130.2 than the minimum support amount under subdivision 2, but less than the guideline amount
 130.3 under section 518A.34, then the court shall apply a reduction to the child support obligation
 130.4 in the following order, until the support order is equal to the obligor's income available for
 130.5 support:

130.6 (1) medical support obligation;

130.7 (2) child care support obligation; and

130.8 (3) basic support obligation.

130.9 (d) If the obligor's income available for support calculated under paragraph (b) is equal
 130.10 to or less than the minimum support amount under subdivision 2 or if the obligor's gross
 130.11 income is less than 120 percent of the federal poverty guidelines for one person, the minimum
 130.12 support amount under subdivision 2 applies.

130.13 Subd. 2. **Minimum basic support amount.** (a) If the basic support amount applies, the
 130.14 court must order the following amount as the minimum basic support obligation:

130.15 (1) for one ~~or two children~~ child, the obligor's basic support obligation is \$50 per month;

130.16 (2) for two children, the obligor's basic support obligation is \$60 per month;

130.17 (3) for three or four children, the obligor's basic support obligation is \$75 \$70 per month;

130.18 ~~and~~

130.19 (4) for four children, the obligor's basic support obligation is \$80 per month;

130.20 (3) (5) for five or more children, the obligor's basic support obligation is \$100 \$90 per
 130.21 month; and

130.22 (6) for six or more children, the obligor's basic support obligation is \$100 per month.

130.23 (b) If the court orders the obligor to pay the minimum basic support amount under this
 130.24 subdivision, the obligor is presumed unable to pay child care support and medical support.
 130.25 ~~If the court finds the obligor receives no income and completely lacks the ability to earn~~
 130.26 ~~income, the minimum basic support amount under this subdivision does not apply.~~

130.27 Subd. 3. **Exception.** (a) This section does not apply to an obligor who is incarcerated.

130.28 (b) If the court finds the obligor receives no income and completely lacks the ability to
 130.29 earn income, the minimum basic support amount under this subdivision does not apply.

130.30 (c) If the obligor's basic support amount is reduced below the minimum basic support
 130.31 amount due to the application of the parenting expense adjustment, the minimum basic

131.1 support amount under this subdivision does not apply and the lesser amount is the guideline
 131.2 basic support.

131.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

131.4 Sec. 15. Minnesota Statutes 2020, section 518A.43, is amended by adding a subdivision
 131.5 to read:

131.6 **Subd. 1b. Increase in income of custodial parent.** In a modification of support under
 131.7 section 518A.39, the court may deviate from the presumptive child support obligation under
 131.8 section 518A.34 when the only change in circumstances is an increase to the custodial
 131.9 parent's income and:

131.10 (1) the basic support increases;

131.11 (2) the parties' combined gross income is \$6,000 or less; or

131.12 (3) the obligor's income is \$2,000 or less.

131.13 **EFFECTIVE DATE.** This section is effective January 1, 2023.

131.14 Sec. 16. Minnesota Statutes 2020, section 518A.685, is amended to read:

131.15 **518A.685 CONSUMER REPORTING AGENCY; REPORTING ARREARS.**

131.16 (a) If a public authority determines that an obligor has not paid the current monthly
 131.17 support obligation plus any required arrearage payment for three months, the public authority
 131.18 ~~must~~ may report this information to a consumer reporting agency.

131.19 (b) Before reporting that an obligor is in arrears for court-ordered child support, the
 131.20 public authority must:

131.21 (1) provide written notice to the obligor that the public authority intends to report the
 131.22 arrears to a consumer reporting agency; and

131.23 (2) mail the written notice to the obligor's last known mailing address at least 30 days
 131.24 before the public authority reports the arrears to a consumer reporting agency.

131.25 (c) The obligor may, within 21 days of receipt of the notice, do the following to prevent
 131.26 the public authority from reporting the arrears to a consumer reporting agency:

131.27 (1) pay the arrears in full; ~~or~~

131.28 (2) request an administrative review. An administrative review is limited to issues of
 131.29 mistaken identity, a pending legal action involving the arrears, or an incorrect arrears
 131.30 balance; or

132.1 (3) enter into a written payment agreement pursuant to section 518A.69 that is approved
132.2 by a court, a child support magistrate, or the public authority responsible for child support
132.3 enforcement.

132.4 (d) A public authority that reports arrearage information under this section must make
132.5 monthly reports to a consumer reporting agency. The monthly report must be consistent
132.6 with credit reporting industry standards for child support.

132.7 (e) For purposes of this section, "consumer reporting agency" has the meaning given in
132.8 section 13C.001, subdivision 4, and United States Code, title 15, section 1681a(f).

132.9 **EFFECTIVE DATE.** This section is effective January 1, 2023.

132.10 Sec. 17. **[518A.80] MOTION TO TRANSFER TO TRIBAL COURT.**

132.11 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in this
132.12 subdivision have the meanings given.

132.13 (b) "Case participant" means a person who is a party to the case.

132.14 (c) "District court" means a district court of the state of Minnesota.

132.15 (d) "Party" means a person or entity named or admitted as a party or seeking to be
132.16 admitted as a party in the district court action, including the county IV-D agency, regardless
132.17 of whether the person or entity is named in the caption.

132.18 (e) "Tribal court" means a tribal court of a federally recognized Indian tribe located in
132.19 Minnesota that is receiving funding from the federal government to operate a child support
132.20 program under United States Code, title 42, chapter 7, subchapter IV, part D, sections 654
132.21 to 669b.

132.22 (f) "Tribal IV-D agency" has the meaning given in Code of Federal Regulations, title
132.23 45, part 309.05.

132.24 (g) "Title IV-D child support case" has the meaning given in section 518A.26, subdivision
132.25 10.

132.26 Subd. 2. **Actions eligible for transfer.** Under this section, a postjudgment child support,
132.27 custody, or parenting time action is eligible for transfer to a Tribal court. This section does
132.28 not apply to a child protection action or a dissolution action involving a child.

132.29 Subd. 3. **Motion to transfer.** (a) A party's or Tribal IV-D agency's motion to transfer a
132.30 child support, custody, or parenting time action to a Tribal court shall include:

132.31 (1) the address of each case participant;

133.1 (2) the Tribal affiliation of each case participant, if applicable;

133.2 (3) the name, Tribal affiliation if applicable, and date of birth of each living minor or
133.3 dependent child of a case participant who is subject to the action; and

133.4 (4) the legal and factual basis for the court to find that the district court and a Tribal
133.5 court have concurrent jurisdiction in the case.

133.6 (b) A party or Tribal IV-D agency bringing a motion to transfer a child support, custody,
133.7 or parenting time action to a Tribal court must file the motion with the district court and
133.8 serve the required documents on each party and the Tribal IV-D agency, regardless of
133.9 whether the Tribal IV-D agency is a party to the action.

133.10 (c) A party's or Tribal IV-D agency's motion to transfer a child support, custody, or
133.11 parenting time action to a Tribal court must be accompanied by an affidavit setting forth
133.12 facts in support of the motion.

133.13 (d) When a party other than the Tribal IV-D agency has filed a motion to transfer a child
133.14 support, custody, or parenting time action to a Tribal court, an affidavit of the Tribal IV-D
133.15 agency stating whether the Tribal IV-D agency provides services to a party must be filed
133.16 and served on each party within 15 days from the date of service of the motion to transfer
133.17 the action.

133.18 **Subd. 4. Order to transfer to Tribal court.** (a) Unless a district court holds a hearing
133.19 under subdivision 6, upon motion of a party or a Tribal IV-D agency, a district court must
133.20 transfer a postjudgment child support, custody, or parenting time action to a Tribal court
133.21 when the district court finds that:

133.22 (1) the district court and Tribal court have concurrent jurisdiction of the action;

133.23 (2) a case participant in the action is receiving services from the Tribal IV-D agency;
133.24 and

133.25 (3) no party or Tribal IV-D agency files and serves a timely objection to transferring the
133.26 action to a Tribal court.

133.27 (b) When the district court finds that each requirement of this subdivision is satisfied,
133.28 the district court is not required to hold a hearing on the motion to transfer the action to a
133.29 Tribal court. The district court's order transferring the action to a Tribal court must include
133.30 written findings that describe how each requirement of this subdivision is met.

133.31 **Subd. 5. Objection to motion to transfer.** (a) To object to a motion to transfer a child
133.32 support, custody, or parenting time action to a Tribal court, a party or Tribal IV-D agency

134.1 must file with the court and serve on each party and the Tribal IV-D agency a responsive
134.2 motion objecting to the motion to transfer within 30 days of the motion to transfer's date of
134.3 service.

134.4 (b) If a party or Tribal IV-D agency files with the district court and properly serves a
134.5 timely objection to the motion to transfer a child support, custody, or parenting time action
134.6 to a Tribal court, the district court must hold a hearing on the motion.

134.7 Subd. 6. **Hearing.** If a district court holds a hearing under this section, the district court
134.8 must evaluate and make written findings about all relevant factors, including:

134.9 (1) whether an issue requires interpretation of Tribal law, including the Tribal constitution,
134.10 statutes, bylaws, ordinances, resolutions, treaties, or case law;

134.11 (2) whether the action involves Tribal traditional or cultural matters;

134.12 (3) whether the tribe is a party to the action;

134.13 (4) whether Tribal sovereignty, jurisdiction, or territory is an issue in the action;

134.14 (5) the Tribal membership status of each case participant in the action;

134.15 (6) where the claim arises that forms the basis of the action;

134.16 (7) the location of the residence of each case participant in the action and each child
134.17 who is a subject of the action;

134.18 (8) whether the parties have by contract chosen a forum or the law to be applied in the
134.19 event of a dispute;

134.20 (9) the timing of any motion to transfer the action to a Tribal court, each party's
134.21 expenditure of time and resources, the court's expenditure of time and resources, and the
134.22 district court's scheduling order;

134.23 (10) which court will hear and decide the action more expeditiously;

134.24 (11) the burden on each party if the court transfers the action to a Tribal court, including
134.25 costs, access to and admissibility of evidence, and matters of procedure; and

134.26 (12) any other factor that the court determines to be relevant.

134.27 Subd. 7. **Future exercise of jurisdiction.** Nothing in this section shall be construed to
134.28 limit the district court's exercise of jurisdiction when the Tribal court waives jurisdiction,
134.29 transfers the action back to district court, or otherwise declines to exercise jurisdiction over
134.30 the action.

135.1 Subd. 8. Transfer to Red Lake Nation Tribal Court. When a party or Tribal IV-D
 135.2 agency brings a motion to transfer a child support, custody, or parenting time action to the
 135.3 Red Lake Nation Tribal Court, the court must transfer the action to the Red Lake Nation
 135.4 Tribal Court if the case participants and child resided within the boundaries of the Red Lake
 135.5 Reservation for six months preceding the motion to transfer the action to the Red Lake
 135.6 Nation Tribal Court.

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

135.8 Sec. 18. Minnesota Statutes 2020, section 548.091, subdivision 1a, is amended to read:

135.9 Subd. 1a. **Child support judgment by operation of law.** (a) Any payment or installment
 135.10 of support required by a judgment or decree of dissolution or legal separation, determination
 135.11 of parentage, an order under chapter 518C, an order under section 256.87, or an order under
 135.12 section 260B.331 or 260C.331, that is not paid or withheld from the obligor's income as
 135.13 required under section 518A.53, or which is ordered as child support by judgment, decree,
 135.14 or order by a court in any other state, is a judgment by operation of law on and after the
 135.15 date it is due, is entitled to full faith and credit in this state and any other state, and shall be
 135.16 entered and docketed by the court administrator on the filing of affidavits as provided in
 135.17 subdivision 2a. ~~Except as otherwise provided by paragraphs (b) and (c), interest accrues~~
 135.18 ~~from the date the unpaid amount due is greater than the current support due at the annual~~
 135.19 ~~rate provided in section 549.09, subdivision 1, not to exceed an annual rate of 18 percent.~~
 135.20 A payment or installment of support that becomes a judgment by operation of law between
 135.21 the date on which a party served notice of a motion for modification under section 518A.39,
 135.22 subdivision 2, and the date of the court's order on modification may be modified under that
 135.23 subdivision. Interest does not accrue on a judgment for child support, confinement and
 135.24 pregnancy expenses, or genetic testing fees.

135.25 ~~(b) Notwithstanding the provisions of section 549.09, upon motion to the court and upon~~
 135.26 ~~proof by the obligor of 12 consecutive months of complete and timely payments of both~~
 135.27 ~~current support and court-ordered paybacks of a child support debt or arrearage, the court~~
 135.28 ~~may order interest on the remaining debt or arrearage to stop accruing. Timely payments~~
 135.29 ~~are those made in the month in which they are due. If, after that time, the obligor fails to~~
 135.30 ~~make complete and timely payments of both current support and court-ordered paybacks~~
 135.31 ~~of child support debt or arrearage, the public authority or the obligee may move the court~~
 135.32 ~~for the reinstatement of interest as of the month in which the obligor ceased making complete~~
 135.33 ~~and timely payments.~~

136.1 ~~The court shall provide copies of all orders issued under this section to the public~~
136.2 ~~authority. The state court administrator shall prepare and make available to the court and~~
136.3 ~~the parties forms to be submitted by the parties in support of a motion under this paragraph.~~

136.4 ~~(c) Notwithstanding the provisions of section 549.09, upon motion to the court, the court~~
136.5 ~~may order interest on a child support debt or arrearage to stop accruing where the court~~
136.6 ~~finds that the obligor is:~~

136.7 ~~(1) unable to pay support because of a significant physical or mental disability;~~

136.8 ~~(2) a recipient of Supplemental Security Income (SSI), Title II Older Americans Survivor's~~
136.9 ~~Disability Insurance (OASDI), other disability benefits, or public assistance based upon~~
136.10 ~~need; or~~

136.11 ~~(3) institutionalized or incarcerated for at least 30 days for an offense other than~~
136.12 ~~nonsupport of the child or children involved, and is otherwise financially unable to pay~~
136.13 ~~support.~~

136.14 ~~(d) If the conditions in paragraph (c) no longer exist, upon motion to the court, the court~~
136.15 ~~may order interest accrual to resume retroactively from the date of service of the motion to~~
136.16 ~~resume the accrual of interest.~~

136.17 ~~(e) Notwithstanding section 549.09, the public authority must suspend the charging of~~
136.18 ~~interest when:~~

136.19 ~~(1) the obligor makes a request to the public authority that the public authority suspend~~
136.20 ~~the charging of interest;~~

136.21 ~~(2) the public authority provides full IV-D child support services; and~~

136.22 ~~(3) the obligor has made, through the public authority, 12 consecutive months of complete~~
136.23 ~~and timely payments of both current support and court-ordered paybacks of a child support~~
136.24 ~~debt or arrearage.~~

136.25 ~~Timely payments are those made in the month in which they are due.~~

136.26 ~~Interest charging must be suspended on the first of the month following the date of the~~
136.27 ~~written notice of the public authority's action to suspend the charging of interest. If, after~~
136.28 ~~interest charging has been suspended, the obligor fails to make complete and timely payments~~
136.29 ~~of both current support and court-ordered paybacks of child support debt or arrearage, the~~
136.30 ~~public authority may resume the charging of interest as of the first day of the month in which~~
136.31 ~~the obligor ceased making complete and timely payments.~~

137.1 ~~The public authority must provide written notice to the parties of the public authority's~~
137.2 ~~action to suspend or resume the charging of interest. The notice must inform the parties of~~
137.3 ~~the right to request a hearing to contest the public authority's action. The notice must be~~
137.4 ~~sent by first class mail to the parties' last known addresses.~~

137.5 ~~A party may contest the public authority's action to suspend or resume the charging of~~
137.6 ~~interest if the party makes a written request for a hearing within 30 days of the date of written~~
137.7 ~~notice. If a party makes a timely request for a hearing, the public authority must schedule~~
137.8 ~~a hearing and send written notice of the hearing to the parties by mail to the parties' last~~
137.9 ~~known addresses at least 14 days before the hearing. The hearing must be conducted in~~
137.10 ~~district court or in the expedited child support process if section 484.702 applies. The district~~
137.11 ~~court or child support magistrate must determine whether suspending or resuming the interest~~
137.12 ~~charging is appropriate and, if appropriate, the effective date.~~

137.13 **EFFECTIVE DATE.** This section is effective August 1, 2022.

137.14 Sec. 19. Minnesota Statutes 2020, section 548.091, subdivision 2a, is amended to read:

137.15 Subd. 2a. **Entry and docketing of child support judgment.** (a) On or after the date an
137.16 unpaid amount becomes a judgment by operation of law under subdivision 1a, the obligee
137.17 or the public authority may file with the court administrator:

137.18 (1) a statement identifying, or a copy of, the judgment or decree of dissolution or legal
137.19 separation, determination of parentage, order under chapter 518B or 518C, an order under
137.20 section 256.87, an order under section 260B.331 or 260C.331, or judgment, decree, or order
137.21 for child support by a court in any other state, which provides for periodic installments of
137.22 child support, or a judgment or notice of attorney fees and collection costs under section
137.23 518A.735;

137.24 (2) an affidavit of default. The affidavit of default must state the full name, occupation,
137.25 place of residence, and last known post office address of the obligor, the name of the obligee,
137.26 the date or dates payment was due and not received and judgment was obtained by operation
137.27 of law, the total amount of the judgments to be entered and docketed; and

137.28 (3) an affidavit of service of a notice of intent to enter and docket judgment and to recover
137.29 attorney fees and collection costs on the obligor, in person or by first class mail at the
137.30 obligor's last known post office address. Service is completed upon mailing in the manner
137.31 designated. Where applicable, a notice of interstate lien in the form promulgated under
137.32 United States Code, title 42, section 652(a), is sufficient to satisfy the requirements of clauses
137.33 (1) and (2).

138.1 (b) A judgment entered and docketed under this subdivision has the same effect and is
138.2 subject to the same procedures, defenses, and proceedings as any other judgment in district
138.3 court, and may be enforced or satisfied in the same manner as judgments under section
138.4 548.09, except as otherwise provided.

138.5 (c) A judgment entered and docketed under this subdivision is not subject to interest
138.6 charging or accrual.

138.7 **EFFECTIVE DATE.** This section is effective August 1, 2022.

138.8 Sec. 20. Minnesota Statutes 2020, section 548.091, subdivision 3b, is amended to read:

138.9 Subd. 3b. **Child support judgment administrative renewals.** Child support judgments
138.10 may be renewed by service of notice upon the debtor. Service must be by first class mail at
138.11 the last known address of the debtor, with service deemed complete upon mailing in the
138.12 manner designated, or in the manner provided for the service of civil process. Upon the
138.13 filing of the notice and proof of service, the court administrator shall administratively renew
138.14 the judgment for child support without any additional filing fee in the same court file as the
138.15 original child support judgment. The judgment must be renewed in an amount equal to the
138.16 unpaid principal plus the ~~accrued~~ unpaid interest accrued prior to August 1, 2022. Child
138.17 support judgments may be renewed multiple times until paid.

138.18 **EFFECTIVE DATE.** This section is effective August 1, 2022.

138.19 Sec. 21. Minnesota Statutes 2020, section 548.091, subdivision 9, is amended to read:

138.20 Subd. 9. **Payoff statement.** The public authority shall issue to the obligor, attorneys,
138.21 lenders, and closers, or their agents, a payoff statement setting forth conclusively the amount
138.22 necessary to satisfy the lien. Payoff statements must be issued within three business days
138.23 after receipt of a request by mail, personal delivery, telefacsimile, or electronic mail
138.24 transmission, and must be delivered to the requester by telefacsimile or electronic mail
138.25 transmission if requested and if appropriate technology is available to the public authority.
138.26 If the payoff statement includes amounts for unpaid maintenance, the statement shall specify
138.27 that the public authority does not calculate accrued interest and that an interest balance in
138.28 addition to the payoff statement may be owed.

138.29 **EFFECTIVE DATE.** This section is effective August 1, 2022.

139.1 Sec. 22. Minnesota Statutes 2020, section 548.091, subdivision 10, is amended to read:

139.2 Subd. 10. **Release of lien.** Upon payment of the child support amount due, the public
139.3 authority shall execute and deliver a satisfaction of the judgment lien within five business
139.4 days. The public authority is not responsible for satisfaction of judgments for unpaid
139.5 maintenance.

139.6 **EFFECTIVE DATE.** This section is effective August 1, 2022.

139.7 Sec. 23. Minnesota Statutes 2020, section 549.09, subdivision 1, is amended to read:

139.8 Subdivision 1. **When owed; rate.** (a) When a judgment or award is for the recovery of
139.9 money, including a judgment for the recovery of taxes, interest from the time of the verdict,
139.10 award, or report until judgment is finally entered shall be computed by the court administrator
139.11 or arbitrator as provided in paragraph (c) and added to the judgment or award.

139.12 (b) Except as otherwise provided by contract or allowed by law, preverdict, preaward,
139.13 or prereport interest on pecuniary damages shall be computed as provided in paragraph (c)
139.14 from the time of the commencement of the action or a demand for arbitration, or the time
139.15 of a written notice of claim, whichever occurs first, except as provided herein. The action
139.16 must be commenced within two years of a written notice of claim for interest to begin to
139.17 accrue from the time of the notice of claim. If either party serves a written offer of settlement,
139.18 the other party may serve a written acceptance or a written counteroffer within 30 days.
139.19 After that time, interest on the judgment or award shall be calculated by the judge or arbitrator
139.20 in the following manner. The prevailing party shall receive interest on any judgment or
139.21 award from the time of commencement of the action or a demand for arbitration, or the time
139.22 of a written notice of claim, or as to special damages from the time when special damages
139.23 were incurred, if later, until the time of verdict, award, or report only if the amount of its
139.24 offer is closer to the judgment or award than the amount of the opposing party's offer. If
139.25 the amount of the losing party's offer was closer to the judgment or award than the prevailing
139.26 party's offer, the prevailing party shall receive interest only on the amount of the settlement
139.27 offer or the judgment or award, whichever is less, and only from the time of commencement
139.28 of the action or a demand for arbitration, or the time of a written notice of claim, or as to
139.29 special damages from when the special damages were incurred, if later, until the time the
139.30 settlement offer was made. Subsequent offers and counteroffers supersede the legal effect
139.31 of earlier offers and counteroffers. For the purposes of clause (2), the amount of settlement
139.32 offer must be allocated between past and future damages in the same proportion as determined
139.33 by the trier of fact. Except as otherwise provided by contract or allowed by law, preverdict,
139.34 preaward, or prereport interest shall not be awarded on the following:

- 140.1 (1) judgments, awards, or benefits in workers' compensation cases, but not including
140.2 third-party actions;
- 140.3 (2) judgments or awards for future damages;
- 140.4 (3) punitive damages, fines, or other damages that are noncompensatory in nature;
- 140.5 (4) judgments or awards not in excess of the amount specified in section 491A.01; and
- 140.6 (5) that portion of any verdict, award, or report which is founded upon interest, or costs,
140.7 disbursements, attorney fees, or other similar items added by the court or arbitrator.

140.8 (c)(1)(i) For a judgment or award of \$50,000 or less or a judgment or award for or against
140.9 the state or a political subdivision of the state, regardless of the amount, or a judgment or
140.10 award in a family court action, except for a child support judgment, regardless of the amount,
140.11 the interest shall be computed as simple interest per annum. The rate of interest shall be
140.12 based on the secondary market yield of one year United States Treasury bills, calculated on
140.13 a bank discount basis as provided in this section.

140.14 On or before the 20th day of December of each year the state court administrator shall
140.15 determine the rate from the one-year constant maturity treasury yield for the most recent
140.16 calendar month, reported on a monthly basis in the latest statistical release of the board of
140.17 governors of the Federal Reserve System. This yield, rounded to the nearest one percent,
140.18 or four percent, whichever is greater, shall be the annual interest rate during the succeeding
140.19 calendar year. The state court administrator shall communicate the interest rates to the court
140.20 administrators and sheriffs for use in computing the interest on verdicts and shall make the
140.21 interest rates available to arbitrators.

140.22 This item applies to any section that references section 549.09 by citation for the purposes
140.23 of computing an interest rate on any amount owed to or by the state or a political subdivision
140.24 of the state, regardless of the amount.

140.25 (ii) The court, in a family court action, may order a lower interest rate or no interest rate
140.26 if the parties agree or if the court makes findings explaining why application of a lower
140.27 interest rate or no interest rate is necessary to avoid causing an unfair hardship to the debtor.
140.28 This item does not apply to child support or spousal maintenance judgments subject to
140.29 section 548.091.

140.30 (2) For a judgment or award over \$50,000, other than a judgment or award for or against
140.31 the state or a political subdivision of the state or a judgment or award in a family court
140.32 action, the interest rate shall be ten percent per year until paid.

141.1 (3) When a judgment creditor, or the judgment creditor's attorney or agent, has received
 141.2 a payment after entry of judgment, whether the payment is made voluntarily by or on behalf
 141.3 of the judgment debtor, or is collected by legal process other than execution levy where a
 141.4 proper return has been filed with the court administrator, the judgment creditor, or the
 141.5 judgment creditor's attorney, before applying to the court administrator for an execution
 141.6 shall file with the court administrator an affidavit of partial satisfaction. The affidavit must
 141.7 state the dates and amounts of payments made upon the judgment after the most recent
 141.8 affidavit of partial satisfaction filed, if any; the part of each payment that is applied to taxable
 141.9 disbursements and to accrued interest and to the unpaid principal balance of the judgment;
 141.10 and the accrued, but the unpaid interest owing, if any, after application of each payment.

141.11 (4) Interest shall not accrue on child support judgments.

141.12 (d) This section does not apply to arbitrations between employers and employees under
 141.13 chapter 179 or 179A. An arbitrator is neither required to nor prohibited from awarding
 141.14 interest under chapter 179 or under section 179A.16 for essential employees.

141.15 (e) For purposes of this subdivision:

141.16 (1) "state" includes a department, board, agency, commission, court, or other entity in
 141.17 the executive, legislative, or judicial branch of the state; and

141.18 (2) "political subdivision" includes a town, statutory or home rule charter city, county,
 141.19 school district, or any other political subdivision of the state.

141.20 **EFFECTIVE DATE.** This section is effective August 1, 2022.

141.21 **ARTICLE 4**

141.22 **BEHAVIORAL HEALTH**

141.23 Section 1. Minnesota Statutes 2020, section 245.4889, subdivision 1, is amended to read:

141.24 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to
 141.25 make grants from available appropriations to assist:

141.26 (1) counties;

141.27 (2) Indian tribes;

141.28 (3) children's collaboratives under section 124D.23 or 245.493; or

141.29 (4) mental health service providers.

141.30 (b) The following services are eligible for grants under this section:

- 142.1 (1) services to children with emotional disturbances as defined in section 245.4871,
142.2 subdivision 15, and their families;
- 142.3 (2) transition services under section 245.4875, subdivision 8, for young adults under
142.4 age 21 and their families;
- 142.5 (3) respite care services for children with emotional disturbances or severe emotional
142.6 disturbances who are at risk of out-of-home placement. A child is not required to have case
142.7 management services to receive respite care services;
- 142.8 (4) children's mental health crisis services;
- 142.9 (5) mental health services for people from cultural and ethnic minorities;
- 142.10 (6) children's mental health screening and follow-up diagnostic assessment and treatment;
- 142.11 (7) services to promote and develop the capacity of providers to use evidence-based
142.12 practices in providing children's mental health services;
- 142.13 (8) school-linked mental health services under section 245.4901;
- 142.14 (9) building evidence-based mental health intervention capacity for children birth to age
142.15 five;
- 142.16 (10) suicide prevention and counseling services that use text messaging statewide;
- 142.17 (11) mental health first aid training;
- 142.18 (12) training for parents, collaborative partners, and mental health providers on the
142.19 impact of adverse childhood experiences and trauma and development of an interactive
142.20 website to share information and strategies to promote resilience and prevent trauma;
- 142.21 (13) transition age services to develop or expand mental health treatment and supports
142.22 for adolescents and young adults 26 years of age or younger;
- 142.23 (14) early childhood mental health consultation;
- 142.24 (15) evidence-based interventions for youth at risk of developing or experiencing a first
142.25 episode of psychosis, and a public awareness campaign on the signs and symptoms of
142.26 psychosis;
- 142.27 (16) psychiatric consultation for primary care practitioners; ~~and~~
- 142.28 (17) providers to begin operations and meet program requirements when establishing a
142.29 new children's mental health program. These may be start-up grants; and

143.1 (18) evidence-informed interventions for youth and young adults who are at risk of
 143.2 developing a mood disorder or are experiencing an emerging mood disorder, including
 143.3 major depression and bipolar disorders, and a public awareness campaign on the signs and
 143.4 symptoms of mood disorders in youth and young adults.

143.5 (c) Services under paragraph (b) must be designed to help each child to function and
 143.6 remain with the child's family in the community and delivered consistent with the child's
 143.7 treatment plan. Transition services to eligible young adults under this paragraph must be
 143.8 designed to foster independent living in the community.

143.9 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party
 143.10 reimbursement sources, if applicable.

143.11 Sec. 2. Minnesota Statutes 2020, section 245.735, subdivision 3, is amended to read:

143.12 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall
 143.13 establish a state certification process for certified community behavioral health clinics
 143.14 (CCBHCs) that satisfy all federal requirements necessary for CCBHCs certified under this
 143.15 section to be eligible for reimbursement under medical assistance, without service area
 143.16 limits based on geographic area or region. The commissioner shall consult with CCBHC
 143.17 stakeholders before establishing and implementing changes in the certification process and
 143.18 requirements. Entities that choose to be CCBHCs must:

143.19 ~~(1) comply with the CCBHC criteria published by the United States Department of~~
 143.20 ~~Health and Human Services;~~

143.21 (1) comply with state licensing requirements and other requirements issued by the
 143.22 commissioner;

143.23 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,
 143.24 including licensed mental health professionals and licensed alcohol and drug counselors,
 143.25 and staff who are culturally and linguistically trained to meet the needs of the population
 143.26 the clinic serves;

143.27 (3) ensure that clinic services are available and accessible to individuals and families of
 143.28 all ages and genders and that crisis management services are available 24 hours per day;

143.29 (4) establish fees for clinic services for individuals who are not enrolled in medical
 143.30 assistance using a sliding fee scale that ensures that services to patients are not denied or
 143.31 limited due to an individual's inability to pay for services;

144.1 (5) comply with quality assurance reporting requirements and other reporting
144.2 requirements, including any required reporting of encounter data, clinical outcomes data,
144.3 and quality data;

144.4 (6) provide crisis mental health and substance use services, withdrawal management
144.5 services, emergency crisis intervention services, and stabilization services, through existing
144.6 mobile crisis services; screening, assessment, and diagnosis services, including risk
144.7 assessments and level of care determinations; person- and family-centered treatment planning;
144.8 outpatient mental health and substance use services; targeted case management; psychiatric
144.9 rehabilitation services; peer support and counselor services and family support services;
144.10 and intensive community-based mental health services, including mental health services
144.11 for members of the armed forces and veterans; CCBHCs must directly provide the majority
144.12 of these services to enrollees, but may coordinate some services with another entity through
144.13 a collaboration or agreement, pursuant to paragraph (b);

144.14 (7) provide coordination of care across settings and providers to ensure seamless
144.15 transitions for individuals being served across the full spectrum of health services, including
144.16 acute, chronic, and behavioral needs. Care coordination may be accomplished through
144.17 partnerships or formal contracts with:

144.18 (i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified
144.19 health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or
144.20 community-based mental health providers; and

144.21 (ii) other community services, supports, and providers, including schools, child welfare
144.22 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally
144.23 licensed health care and mental health facilities, urban Indian health clinics, Department of
144.24 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,
144.25 and hospital outpatient clinics;

144.26 (8) be certified as mental health clinics under section 245.69, subdivision 2;

144.27 (9) comply with standards established by the commissioner relating to ~~mental health~~
144.28 ~~services in Minnesota Rules, parts 9505.0370 to 9505.0372~~ CCBHC screenings, assessments,
144.29 and evaluations;

144.30 (10) be licensed to provide substance use disorder treatment under chapter 245G;

144.31 (11) be certified to provide children's therapeutic services and supports under section
144.32 256B.0943;

145.1 (12) be certified to provide adult rehabilitative mental health services under section
145.2 256B.0623;

145.3 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section
145.4 256B.0624 and ~~256B.0944~~;

145.5 (14) be enrolled to provide mental health targeted case management under section
145.6 256B.0625, subdivision 20;

145.7 (15) comply with standards relating to mental health case management in Minnesota
145.8 Rules, parts 9520.0900 to 9520.0926;

145.9 (16) provide services that comply with the evidence-based practices described in
145.10 paragraph (e); and

145.11 (17) comply with standards relating to peer services under sections 256B.0615,
145.12 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
145.13 services are provided.

145.14 (b) If ~~an entity~~ a certified CCBHC is unable to provide one or more of the services listed
145.15 in paragraph (a), clauses (6) to (17), the ~~commissioner may certify the entity as a CCBHC;~~
145.16 ~~if the entity has a current~~ may contract with another entity that has the required authority
145.17 to provide that service and that meets ~~federal CCBHC~~ the following criteria as a designated
145.18 collaborating organization, ~~or, to the extent allowed by the federal CCBHC criteria, the~~
145.19 ~~commissioner may approve a referral arrangement. The CCBHC must meet federal~~
145.20 ~~requirements regarding the type and scope of services to be provided directly by the CCBHC.;~~

145.21 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the
145.22 services under paragraph (a), clause (6);

145.23 (2) the entity provides assurances that it will provide services according to CCBHC
145.24 service standards and provider requirements;

145.25 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical
145.26 and financial responsibility for the services that the entity provides under the agreement;
145.27 and

145.28 (4) the entity meets any additional requirements issued by the commissioner.

145.29 (c) Notwithstanding any other law that requires a county contract or other form of county
145.30 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets
145.31 CCBHC requirements may receive the prospective payment under section 256B.0625,
145.32 subdivision 5m, for those services without a county contract or county approval. As part of

146.1 the certification process in paragraph (a), the commissioner shall require a letter of support
146.2 from the CCBHC's host county confirming that the CCBHC and the county or counties it
146.3 serves have an ongoing relationship to facilitate access and continuity of care, especially
146.4 for individuals who are uninsured or who may go on and off medical assistance.

146.5 (d) When the standards listed in paragraph (a) or other applicable standards conflict or
146.6 address similar issues in duplicative or incompatible ways, the commissioner may grant
146.7 variances to state requirements if the variances do not conflict with federal requirements
146.8 for services reimbursed under medical assistance. If standards overlap, the commissioner
146.9 may substitute all or a part of a licensure or certification that is substantially the same as
146.10 another licensure or certification. The commissioner shall consult with stakeholders, as
146.11 described in subdivision 4, before granting variances under this provision. For the CCBHC
146.12 that is certified but not approved for prospective payment under section 256B.0625,
146.13 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance
146.14 does not increase the state share of costs.

146.15 (e) The commissioner shall issue a list of required evidence-based practices to be
146.16 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.
146.17 The commissioner may update the list to reflect advances in outcomes research and medical
146.18 services for persons living with mental illnesses or substance use disorders. The commissioner
146.19 shall take into consideration the adequacy of evidence to support the efficacy of the practice,
146.20 the quality of workforce available, and the current availability of the practice in the state.
146.21 At least 30 days before issuing the initial list and any revisions, the commissioner shall
146.22 provide stakeholders with an opportunity to comment.

146.23 (f) The commissioner shall recertify CCBHCs at least every three years. The
146.24 commissioner shall establish a process for decertification and shall require corrective action,
146.25 medical assistance repayment, or decertification of a CCBHC that no longer meets the
146.26 requirements in this section or that fails to meet the standards provided by the commissioner
146.27 in the application and certification process.

146.28 Sec. 3. Minnesota Statutes 2020, section 245.735, subdivision 5, is amended to read:

146.29 Subd. 5. **Information systems support.** The commissioner and the state chief information
146.30 officer shall provide information systems support to the projects as necessary to comply
146.31 with state and federal requirements.

147.1 Sec. 4. Minnesota Statutes 2020, section 245.735, is amended by adding a subdivision to
147.2 read:

147.3 Subd. 6. **Demonstration entities.** The commissioner may operate the demonstration
147.4 program established by section 223 of the Protecting Access to Medicare Act if federal
147.5 funding for the demonstration program remains available from the United States Department
147.6 of Health and Human Services. To the extent practicable, the commissioner shall align the
147.7 requirements of the demonstration program with the requirements under this section for
147.8 CCBHCs receiving medical assistance reimbursement. A CCBHC may not apply to
147.9 participate as a billing provider in both the CCBHC federal demonstration and the benefit
147.10 for CCBHCs under the medical assistance program.

147.11 Sec. 5. Minnesota Statutes 2020, section 245A.043, subdivision 3, is amended to read:

147.12 Subd. 3. **Change of ownership process.** (a) When a change in ownership is proposed
147.13 and the party intends to assume operation without an interruption in service longer than 60
147.14 days after acquiring the program or service, the license holder must provide the commissioner
147.15 with written notice of the proposed change on a form provided by the commissioner at least
147.16 60 days before the anticipated date of the change in ownership. For purposes of this
147.17 subdivision and subdivision 4, "party" means the party that intends to operate the service
147.18 or program.

147.19 (b) The party must submit a license application under this chapter on the form and in
147.20 the manner prescribed by the commissioner at least 30 days before the change in ownership
147.21 is complete, and must include documentation to support the upcoming change. The party
147.22 must comply with background study requirements under chapter 245C and shall pay the
147.23 application fee required under section 245A.10. ~~A party that intends to assume operation~~
147.24 ~~without an interruption in service longer than 60 days after acquiring the program or service~~
147.25 ~~is exempt from the requirements of Minnesota Rules, part 9530.6800.~~

147.26 (c) The commissioner may streamline application procedures when the party is an existing
147.27 license holder under this chapter and is acquiring a program licensed under this chapter or
147.28 service in the same service class as one or more licensed programs or services the party
147.29 operates and those licenses are in substantial compliance. For purposes of this subdivision,
147.30 "substantial compliance" means within the previous 12 months the commissioner did not
147.31 (1) issue a sanction under section 245A.07 against a license held by the party, or (2) make
147.32 a license held by the party conditional according to section 245A.06.

147.33 (d) Except when a temporary change in ownership license is issued pursuant to
147.34 subdivision 4, the existing license holder is solely responsible for operating the program

148.1 according to applicable laws and rules until a license under this chapter is issued to the
148.2 party.

148.3 (e) If a licensing inspection of the program or service was conducted within the previous
148.4 12 months and the existing license holder's license record demonstrates substantial
148.5 compliance with the applicable licensing requirements, the commissioner may waive the
148.6 party's inspection required by section 245A.04, subdivision 4. The party must submit to the
148.7 commissioner (1) proof that the premises was inspected by a fire marshal or that the fire
148.8 marshal deemed that an inspection was not warranted, and (2) proof that the premises was
148.9 inspected for compliance with the building code or that no inspection was deemed warranted.

148.10 (f) If the party is seeking a license for a program or service that has an outstanding action
148.11 under section 245A.06 or 245A.07, the party must submit a letter as part of the application
148.12 process identifying how the party has or will come into full compliance with the licensing
148.13 requirements.

148.14 (g) The commissioner shall evaluate the party's application according to section 245A.04,
148.15 subdivision 6. If the commissioner determines that the party has remedied or demonstrates
148.16 the ability to remedy the outstanding actions under section 245A.06 or 245A.07 and has
148.17 determined that the program otherwise complies with all applicable laws and rules, the
148.18 commissioner shall issue a license or conditional license under this chapter. The conditional
148.19 license remains in effect until the commissioner determines that the grounds for the action
148.20 are corrected or no longer exist.

148.21 (h) The commissioner may deny an application as provided in section 245A.05. An
148.22 applicant whose application was denied by the commissioner may appeal the denial according
148.23 to section 245A.05.

148.24 (i) This subdivision does not apply to a licensed program or service located in a home
148.25 where the license holder resides.

148.26 Sec. 6. Minnesota Statutes 2020, section 245F.04, subdivision 2, is amended to read:

148.27 Subd. 2. **Contents of application.** Prior to the issuance of a license, an applicant must
148.28 submit, on forms provided by the commissioner, documentation demonstrating the following:

148.29 (1) compliance with this section;

148.30 (2) compliance with applicable building, fire, and safety codes; health rules; zoning
148.31 ordinances; and other applicable rules and regulations or documentation that a waiver has
148.32 been granted. The granting of a waiver does not constitute modification of any requirement
148.33 of this section; and

149.1 (3) ~~completion of an assessment of need for a new or expanded program as required by~~
 149.2 ~~Minnesota Rules, part 9530.6800; and~~

149.3 ~~(4) insurance coverage, including bonding, sufficient to cover all patient funds, property,~~
 149.4 ~~and interests.~~

149.5 Sec. 7. Minnesota Statutes 2020, section 245G.03, subdivision 2, is amended to read:

149.6 Subd. 2. **Application.** (a) Before the commissioner issues a license, an applicant must
 149.7 submit, on forms provided by the commissioner, any documents the commissioner requires.

149.8 (b) At least 60 days prior to submitting an application for licensure under this chapter,
 149.9 the applicant must notify the county human services director in writing of the applicant's
 149.10 intent to open a new treatment program. The written notification must include, at a minimum:

149.11 (1) a description of the proposed treatment program;

149.12 (2) a description of the target population served by the treatment program; and

149.13 (3) a copy of the program's abuse prevention plan, required by section 245A.65,
 149.14 subdivision 2.

149.15 (c) The county human services director may submit a written statement to the
 149.16 commissioner regarding the county's support of or opposition to opening the new treatment
 149.17 program. The written statement must include documentation of the rationale for the county's
 149.18 determination. The commissioner shall consider the county's written statement when
 149.19 determining whether to issue a license for the treatment program. If the county does not
 149.20 submit a written statement, the commissioner shall confirm with the county that the county
 149.21 received the notification required by paragraph (b).

149.22 Sec. 8. **[245G.031] ALTERNATIVE LICENSING INSPECTIONS.**

149.23 Subdivision 1. **Eligibility for an alternative licensing inspection.** (a) A license holder
 149.24 providing services licensed under this chapter, with a qualifying accreditation and meeting
 149.25 the eligibility criteria in paragraphs (b) and (c), may request approval for an alternative
 149.26 licensing inspection when all services provided under the license holder's license are
 149.27 accredited. A license holder with a qualifying accreditation and meeting the eligibility
 149.28 criteria in paragraphs (b) and (c) may request approval for an alternative licensing inspection
 149.29 for individual community residential settings or day services facilities licensed under this
 149.30 chapter.

150.1 (b) In order to be eligible for an alternative licensing inspection, the program must have
150.2 had at least one inspection by the commissioner following issuance of the initial license.

150.3 (c) In order to be eligible for an alternative licensing inspection, the program must have
150.4 been in substantial and consistent compliance at the time of the last licensing inspection
150.5 and during the current licensing period. For purposes of this section, "substantial and
150.6 consistent compliance" means:

150.7 (1) the license holder's license was not made conditional, suspended, or revoked;

150.8 (2) there have been no substantiated allegations of maltreatment against the license
150.9 holder within the past ten years; and

150.10 (3) the license holder maintained substantial compliance with the other requirements of
150.11 chapters 245A and 245C and other applicable laws and rules.

150.12 (d) For the purposes of this section, the license holder's license includes services licensed
150.13 under this chapter that were previously licensed under chapter 245A or Minnesota Rules,
150.14 chapter 9530, until January 1, 2018.

150.15 Subd. 2. **Qualifying accreditation.** The commissioner must accept an accreditation
150.16 from the joint commission as a qualifying accreditation.

150.17 Subd. 3. **Request for approval of an alternative inspection status.** (a) A request for
150.18 an alternative inspection must be made on the forms and in the manner prescribed by the
150.19 commissioner. When submitting the request, the license holder must submit all documentation
150.20 issued by the accrediting body verifying that the license holder has obtained and maintained
150.21 the qualifying accreditation and has complied with recommendations or requirements from
150.22 the accrediting body during the period of accreditation. Based on the request and the
150.23 additional required materials, the commissioner may approve an alternative inspection
150.24 status.

150.25 (b) The commissioner must notify the license holder in writing that the request for an
150.26 alternative inspection status has been approved. Approval must be granted until the end of
150.27 the qualifying accreditation period.

150.28 (c) The license holder must submit a written request for approval of an alternative
150.29 inspection status to be renewed one month before the end of the current approval period
150.30 according to the requirements in paragraph (a). If the license holder does not submit a request
150.31 to renew approval of an alternative inspection status as required, the commissioner must
150.32 conduct a licensing inspection.

151.1 Subd. 4. **Programs approved for alternative licensing inspection; deemed compliance**
151.2 **licensing requirements.** (a) A license holder approved for alternative licensing inspection
151.3 under this section is required to maintain compliance with all licensing standards according
151.4 to this chapter.

151.5 (b) A license holder approved for alternative licensing inspection under this section is
151.6 deemed to be in compliance with all the requirements of this chapter, and the commissioner
151.7 must not perform routine licensing inspections.

151.8 (c) Upon receipt of a complaint regarding the services of a license holder approved for
151.9 alternative licensing inspection under this section, the commissioner must investigate the
151.10 complaint and may take any action as provided under section 245A.06 or 245A.07.

151.11 Subd. 5. **Investigations of alleged or suspected maltreatment.** Nothing in this section
151.12 changes the commissioner's responsibilities to investigate alleged or suspected maltreatment
151.13 of a minor under chapter 260E or a vulnerable adult under section 626.557.

151.14 Subd. 6. **Termination or denial of subsequent approval.** Following approval of an
151.15 alternative licensing inspection, the commissioner may terminate or deny subsequent approval
151.16 of an alternative licensing inspection if the commissioner determines that:

151.17 (1) the license holder has not maintained the qualifying accreditation;

151.18 (2) the commissioner has substantiated maltreatment for which the license holder or
151.19 facility is determined to be responsible during the qualifying accreditation period; or

151.20 (3) during the qualifying accreditation period, the license holder has been issued an order
151.21 for conditional license, fine, suspension, or license revocation that has not been reversed
151.22 upon appeal.

151.23 Subd. 7. **Appeals.** The commissioner's decision that the conditions for approval for an
151.24 alternative licensing inspection have not been met is subject to appeal under the provisions
151.25 of chapter 14.

151.26 Subd. 8. **Commissioner's programs.** Substance use disorder treatment services licensed
151.27 under this chapter for which the commissioner is the license holder with a qualifying
151.28 accreditation are excluded from being approved for an alternative licensing inspection.

151.29 **EFFECTIVE DATE.** This section is effective September 1, 2021.

152.1 Sec. 9. Minnesota Statutes 2020, section 246.54, subdivision 1b, is amended to read:

152.2 Subd. 1b. **Community behavioral health hospitals.** A county's payment of the cost of
152.3 care provided at state-operated community-based behavioral health hospitals for adults and
152.4 children shall be according to the following schedule:

152.5 (1) 100 percent for each day during the stay, including the day of admission, when the
152.6 facility determines that it is clinically appropriate for the client to be discharged; and

152.7 (2) the county shall not be entitled to reimbursement from the client, the client's estate,
152.8 or from the client's relatives, except as provided in section 246.53.

152.9 Sec. 10. **[254B.17] SCHOOL-LINKED SUBSTANCE ABUSE GRANTS.**

152.10 Subdivision 1. **Establishment.** The commissioner of human services shall establish a
152.11 school-linked substance abuse grant program to provide early identification of and
152.12 intervention for secondary school students with substance use disorder needs, and to build
152.13 the capacity of secondary schools to support students with substance use disorder needs in
152.14 the classroom.

152.15 Subd. 2. **Eligible applicant.** (a) An eligible applicant for a school-linked substance
152.16 abuse grant is an entity or individual that is:

152.17 (1) licensed under chapter 245G and in compliance with the general requirements in
152.18 chapters 245A, 245C, and 260E, section 626.557, and Minnesota Rules, chapter 9544; or

152.19 (2) an alcohol and drug counselor licensed under chapter 148F and in compliance with
152.20 section 245G.11, subdivision 5.

152.21 Subd. 3. **Allowable grant activities and related expenses.** (a) Allowable grant activities
152.22 and related expenses may include but are not limited to:

152.23 (1) identifying and diagnosing substance use disorders of students;

152.24 (2) delivering substance use disorder treatment and services to students and their families,
152.25 including via telemedicine;

152.26 (3) supporting families in meeting their child's needs, including navigating health care,
152.27 social service, and juvenile justice systems;

152.28 (4) providing transportation for students receiving school-linked substance use disorder
152.29 treatment services when school is not in session;

153.1 (5) building the capacity of schools to meet the needs of students with substance use
153.2 disorder concerns, including school staff development activities for licensed and nonlicensed
153.3 staff; and

153.4 (6) purchasing equipment, connection charges, on-site coordination, setup fees, and site
153.5 fees in order to deliver school-linked substance use disorder treatment services via
153.6 telemedicine.

153.7 (b) Grantees shall obtain all available third-party reimbursement sources as a condition
153.8 of receiving a grant. For purposes of the grant program, a third-party reimbursement source
153.9 excludes a public school as defined in section 120A.20, subdivision 1. Grantees shall serve
153.10 each student regardless of the student's health coverage status or ability to pay.

153.11 (c) Prior to issuing a request for proposals for grants under this section, the commissioner
153.12 shall award grants to eligible applicants that are currently providing substance use disorder
153.13 treatment services in secondary schools or that are currently providing school-linked mental
153.14 health services but have the demonstrated capacity to provide allowable substance use
153.15 disorder treatment services in secondary schools.

153.16 Subd. 4. **Data collection and outcome measurement.** Grantees shall provide data to
153.17 the commissioner for the purpose of evaluating the effectiveness of the school-linked
153.18 substance use disorder treatment grant program.

153.19 Sec. 11. Minnesota Statutes 2020, section 256B.0624, subdivision 7, is amended to read:

153.20 Subd. 7. **Crisis stabilization services.** (a) Crisis stabilization services must be provided
153.21 by qualified staff of a crisis stabilization services provider entity and must meet the following
153.22 standards:

153.23 (1) a crisis stabilization treatment plan must be developed which meets the criteria in
153.24 subdivision 11;

153.25 (2) staff must be qualified as defined in subdivision 8; and

153.26 (3) services must be delivered according to the treatment plan and include face-to-face
153.27 contact with the recipient by qualified staff for further assessment, help with referrals,
153.28 updating of the crisis stabilization treatment plan, supportive counseling, skills training,
153.29 and collaboration with other service providers in the community.

153.30 (b) If crisis stabilization services are provided in a supervised, licensed residential setting,
153.31 the recipient must be contacted face-to-face daily by a qualified mental health practitioner
153.32 or mental health professional. The program must have 24-hour-a-day residential staffing

154.1 which may include staff who do not meet the qualifications in subdivision 8. The residential
154.2 staff must have 24-hour-a-day immediate direct or telephone access to a qualified mental
154.3 health professional or practitioner.

154.4 (c) If crisis stabilization services are provided in a supervised, licensed residential setting
154.5 that serves no more than four adult residents, and one or more individuals are present at the
154.6 setting to receive residential crisis stabilization services, the residential staff must include,
154.7 for at least eight hours per day, at least one individual who meets the qualifications in
154.8 subdivision 8, paragraph (a), clause (1) or (2). The commissioner shall establish a statewide
154.9 per diem rate for crisis stabilization services provided under this paragraph to medical
154.10 assistance enrollees. The rate for a provider shall not exceed the rate charged by that provider
154.11 for the same service to other payers. Payment shall not be made to more than one entity for
154.12 each individual for services provided under this paragraph on a given day. The commissioner
154.13 shall set rates prospectively for the annual rate period. The commissioner shall require
154.14 providers to submit annual cost reports on a uniform cost reporting form and shall use
154.15 submitted cost reports to inform the rate-setting process. The commissioner shall recalculate
154.16 the statewide per diem every year.

154.17 (d) If crisis stabilization services are provided in a supervised, licensed residential setting
154.18 that serves more than four adult residents, and one or more are recipients of crisis stabilization
154.19 services, the residential staff must include, for 24 hours a day, at least one individual who
154.20 meets the qualifications in subdivision 8. During the first 48 hours that a recipient is in the
154.21 residential program, the residential program must have at least two staff working 24 hours
154.22 a day. Staffing levels may be adjusted thereafter according to the needs of the recipient as
154.23 specified in the crisis stabilization treatment plan.

154.24 **EFFECTIVE DATE.** This section is effective August 1, 2021, or upon federal approval,
154.25 whichever is later. The commissioner of human services shall notify the revisor of statutes
154.26 when federal approval is obtained.

154.27 Sec. 12. Minnesota Statutes 2020, section 256B.0625, subdivision 5m, is amended to read:

154.28 Subd. 5m. **Certified community behavioral health clinic services.** (a) Medical
154.29 assistance covers certified community behavioral health clinic (CCBHC) services that meet
154.30 the requirements of section 245.735, subdivision 3.

154.31 (b) The commissioner shall ~~establish standards and methodologies for a~~ reimburse
154.32 CCBHCs on a per-visit basis under the prospective payment system for medical assistance
154.33 payments for services delivered by a CCBHC, in accordance with guidance issued by the
154.34 Centers for Medicare and Medicaid Services as described in paragraph (c). The commissioner

155.1 shall include a quality ~~bonus~~ incentive payment in the prospective payment system ~~based~~
 155.2 ~~on federal criteria~~ as described in paragraph (e). There is no county share for medical
 155.3 assistance services when reimbursed through the CCBHC prospective payment system.

155.4 ~~(c) Unless otherwise indicated in applicable federal requirements, the prospective payment~~
 155.5 ~~system must continue to be based on the federal instructions issued for the federal section~~
 155.6 ~~223 CCBHC demonstration, except:~~ The commissioner shall ensure that the prospective
 155.7 payment system for CCBHC payments under medical assistance meets the following
 155.8 requirements:

155.9 (1) the prospective payment rate shall be a provider-specific rate calculated for each
 155.10 CCBHC, based on the daily cost of providing CCBHC services and the total annual allowable
 155.11 costs for CCBHCs divided by the total annual number of CCBHC visits. For calculating
 155.12 the payment rate, total annual visits include visits covered by medical assistance and visits
 155.13 not covered by medical assistance. Allowable costs include but are not limited to the salaries
 155.14 and benefits of medical assistance providers; the cost of CCBHC services provided under
 155.15 section 245.735, subdivision 3, paragraph (a), clauses (6) and (7); and other costs such as
 155.16 insurance or supplies needed to provide CCBHC services;

155.17 (2) payment shall be limited to one payment per day per medical assistance enrollee for
 155.18 each CCBHC visit eligible for reimbursement. A CCBHC visit is eligible for reimbursement
 155.19 if at least one of the CCBHC services listed under section 245.735, subdivision 3, paragraph
 155.20 (a), clause (6), is furnished to a medical assistance enrollee by a health care practitioner or
 155.21 licensed agency employed by or under contract with a CCBHC;

155.22 (3) new payment rates set by the commissioner for newly certified CCBHCs under
 155.23 section 245.735, subdivision 3, shall be based on rates for established CCBHCs with a
 155.24 similar scope of services. If no comparable CCBHC exists, the commissioner shall establish
 155.25 a clinic-specific rate using audited historical cost report data adjusted for the estimated cost
 155.26 of delivering CCBHC services, including the estimated cost of providing the full scope of
 155.27 services and the projected change in visits resulting from the change in scope;

155.28 ~~(4)~~ (4) the commissioner shall rebase CCBHC rates at least once every three years and
 155.29 12 months following an initial rate or a rate change due to a change in the scope of services,
 155.30 whichever is earlier;

155.31 ~~(2)~~ (5) the commissioner shall provide for a 60-day appeals process after notice of the
 155.32 results of the rebasing;

155.33 ~~(3) the prohibition against inclusion of new facilities in the demonstration does not apply~~
 155.34 ~~after the demonstration ends;~~

156.1 ~~(4)~~ (6) the prospective payment rate under this section does not apply to services rendered
156.2 by CCBHCs to individuals who are dually eligible for Medicare and medical assistance
156.3 when Medicare is the primary payer for the service. An entity that receives a prospective
156.4 payment system rate that overlaps with the CCBHC rate is not eligible for the CCBHC rate;

156.5 ~~(5)~~ (7) payments for CCBHC services to individuals enrolled in managed care shall be
156.6 coordinated with the state's phase-out of CCBHC wrap payments. The commissioner shall
156.7 complete the phase-out of CCBHC wrap payments within 60 days of the implementation
156.8 of the prospective payment system in the Medicaid Management Information System
156.9 (MMIS), for CCBHCs reimbursed under this chapter, with a final settlement of payments
156.10 due made payable to CCBHCs no later than 18 months thereafter;

156.11 ~~(6)~~ initial prospective payment rates for CCBHCs certified after July 1, 2019, shall be
156.12 based on rates for comparable CCBHCs. If no comparable provider exists, the commissioner
156.13 shall compute a CCBHC-specific rate based upon the CCBHC's audited costs adjusted for
156.14 changes in the scope of services;

156.15 ~~(7)~~ (8) the prospective payment rate for each CCBHC shall be ~~adjusted annually~~ updated
156.16 by trending each provider-specific rate by the Medicare Economic Index as defined for the
156.17 federal section 223 CCBHC demonstration for primary care services. This update shall
156.18 occur each year in between rebasing periods determined by the commissioner in accordance
156.19 with clause (4). CCBHCs must provide data on costs and visits to the state annually using
156.20 the CCBHC cost report established by the commissioner; and

156.21 (9) a CCBHC may request a rate adjustment for changes in the CCBHC's scope of
156.22 services when such changes are expected to result in an adjustment to the CCBHC payment
156.23 rate by 2.5 percent or more. The CCBHC must provide the commissioner with information
156.24 regarding the changes in the scope of services, including the estimated cost of providing
156.25 the new or modified services and any projected increase or decrease in the number of visits
156.26 resulting from the change. Rate adjustments for changes in scope shall occur no more than
156.27 once per year in between rebasing periods per CCBHC and are effective on the date of the
156.28 annual CCBHC rate update.

156.29 ~~(8)~~ the commissioner shall seek federal approval for a CCBHC rate methodology that
156.30 allows for rate modifications based on changes in scope for an individual CCBHC, including
156.31 for changes to the type, intensity, or duration of services. Upon federal approval, a CCBHC
156.32 may submit a change of scope request to the commissioner if the change in scope would
156.33 result in a change of 2.5 percent or more in the prospective payment system rate currently

157.1 ~~received by the CCBHC. CCBHC change of scope requests must be according to a format~~
157.2 ~~and timeline to be determined by the commissioner in consultation with CCBHCs.~~

157.3 (d) Managed care plans and county-based purchasing plans shall reimburse CCBHC
157.4 providers at the prospective payment rate. The commissioner shall monitor the effect of
157.5 this requirement on the rate of access to the services delivered by CCBHC providers. If, for
157.6 any contract year, federal approval is not received for this paragraph, the commissioner
157.7 must adjust the capitation rates paid to managed care plans and county-based purchasing
157.8 plans for that contract year to reflect the removal of this provision. Contracts between
157.9 managed care plans and county-based purchasing plans and providers to whom this paragraph
157.10 applies must allow recovery of payments from those providers if capitation rates are adjusted
157.11 in accordance with this paragraph. Payment recoveries must not exceed the amount equal
157.12 to any increase in rates that results from this provision. This paragraph expires if federal
157.13 approval is not received for this paragraph at any time.

157.14 (e) The commissioner shall implement a quality incentive payment program for CCBHCs
157.15 that meets the following requirements:

157.16 (1) a CCBHC shall receive a quality incentive payment upon meeting specific numeric
157.17 thresholds for performance metrics established by the commissioner, in addition to payments
157.18 for which the CCBHC is eligible under the prospective payment system described in
157.19 paragraph (c);

157.20 (2) a CCBHC must be certified and enrolled as a CCBHC for the entire measurement
157.21 year to be eligible for incentive payments;

157.22 (3) each CCBHC shall receive written notice of the criteria that must be met in order to
157.23 receive quality incentive payments at least 90 days prior to the measurement year; and

157.24 (4) a CCBHC must provide the commissioner with data needed to determine incentive
157.25 payment eligibility within six months following the measurement year. The commissioner
157.26 shall notify CCBHC providers of their performance on the required measures and the
157.27 incentive payment amount within 12 months following the measurement year.

157.28 (f) All claims to managed care plans for CCBHC services as provided under this section
157.29 shall be submitted directly to, and paid by, the commissioner on the dates specified no later
157.30 than January 1 of the following calendar year, if:

157.31 (1) one or more managed care plans does not comply with the federal requirement for
157.32 payment of clean claims to CCBHCs, as defined in Code of Federal Regulations, title 42,

158.1 section 447.45(b), and the managed care plan does not resolve the payment issue within 30
158.2 days of noncompliance; and

158.3 (2) the total amount of clean claims not paid in accordance with federal requirements
158.4 by one or more managed care plans is 50 percent of, or greater than, the total CCBHC claims
158.5 eligible for payment by managed care plans.

158.6 If the conditions in this paragraph are met between January 1 and June 30 of a calendar
158.7 year, claims shall be submitted to and paid by the commissioner beginning on January 1 of
158.8 the following year. If the conditions in this paragraph are met between July 1 and December
158.9 31 of a calendar year, claims shall be submitted to and paid by the commissioner beginning
158.10 on July 1 of the following year.

158.11 Sec. 13. Minnesota Statutes 2020, section 256B.0759, subdivision 2, is amended to read:

158.12 Subd. 2. **Provider participation.** (a) Outpatient substance use disorder treatment
158.13 providers may elect to participate in the demonstration project and meet the requirements
158.14 of subdivision 3. To participate, a provider must notify the commissioner of the provider's
158.15 intent to participate in a format required by the commissioner and enroll as a demonstration
158.16 project provider.

158.17 (b) Programs licensed by the Department of Human Services as a residential treatment
158.18 program according to section 245G.21 that receive payment under this chapter must enroll
158.19 as demonstration project providers and meet the requirements of subdivision 3 by June 30,
158.20 2025. Programs that do not meet the requirements of this paragraph are ineligible for payment
158.21 for services provided under section 256B.0625.

158.22 (c) Programs licensed by the Department of Human Services as a withdrawal management
158.23 program according to chapter 245F that receive payment under this chapter must enroll as
158.24 demonstration project providers and meet the requirements of subdivision 3 by June 30,
158.25 2025. Programs that do not meet the requirements of this paragraph are ineligible for payment
158.26 for services provided under section 256B.0625.

158.27 (d) Out-of-state residential substance use disorder treatment programs that receive
158.28 payment under this chapter must enroll as a demonstration project provider and meet the
158.29 requirements of subdivision 3 by June 30, 2025. Programs that do not meet the requirements
158.30 under this paragraph are ineligible for payment for services provided under section
158.31 256B.0625.

158.32 (e) Tribally licensed programs may elect to participate in the demonstration project and
158.33 meet the requirements of subdivision 3. The Department of Human Services must consult

159.1 with Tribal nations to discuss participation in the substance use disorder demonstration
 159.2 project.

159.3 (f) All rate enhancements for services rendered by voluntarily enrolled demonstration
 159.4 providers enrolled before July 1, 2021, are applicable only to dates of service on or after
 159.5 the effective date of the provider's enrollment in the demonstration project, except as
 159.6 authorized by paragraph (g). The commissioner shall recoup any rate enhancements paid
 159.7 under paragraph (g) to a provider that does not meet the requirements of subdivision 3 by
 159.8 July 1, 2021.

159.9 (g) The commissioner may allow providers enrolled before July 1, 2021, to receive any
 159.10 applicable rate enhancements authorized by subdivision 4 for services provided on dates of
 159.11 service no further back than July 22, 2020, for fee-for-service enrollees and no further back
 159.12 than January 1, 2021, to managed care enrollees if the provider meets all of the following
 159.13 requirements:

159.14 (1) the provider attests that during the time period for which the provider is seeking the
 159.15 rate enhancement, they took meaningful steps and had a reasonable plan approved by the
 159.16 commissioner to meet the demonstration project requirements in subdivision 3;

159.17 (2) the provider submits attestation and evidence, including all information requested
 159.18 by the commissioner, of meeting the requirements of subdivision 3 to the commissioner in
 159.19 a format required by the commissioner; and

159.20 (3) the commissioner received the provider's application for enrollment on or before
 159.21 June 1, 2021.

159.22 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
 159.23 whichever is later, except paragraphs (f) and (g) are effective the day following final
 159.24 enactment. The commissioner shall notify the revisor of statutes when federal approval is
 159.25 obtained.

159.26 Sec. 14. Minnesota Statutes 2020, section 256B.0759, subdivision 4, is amended to read:

159.27 Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must
 159.28 be increased for services provided to medical assistance enrollees. To receive a rate increase,
 159.29 participating providers must meet demonstration project requirements and provide evidence
 159.30 of formal referral arrangements with providers delivering step-up or step-down levels of
 159.31 care. Providers that have enrolled in the demonstration project but have not met the provider
 159.32 standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under
 159.33 this subdivision until the date that the provider meets the provider standards in subdivision

160.1 3. Services provided from July 1, 2022, to the date that the provider meets the provider
160.2 standards in subdivision 3 shall be reimbursed at rates according to section 254B.05,
160.3 subdivision 5, paragraph (b).

160.4 (b) The commissioner may temporarily suspend payments to the provider according to
160.5 section 256B.04, subdivision 21, paragraph (d), if provider does not meet the requirements
160.6 in paragraph (a). Payments withheld from the provider must be made once the commissioner
160.7 determines that the provider meets the requirements in paragraph (a).

160.8 ~~(b)~~ (c) For substance use disorder services under section 254B.05, subdivision 5,
160.9 paragraph (b), clause (8), provided on or after July 1, 2020, payment rates must be increased
160.10 by ~~15~~ 35 percent over the rates in effect on December 31, 2019.

160.11 ~~(e)~~ (d) For substance use disorder services under section 254B.05, subdivision 5,
160.12 paragraph (b), clauses (1), (6), and (7), and adolescent treatment programs that are licensed
160.13 as outpatient treatment programs according to sections 245G.01 to 245G.18, provided on
160.14 or after January 1, 2021, payment rates must be increased by ~~ten~~ 30 percent over the rates
160.15 in effect on December 31, 2020.

160.16 ~~(d)~~ (e) Effective January 1, 2021, and contingent on annual federal approval, managed
160.17 care plans and county-based purchasing plans must reimburse providers of the substance
160.18 use disorder services meeting the criteria described in paragraph (a) who are employed by
160.19 or under contract with the plan an amount that is at least equal to the fee-for-service base
160.20 rate payment for the substance use disorder services described in paragraphs ~~(b)~~ (c) and ~~(e)~~
160.21 (d). The commissioner must monitor the effect of this requirement on the rate of access to
160.22 substance use disorder services and residential substance use disorder rates. Capitation rates
160.23 paid to managed care organizations and county-based purchasing plans must reflect the
160.24 impact of this requirement. This paragraph expires if federal approval is not received at any
160.25 time as required under this paragraph.

160.26 ~~(e)~~ (f) Effective July 1, 2021, contracts between managed care plans and county-based
160.27 purchasing plans and providers to whom paragraph ~~(d)~~ (e) applies must allow recovery of
160.28 payments from those providers if, for any contract year, federal approval for the provisions
160.29 of paragraph ~~(d)~~ (e) is not received, and capitation rates are adjusted as a result. Payment
160.30 recoveries must not exceed the amount equal to any decrease in rates that results from this
160.31 provision.

160.32 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
160.33 whichever occurs later, except paragraphs (c) and (d) are effective January 1, 2022, or upon

161.1 federal approval, whichever is later. The commissioner shall notify the revisor of statutes
161.2 when federal approval is obtained.

161.3 Sec. 15. Minnesota Statutes 2020, section 256B.0759, is amended by adding a subdivision
161.4 to read:

161.5 Subd. 6. **Medium intensity residential program participation.** Medium intensity
161.6 residential programs that qualify to participate in the demonstration project shall use the
161.7 specified base payment rate of \$132.90 per day, and shall be eligible for the rate increases
161.8 specified in subdivision 4.

161.9 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2020.

161.10 Sec. 16. Minnesota Statutes 2020, section 256B.0759, is amended by adding a subdivision
161.11 to read:

161.12 Subd. 7. **Public access.** The state shall post the final documents, for example, monitoring
161.13 reports, close out report, approved evaluation design, interim evaluation report, and
161.14 summative evaluation report, on the state's Medicaid website within 30 calendar days of
161.15 approval by CMS.

161.16 **EFFECTIVE DATE.** This section is effective July 1, 2021.

161.17 Sec. 17. Minnesota Statutes 2020, section 256B.0759, is amended by adding a subdivision
161.18 to read:

161.19 Subd. 8. **Federal approval; demonstration project extension.** The commissioner shall
161.20 seek all necessary federal authority to extend the demonstration and must submit the request
161.21 for extension by the federally required date of June 30, 2023.

161.22 **EFFECTIVE DATE.** This section is effective July 1, 2021.

161.23 Sec. 18. Minnesota Statutes 2020, section 256B.0759, is amended by adding a subdivision
161.24 to read:

161.25 Subd. 9. **Demonstration project evaluation work group.** Beginning October 1, 2021,
161.26 the commissioner shall assemble a work group of relevant stakeholders, including but not
161.27 limited to demonstration project participants and the Minnesota Association of Resources
161.28 for Recovery and Chemical Health, that shall meet at least quarterly for the duration of the
161.29 demonstration to evaluate the long-term sustainability of any improvements to quality or
161.30 access to substance use disorder treatment services caused by participation in the

162.1 demonstration project. The work group shall also determine how to implement successful
162.2 outcomes of the demonstration project once the project expires.

162.3 **EFFECTIVE DATE.** This section is effective July 1, 2021.

162.4 Sec. 19. Minnesota Statutes 2020, section 256B.0947, subdivision 2, is amended to read:

162.5 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
162.6 given them.

162.7 (a) "Intensive nonresidential rehabilitative mental health services" means child
162.8 rehabilitative mental health services as defined in section 256B.0943, except that these
162.9 services are provided by a multidisciplinary staff using a total team approach consistent
162.10 with assertive community treatment, as adapted for youth, and are directed to recipients
162.11 ages 16, 17, 18, 19, or 20 who are eight years of age or older and under 26 years of age with
162.12 a serious mental illness or co-occurring mental illness and substance abuse addiction who
162.13 require intensive services to prevent admission to an inpatient psychiatric hospital or
162.14 placement in a residential treatment facility or who require intensive services to step down
162.15 from inpatient or residential care to community-based care.

162.16 (b) "Co-occurring mental illness and substance abuse addiction" means a dual diagnosis
162.17 of at least one form of mental illness and at least one substance use disorder. Substance use
162.18 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

162.19 (c) "Diagnostic assessment" has the meaning given to it in Minnesota Rules, part
162.20 9505.0370, subpart 11. A diagnostic assessment must be provided according to Minnesota
162.21 Rules, part 9505.0372, subpart 1, and for this section must incorporate a determination of
162.22 the youth's necessary level of care using a standardized functional assessment instrument
162.23 approved and periodically updated by the commissioner.

162.24 (d) "Education specialist" means an individual with knowledge and experience working
162.25 with youth regarding special education requirements and goals, special education plans,
162.26 and coordination of educational activities with health care activities.

162.27 (e) "Housing access support" means an ancillary activity to help an individual find,
162.28 obtain, retain, and move to safe and adequate housing. Housing access support does not
162.29 provide monetary assistance for rent, damage deposits, or application fees.

162.30 (f) "Integrated dual disorders treatment" means the integrated treatment of co-occurring
162.31 mental illness and substance use disorders by a team of cross-trained clinicians within the
162.32 same program, and is characterized by assertive outreach, stage-wise comprehensive
162.33 treatment, treatment goal setting, and flexibility to work within each stage of treatment.

163.1 (g) "Medication education services" means services provided individually or in groups,
163.2 which focus on:

163.3 (1) educating the client and client's family or significant nonfamilial supporters about
163.4 mental illness and symptoms;

163.5 (2) the role and effects of medications in treating symptoms of mental illness; and

163.6 (3) the side effects of medications.

163.7 Medication education is coordinated with medication management services and does not
163.8 duplicate it. Medication education services are provided by physicians, pharmacists, or
163.9 registered nurses with certification in psychiatric and mental health care.

163.10 (h) "Peer specialist" means an employed team member who is a mental health certified
163.11 peer specialist according to section 256B.0615 and also a former children's mental health
163.12 consumer who:

163.13 (1) provides direct services to clients including social, emotional, and instrumental
163.14 support and outreach;

163.15 (2) assists younger peers to identify and achieve specific life goals;

163.16 (3) works directly with clients to promote the client's self-determination, personal
163.17 responsibility, and empowerment;

163.18 (4) assists youth with mental illness to regain control over their lives and their
163.19 developmental process in order to move effectively into adulthood;

163.20 (5) provides training and education to other team members, consumer advocacy
163.21 organizations, and clients on resiliency and peer support; and

163.22 (6) meets the following criteria:

163.23 (i) is at least 22 years of age;

163.24 (ii) has had a diagnosis of mental illness, as defined in Minnesota Rules, part 9505.0370,
163.25 subpart 20, or co-occurring mental illness and substance abuse addiction;

163.26 (iii) is a former consumer of child and adolescent mental health services, or a former or
163.27 current consumer of adult mental health services for a period of at least two years;

163.28 (iv) has at least a high school diploma or equivalent;

163.29 (v) has successfully completed training requirements determined and periodically updated
163.30 by the commissioner;

164.1 (vi) is willing to disclose the individual's own mental health history to team members
164.2 and clients; and

164.3 (vii) must be free of substance use problems for at least one year.

164.4 (i) "Provider agency" means a for-profit or nonprofit organization established to
164.5 administer an assertive community treatment for youth team.

164.6 (j) "Substance use disorders" means one or more of the disorders defined in the diagnostic
164.7 and statistical manual of mental disorders, current edition.

164.8 (k) "Transition services" means:

164.9 (1) activities, materials, consultation, and coordination that ensures continuity of the
164.10 client's care in advance of and in preparation for the client's move from one stage of care
164.11 or life to another by maintaining contact with the client and assisting the client to establish
164.12 provider relationships;

164.13 (2) providing the client with knowledge and skills needed posttransition;

164.14 (3) establishing communication between sending and receiving entities;

164.15 (4) supporting a client's request for service authorization and enrollment; and

164.16 (5) establishing and enforcing procedures and schedules.

164.17 A youth's transition from the children's mental health system and services to the adult
164.18 mental health system and services and return to the client's home and entry or re-entry into
164.19 community-based mental health services following discharge from an out-of-home placement
164.20 or inpatient hospital stay.

164.21 (l) "Treatment team" means all staff who provide services to recipients under this section.

164.22 (m) "Family peer specialist" means a staff person qualified under section 256B.0616.

164.23 Sec. 20. Minnesota Statutes 2020, section 256B.0947, subdivision 3, is amended to read:

164.24 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

164.25 (1) is ~~age 16, 17, 18, 19, or 20~~ eight years of age or older and under 26 years of age; ~~and~~

164.26 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance
164.27 abuse addiction, for which intensive nonresidential rehabilitative mental health services are
164.28 needed;

165.1 (3) has received a level-of-care determination, using an instrument approved by the
165.2 commissioner, that indicates a need for intensive integrated intervention without 24-hour
165.3 medical monitoring and a need for extensive collaboration among multiple providers;

165.4 (4) has a functional impairment and a history of difficulty in functioning safely and
165.5 successfully in the community, school, home, or job; or who is likely to need services from
165.6 the adult mental health system ~~within the next two years~~ during adulthood; and

165.7 (5) has had a recent diagnostic assessment, as provided in Minnesota Rules, part
165.8 9505.0372, subpart 1, by a mental health professional who is qualified under Minnesota
165.9 Rules, part 9505.0371, subpart 5, item A, that documents that intensive nonresidential
165.10 rehabilitative mental health services are medically necessary to ameliorate identified
165.11 symptoms and functional impairments and to achieve individual transition goals.

165.12 Sec. 21. Minnesota Statutes 2020, section 256B.0947, subdivision 5, is amended to read:

165.13 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services
165.14 must be provided by a provider entity as provided in subdivision 4.

165.15 (b) The treatment team must have specialized training in providing services to the specific
165.16 age group of youth that the team serves. An individual treatment team must serve youth
165.17 who are: (1) at least eight years of age or older and under 16 years of age, or (2) at least 14
165.18 years of age or older and under 26 years of age.

165.19 ~~(b)~~ (c) The treatment team for intensive nonresidential rehabilitative mental health
165.20 services comprises both permanently employed core team members and client-specific team
165.21 members as follows:

165.22 (1) The core treatment team is an entity that operates under the direction of an
165.23 independently licensed mental health professional, who is qualified under Minnesota Rules,
165.24 part 9505.0371, subpart 5, item A, and that assumes comprehensive clinical responsibility
165.25 for clients. Based on professional qualifications and client needs, clinically qualified core
165.26 team members are assigned on a rotating basis as the client's lead worker to coordinate a
165.27 client's care. The core team must comprise at least four full-time equivalent direct care staff
165.28 and must include, but is not limited to:

165.29 (i) an independently licensed mental health professional, qualified under Minnesota
165.30 Rules, part 9505.0371, subpart 5, item A, who serves as team leader to provide administrative
165.31 direction and clinical supervision to the team;

166.1 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
166.2 health care or a board-certified child and adolescent psychiatrist, either of which must be
166.3 credentialed to prescribe medications;

166.4 (iii) a licensed alcohol and drug counselor who is also trained in mental health
166.5 interventions; and

166.6 (iv) a peer specialist as defined in subdivision 2, paragraph (h).

166.7 (2) The core team may also include any of the following:

166.8 (i) additional mental health professionals;

166.9 (ii) a vocational specialist;

166.10 (iii) an educational specialist;

166.11 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

166.12 (v) a mental health practitioner, as defined in section 245.4871, subdivision 26;

166.13 (vi) a case management service provider, as defined in section 245.4871, subdivision 4;

166.14 (vii) a housing access specialist; and

166.15 (viii) a family peer specialist as defined in subdivision 2, paragraph (m).

166.16 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
166.17 members not employed by the team who consult on a specific client and who must accept
166.18 overall clinical direction from the treatment team for the duration of the client's placement
166.19 with the treatment team and must be paid by the provider agency at the rate for a typical
166.20 session by that provider with that client or at a rate negotiated with the client-specific
166.21 member. Client-specific treatment team members may include:

166.22 (i) the mental health professional treating the client prior to placement with the treatment
166.23 team;

166.24 (ii) the client's current substance abuse counselor, if applicable;

166.25 (iii) a lead member of the client's individualized education program team or school-based
166.26 mental health provider, if applicable;

166.27 (iv) a representative from the client's health care home or primary care clinic, as needed
166.28 to ensure integration of medical and behavioral health care;

166.29 (v) the client's probation officer or other juvenile justice representative, if applicable;
166.30 and

167.1 (vi) the client's current vocational or employment counselor, if applicable.

167.2 ~~(e)~~ (d) The clinical supervisor shall be an active member of the treatment team and shall
167.3 function as a practicing clinician at least on a part-time basis. The treatment team shall meet
167.4 with the clinical supervisor at least weekly to discuss recipients' progress and make rapid
167.5 adjustments to meet recipients' needs. The team meeting must include client-specific case
167.6 reviews and general treatment discussions among team members. Client-specific case
167.7 reviews and planning must be documented in the individual client's treatment record.

167.8 ~~(d)~~ (e) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
167.9 team position.

167.10 ~~(e)~~ (f) The treatment team shall serve no more than 80 clients at any one time. Should
167.11 local demand exceed the team's capacity, an additional team must be established rather than
167.12 exceed this limit.

167.13 ~~(f)~~ (g) Nonclinical staff shall have prompt access in person or by telephone to a mental
167.14 health practitioner or mental health professional. The provider shall have the capacity to
167.15 promptly and appropriately respond to emergent needs and make any necessary staffing
167.16 adjustments to ensure the health and safety of clients.

167.17 ~~(g)~~ (h) The intensive nonresidential rehabilitative mental health services provider shall
167.18 participate in evaluation of the assertive community treatment for youth (Youth ACT) model
167.19 as conducted by the commissioner, including the collection and reporting of data and the
167.20 reporting of performance measures as specified by contract with the commissioner.

167.21 ~~(h)~~ (i) A regional treatment team may serve multiple counties.

167.22 Sec. 22. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

167.23 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
167.24 nonresidential rehabilitative mental health services.

167.25 (a) The treatment team must use team treatment, not an individual treatment model.

167.26 (b) Services must be available at times that meet client needs.

167.27 (c) Services must be age-appropriate and meet the specific needs of the client.

167.28 (d) The initial functional assessment must be completed within ten days of intake and
167.29 updated at least every six months or prior to discharge from the service, whichever comes
167.30 first.

168.1 (e) The treatment team must complete an individual treatment plan for each client and
168.2 the individual treatment plan must:

168.3 (1) be based on the information in the client's diagnostic assessment and baselines;

168.4 (2) identify goals and objectives of treatment, a treatment strategy, a schedule for
168.5 accomplishing treatment goals and objectives, and the individuals responsible for providing
168.6 treatment services and supports;

168.7 (3) be developed after completion of the client's diagnostic assessment by a mental health
168.8 professional or clinical trainee and before the provision of children's therapeutic services
168.9 and supports;

168.10 (4) be developed through a child-centered, family-driven, culturally appropriate planning
168.11 process, including allowing parents and guardians to observe or participate in individual
168.12 and family treatment services, assessments, and treatment planning;

168.13 (5) be reviewed at least once every six months and revised to document treatment progress
168.14 on each treatment objective and next goals or, if progress is not documented, to document
168.15 changes in treatment;

168.16 (6) be signed by the clinical supervisor and by the client or by the client's parent or other
168.17 person authorized by statute to consent to mental health services for the client. A client's
168.18 parent may approve the client's individual treatment plan by secure electronic signature or
168.19 by documented oral approval that is later verified by written signature;

168.20 (7) be completed in consultation with the client's current therapist and key providers and
168.21 provide for ongoing consultation with the client's current therapist to ensure therapeutic
168.22 continuity and to facilitate the client's return to the community. For clients under the age of
168.23 18, the treatment team must consult with parents and guardians in developing the treatment
168.24 plan;

168.25 (8) if a need for substance use disorder treatment is indicated by validated assessment:

168.26 (i) identify goals, objectives, and strategies of substance use disorder treatment; develop
168.27 a schedule for accomplishing treatment goals and objectives; and identify the individuals
168.28 responsible for providing treatment services and supports;

168.29 (ii) be reviewed at least once every 90 days and revised, if necessary;

168.30 (9) be signed by the clinical supervisor and by the client and, if the client is a minor, by
168.31 the client's parent or other person authorized by statute to consent to mental health treatment
168.32 and substance use disorder treatment for the client; and

169.1 (10) provide for the client's transition out of intensive nonresidential rehabilitative mental
169.2 health services by defining the team's actions to assist the client and subsequent providers
169.3 in the transition to less intensive or "stepped down" services.

169.4 (f) The treatment team shall actively and assertively engage the client's family members
169.5 and significant others by establishing communication and collaboration with the family and
169.6 significant others and educating the family and significant others about the client's mental
169.7 illness, symptom management, and the family's role in treatment, unless the team knows or
169.8 has reason to suspect that the client has suffered or faces a threat of suffering any physical
169.9 or mental injury, abuse, or neglect from a family member or significant other.

169.10 (g) For a client age 18 or older, the treatment team may disclose to a family member,
169.11 other relative, or a close personal friend of the client, or other person identified by the client,
169.12 the protected health information directly relevant to such person's involvement with the
169.13 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
169.14 client is present, the treatment team shall obtain the client's agreement, provide the client
169.15 with an opportunity to object, or reasonably infer from the circumstances, based on the
169.16 exercise of professional judgment, that the client does not object. If the client is not present
169.17 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
169.18 team may, in the exercise of professional judgment, determine whether the disclosure is in
169.19 the best interests of the client and, if so, disclose only the protected health information that
169.20 is directly relevant to the family member's, relative's, friend's, or client-identified person's
169.21 involvement with the client's health care. The client may orally agree or object to the
169.22 disclosure and may prohibit or restrict disclosure to specific individuals.

169.23 (h) The treatment team shall provide interventions to promote positive interpersonal
169.24 relationships.

169.25 Sec. 23. Minnesota Statutes 2020, section 297E.02, subdivision 3, is amended to read:

169.26 Subd. 3. **Collection; disposition.** (a) Taxes imposed by this section are due and payable
169.27 to the commissioner when the gambling tax return is required to be filed. Distributors must
169.28 file their monthly sales figures with the commissioner on a form prescribed by the
169.29 commissioner. Returns covering the taxes imposed under this section must be filed with
169.30 the commissioner on or before the 20th day of the month following the close of the previous
169.31 calendar month. The commissioner shall prescribe the content, format, and manner of returns
169.32 or other documents pursuant to section 270C.30. The proceeds, along with the revenue
169.33 received from all license fees and other fees under sections 349.11 to 349.191, 349.211,

170.1 and 349.213, must be paid to the commissioner of management and budget for deposit in
 170.2 the general fund.

170.3 (b) The sales tax imposed by chapter 297A on the sale of pull-tabs and tipboards by the
 170.4 distributor is imposed on the retail sales price. The retail sale of pull-tabs or tipboards by
 170.5 the organization is exempt from taxes imposed by chapter 297A and is exempt from all
 170.6 local taxes and license fees except a fee authorized under section 349.16, subdivision 8.

170.7 (c) One-half of one percent of the revenue deposited in the general fund under paragraph
 170.8 (a), is appropriated to the commissioner of human services for the compulsive gambling
 170.9 treatment program established under section 245.98. One-half of one percent of the revenue
 170.10 deposited in the general fund under paragraph (a), is appropriated to the commissioner of
 170.11 human services for a grant to the state affiliate recognized by the National Council on
 170.12 Problem Gambling to increase public awareness of problem gambling, education and training
 170.13 for individuals and organizations providing effective treatment services to problem gamblers
 170.14 and their families, and research relating to problem gambling. Money appropriated by this
 170.15 paragraph must supplement and must not replace existing state funding for these programs.

170.16 (d) The commissioner of human services must provide to the state affiliate recognized
 170.17 by the National Council on Problem Gambling a monthly statement of the amounts deposited
 170.18 under paragraph (c). Beginning January 1, 2022, the commissioner of human services must
 170.19 provide to the chairs and ranking minority members of the legislative committees with
 170.20 jurisdiction over treatment for problem gambling and to the state affiliate recognized by the
 170.21 National Council on Problem Gambling an annual reconciliation of the amounts deposited
 170.22 under paragraph (c). The annual reconciliation under this paragraph must include the amount
 170.23 allocated to the commissioner of human services for the compulsive gambling treatment
 170.24 program established under section 245.98, and the amount allocated to the state affiliate
 170.25 recognized by the National Council on Problem Gambling.

170.26 Sec. 24. **SUBSTANCE USE DISORDER TREATMENT PATHFINDER**
 170.27 **COMPANION PILOT PROJECT.**

170.28 (a) Anoka County and an academic institution acting as a research partner, in consultation
 170.29 with the North Metro Mental Health Roundtable, shall conduct a one-year pilot project
 170.30 beginning September 1, 2021, to evaluate the effects on treatment outcomes of the use by
 170.31 individuals in substance use disorder recovery of the telephone-based Pathfinder Companion
 170.32 application, which allows individuals in recovery to connect with peers, resources, providers,
 170.33 and others helping with recovery after an individual is discharged from treatment, and the
 170.34 use by providers of the computer-based Pathfinder Bridge application, which allows providers

171.1 to prioritize care, connect directly with patients, and monitor long-term outcomes and
171.2 recovery effectiveness.

171.3 (b) Prior to launching the program, Anoka County must secure the participation of an
171.4 academic research institution as a research partner and the project must receive approval
171.5 from the institution's institutional review board.

171.6 (c) The pilot project must monitor and evaluate the effects on treatment outcomes of
171.7 using the Pathfinder Companion and Pathfinder Bridge applications in order to determine
171.8 whether the addition of digital recovery support services alongside traditional methods of
171.9 recovery treatment improves treatment outcomes. The participating research partner shall
171.10 design and conduct the program evaluation.

171.11 (d) Anoka County and the participating research partner, in consultation with the North
171.12 Metro Mental Health Roundtable, shall report to the commissioner of human services and
171.13 the chairs and ranking minority members of the legislative committees with jurisdiction
171.14 over substance use disorder treatment by January 15, 2023, on the results of the pilot project.

171.15 **Sec. 25. FIRST EPISODE OF PSYCHOSIS GRANT PROGRAM; AUTHORIZED**
171.16 **USES OF GRANT FUNDS.**

171.17 (a) Grant funds awarded by the commissioner of human services pursuant to Minnesota
171.18 Statutes, section 245.4889, subdivision 1, paragraph (b), clause (15), must be used to:

171.19 (1) provide intensive treatment and support for adolescents and adults experiencing or
171.20 at risk of experiencing a first psychotic episode. Intensive treatment and support includes
171.21 medication management, psychoeducation for an individual and an individual's family, case
171.22 management, employment support, education support, cognitive behavioral approaches,
171.23 social skills training, peer support, crisis planning, and stress management. Projects must
171.24 use all available funding streams;

171.25 (2) conduct outreach and provide training and guidance to mental health and health care
171.26 professionals, including postsecondary health clinics, on early psychosis symptoms, screening
171.27 tools, and best practices; and

171.28 (3) ensure access for individuals to first psychotic episode services under this section,
171.29 including ensuring access to first psychotic episode services for individuals who live in
171.30 rural areas.

171.31 (b) Grant funds may also be used to pay for housing or travel expenses or to address
171.32 other barriers preventing individuals and their families from participating in first psychotic
171.33 episode services.

172.1 Sec. 26. **EMERGING MOOD DISORDER GRANT PROGRAM; AUTHORIZED**
172.2 **USES OF GRANT FUNDS.**

172.3 (a) Grant funds awarded by the commissioner of human services pursuant to Minnesota
172.4 Statutes, section 245.4889, subdivision 1, paragraph (b), clause (18), must be used to:

172.5 (1) provide intensive treatment and support to adolescents and young adults experiencing
172.6 or at risk of experiencing an emerging mood disorder. Intensive treatment and support
172.7 includes medication management, psychoeducation for the individual and the individual's
172.8 family, case management, employment support, education support, cognitive behavioral
172.9 approaches, social skills training, peer support, crisis planning, and stress management.

172.10 Grant recipients must use all available funding streams;

172.11 (2) conduct outreach and provide training and guidance to mental health and health care
172.12 professionals, including postsecondary health clinics, on early symptoms of mood disorders,
172.13 screening tools, and best practices; and

172.14 (3) ensure access for individuals to emerging mood disorder services under this section,
172.15 including ensuring access to services for individuals who live in rural areas.

172.16 (b) Grant funds may also be used by the grant recipient to evaluate the efficacy for
172.17 providing intensive services and supports to people with emerging mood disorders.

172.18 Sec. 27. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; MENTAL**
172.19 **HEALTH GRANT PROGRAMS STATUTE REVISION.**

172.20 The commissioner of human services, in coordination with the Office of Senate Counsel,
172.21 Research, and Fiscal Analysis, the Office of the House Research Department, and the revisor
172.22 of statutes, shall prepare legislation for the 2022 legislative session to enact as statutes the
172.23 grant programs authorized and funded under Minnesota Statutes, section 245.4661,
172.24 subdivision 9. The draft statutes shall at least include the eligibility criteria, target populations,
172.25 authorized uses of grant funds, and outcome measures for each grant. The commissioner
172.26 shall provide a courtesy copy of the proposed legislation to the chairs and ranking minority
172.27 members of the legislative committees with jurisdiction over mental health grants.

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

172.29 Sec. 28. **DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**
172.30 **TREATMENT PAPERWORK REDUCTION.**

172.31 (a) The commissioner of human services, in consultation with counties, tribes, managed
172.32 care organizations, substance use disorder treatment professional associations, and other

173.1 relevant stakeholders, shall develop, assess, and recommend systems improvements to
 173.2 minimize regulatory paperwork and improve systems for substance use disorder programs
 173.3 licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,
 173.4 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner
 173.5 of human services shall make available any resources needed from other divisions within
 173.6 the department to implement systems improvements.

173.7 (b) The commissioner of health shall make available needed information and resources
 173.8 from the Division of Health Policy.

173.9 (c) The Office of MN.IT Services shall provide advance consultation and implementation
 173.10 of the changes needed in data systems.

173.11 (d) The commissioner of human services shall contract with a vendor that has experience
 173.12 with developing statewide system changes for multiple states at the payer and provider
 173.13 levels. If the commissioner, after exercising reasonable diligence, is unable to secure a
 173.14 vendor with the requisite qualifications, the commissioner may select the best qualified
 173.15 vendor available. When developing recommendations, the commissioner shall consider
 173.16 input from all stakeholders. The commissioner's recommendations shall maximize benefits
 173.17 for clients and utility for providers, regulatory agencies, and payers.

173.18 (e) The commissioner of human services and the contracted vendor shall follow the
 173.19 recommendations from the report issued in response to Laws 2019, First Special Session
 173.20 chapter 9, article 6, section 76.

173.21 (f) By December 15, 2022, the commissioner of human services shall take steps to
 173.22 implement paperwork reductions and systems improvements within the commissioner's
 173.23 authority and submit to the chairs and ranking minority members of the legislative committees
 173.24 with jurisdiction over health and human services a report that includes recommendations
 173.25 for changes in statutes that would further enhance systems improvements to reduce
 173.26 paperwork. The report shall include a summary of the approaches developed and assessed
 173.27 by the commissioner of human services and stakeholders and the results of any assessments
 173.28 conducted.

173.29 **Sec. 29. DIRECTION TO THE COMMISSIONER; SOBER HOUSING PROGRAM**
 173.30 **RECOMMENDATIONS.**

173.31 (a) The commissioner of human services, in consultation with stakeholders, must develop
 173.32 recommendations on:

173.33 (1) increasing access to sober housing programs;

174.1 (2) promoting person-centered practices and cultural responsiveness in sober housing
 174.2 programs;

174.3 (3) potential oversight of sober housing programs; and

174.4 (4) providing consumer protections for individuals in sober housing programs with
 174.5 substance use disorders and individuals with co-occurring mental illnesses.

174.6 (b) Stakeholders include but are not limited to the Minnesota Association of Sober
 174.7 Homes, the Minnesota Association of Resources for Recovery and Chemical Health,
 174.8 Minnesota Recovery Connection, NAMI Minnesota, and residents and former residents of
 174.9 sober housing programs based in Minnesota. Stakeholders must equitably represent
 174.10 geographic areas of the state, and must include individuals in recovery and providers
 174.11 representing Black, Indigenous, people of color, or immigrant communities.

174.12 (c) The commissioner must complete and submit a report on the recommendations in
 174.13 this section to the chairs and ranking minority members of the legislative committees with
 174.14 jurisdiction over health and human services policy and finance on or before September 1,
 174.15 2022.

174.16 Sec. 30. **DIRECTION TO COMMISSIONERS OF HEALTH AND HUMAN**
 174.17 **SERVICES; COMPULSIVE GAMBLING PROGRAMMING AND FUNDING.**

174.18 By September 1, 2022, the commissioner of human services shall consult with the
 174.19 commissioner of health and report to the chairs and ranking minority members of the
 174.20 legislative committees with jurisdiction over health and human services with a
 174.21 recommendation on whether the revenue appropriated to the commissioner of human services
 174.22 for a grant to the state affiliate recognized by the National Council on Problem Gambling
 174.23 under Minnesota Statutes, section 297E.02, subdivision 3, paragraph (c), is more properly
 174.24 appropriated to and managed by an agency other than the Department of Human Services.
 174.25 The commissioners shall also recommend whether the compulsive gambling treatment
 174.26 program in Minnesota Statutes, section 245.98, should continue to be managed by the
 174.27 Department of Human Services or be managed by another agency.

174.28 Sec. 31. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; SUD**
 174.29 **DEMONSTRATION PROJECT ENROLLMENT REPORT.**

174.30 Beginning with the November 2021 budget forecast and for each budget forecast
 174.31 thereafter, the commissioner of human services shall report to the chairs and ranking minority
 174.32 members of the legislative committees with jurisdiction over human services on the number

175.1 of institutions for mental disease providers enrolled in the demonstration project under
 175.2 Minnesota Statutes, section 256B.0759, and the amount of the federal financial participation
 175.3 for institutions for mental disease providers enrolled in the demonstration project and the
 175.4 amount of the federal financial participation that exceeds the commissioner's projected
 175.5 enrollment as of the November 2021 forecast. This report shall be provided for the duration
 175.6 of the demonstration project.

175.7 **Sec. 32. FEDERAL COMMUNITY MENTAL HEALTH SERVICES BLOCK**
 175.8 **GRANT ALLOCATION; CHILDREN'S MENTAL HEALTH GRANTS FOR**
 175.9 **EMERGING MOOD DISORDERS PROGRAMS.**

175.10 From the amount that Minnesota received under title II of the federal Consolidated
 175.11 Appropriations Act, Public Law 116-260, for the community mental health services block
 175.12 grant, the commissioner of human services shall allocate \$400,000 in fiscal year 2022,
 175.13 \$400,000 in fiscal year 2023, \$400,000 in fiscal year 2024, and \$400,000 in fiscal year
 175.14 2025, for children's mental health grants for emerging mood disorder programs under
 175.15 Minnesota Statutes, section 245.4889, subdivision 1, paragraph (b), clause (18).

175.16 **Sec. 33. FEDERAL COMMUNITY MENTAL HEALTH SERVICES BLOCK**
 175.17 **GRANT ALLOCATION; CHILDREN'S MENTAL HEALTH GRANTS FOR FIRST**
 175.18 **EPISODE OF PSYCHOSIS PROGRAMS.**

175.19 (a) From the amount that Minnesota received under title II of the federal Consolidated
 175.20 Appropriations Act, Public Law 116-260, for the community mental health services block
 175.21 grant, the commissioner of human services shall allocate \$1,600,000 in fiscal year 2022,
 175.22 \$1,500,000 in fiscal year 2023, and \$222,000 in fiscal year 2024, for children's mental health
 175.23 grants for first episode of psychosis programs under Minnesota Statutes, section 245.4889,
 175.24 subdivision 1, paragraph (b), clause (15).

175.25 (b) From the amount that Minnesota received under section 2701 of the federal American
 175.26 Rescue Plan Act, Public Law 117-2, for the community mental health services block grant,
 175.27 the commissioner of human services shall allocate \$1,278,000 in fiscal year 2024 and
 175.28 \$1,500,000 in fiscal year 2025, for children's mental health grants for first episode of
 175.29 psychosis programs under Minnesota Statutes, section 245.4889, subdivision 1, paragraph
 175.30 (b), clause (15).

175.31 (c) From the amount that Minnesota received under section 2701 of the federal American
 175.32 Rescue Plan Act, Public Law 117-2, for the community mental health services block grant,
 175.33 the commissioner of human services shall allocate \$200,000 in fiscal year 2022 and \$200,000

176.1 in fiscal year 2023, for additional funding to four existing first episode of psychosis programs
176.2 that receive children's mental health grants funding under Minnesota Statutes, section
176.3 245.4889, subdivision 1, paragraph (b), clause (15).

176.4 (d) From the amount that Minnesota received under title II of the federal Consolidated
176.5 Appropriations Act, Public Law 116-260, for the community mental health services block
176.6 grant, the commissioner of human services shall allocate \$200,000 in fiscal year 2024 and
176.7 \$200,000 in fiscal year 2025, for additional funding to four existing first episode of psychosis
176.8 programs that receive children's mental health grants funding under Minnesota Statutes,
176.9 section 245.4889, subdivision 1, paragraph (b), clause (15).

176.10 **Sec. 34. FEDERAL COMMUNITY MENTAL HEALTH SERVICES BLOCK**
176.11 **GRANT ALLOCATION; ADULT MENTAL HEALTH INITIATIVE GRANTS.**

176.12 (a) From the amount that Minnesota received under title II of the federal Consolidated
176.13 Appropriations Act, Public Law 116-260, for the community mental health services block
176.14 grant, the commissioner of human services shall allocate \$2,350,000 in fiscal year 2022
176.15 and \$2,350,000 in fiscal year 2023, for adult mental health initiative grants under Minnesota
176.16 Statutes, section 245.4661, subdivision 1.

176.17 (b) From the amount that Minnesota received under section 2701 of the federal American
176.18 Rescue Plan Act, Public Law 117-2, the commissioner of human services shall allocate
176.19 \$2,350,000 in fiscal year 2024 and \$2,350,000 in fiscal year 2025, for the adult mental
176.20 health initiative grants under Minnesota Statutes, section 245.4661, subdivision 1.

176.21 **Sec. 35. FEDERAL COMMUNITY MENTAL HEALTH SERVICES BLOCK**
176.22 **GRANT ALLOCATION; SCHOOL-LINKED MENTAL HEALTH GRANTS.**

176.23 (a) From the amount that Minnesota received under title II of the federal Consolidated
176.24 Appropriations Act, Public Law 116-260, for the community mental health services block
176.25 grant, the commissioner of human services shall allocate \$2,500,000 in fiscal year 2022
176.26 and \$2,500,000 in fiscal year 2023 for school-linked mental health grants under Minnesota
176.27 Statutes, section 245.4901.

176.28 (b) From the amount that Minnesota received under section 2701 of the federal American
176.29 Rescue Plan Act, Public Law 117-2, for the community mental health services block grant,
176.30 the commissioner of human services shall allocate \$2,500,000 in fiscal year 2024 and
176.31 \$2,500,000 in fiscal year 2025, for school-linked mental health grants under Minnesota
176.32 Statutes, section 245.4901.

177.1 **Sec. 36. FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT**
177.2 **BLOCK GRANT ALLOCATION; SCHOOL-LINKED SUBSTANCE ABUSE**
177.3 **GRANTS.**

177.4 (a) From the amount that Minnesota received under title II of the federal Consolidated
177.5 Appropriations Act of 2020, Public Law 116-260, for the substance abuse prevention and
177.6 treatment block grant, the commissioner of human services shall allocate \$1,500,000 in
177.7 fiscal year 2022, \$1,500,000 in fiscal year 2023, and \$1,079,000 in fiscal year 2024, for
177.8 school-linked substance abuse grants under Minnesota Statutes, section 245.4901.

177.9 (b) From the amount that Minnesota received under section 2702 of the federal American
177.10 Rescue Plan Act, Public Law 117-2, for the substance abuse prevention and treatment block
177.11 grant, the commissioner shall allocate \$421,000 in fiscal year 2024 and \$1,500,000 in fiscal
177.12 year 2025, for school-linked substance abuse grants under Minnesota Statutes, section
177.13 245.4901.

177.14 **Sec. 37. FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT**
177.15 **BLOCK GRANT ALLOCATION; SUBSTANCE USE DISORDER TREATMENT**
177.16 **PATHFINDER COMPANION PILOT PROJECT.**

177.17 (a) From the amount that Minnesota received under title II of the federal Consolidated
177.18 Appropriations Act of 2020, Public Law 116-260, for the substance abuse prevention and
177.19 treatment block grant, the commissioner of human services shall allocate \$250,000 in fiscal
177.20 year 2022 for a grant to Anoka County to conduct a substance use disorder treatment
177.21 pathfinder companion pilot project. This is a onetime allocation and is available until January
177.22 15, 2023.

177.23 (b) Of this allocation, up to \$200,000 is for licensed use of the pathfinder companion
177.24 application for individuals participating in the pilot project and up to \$50,000 is for licensed
177.25 use of the pathfinder bridge application for providers participating in the pilot project.

177.26 (c) From the amount that Minnesota received under section 2702 of the federal American
177.27 Rescue Plan Act, Public Law 117-2, for the substance abuse prevention and treatment block
177.28 grant, the commissioner shall allocate \$300,000 in fiscal year 2022 for a grant to Anoka
177.29 County to conduct the substance use disorder treatment pathfinder companion pilot project.
177.30 This is a onetime allocation and is available until January 15, 2023.

178.1 **Sec. 38. FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT**
178.2 **BLOCK GRANT ALLOCATION; OPIOID EPIDEMIC RESPONSE GRANTS.**

178.3 (a) From the amount that Minnesota received under title II of the federal Consolidated
178.4 Appropriations Act of 2020, Public Law 116-260, for the substance abuse prevention and
178.5 treatment block grant, the commissioner of human services shall allocate \$3,500,000 in
178.6 fiscal year 2022 and \$3,500,000 in fiscal year 2023, for grants to be awarded according to
178.7 recommendations of the Opioid Epidemic Response Advisory Council under Minnesota
178.8 Statutes, section 256.042.

178.9 (b) From the amount that Minnesota received under Section 2702 of the federal American
178.10 Rescue Plan Act, Public Law 117-2, for the substance abuse prevention and treatment block
178.11 grant, the commissioner shall allocate \$3,500,000 in fiscal year 2024 and \$3,500,000 in
178.12 fiscal year 2025, for grants to be awarded according to recommendations of the Opioid
178.13 Epidemic Response Advisory Council under Minnesota Statutes, section 256.042.

178.14 (c) The commissioner shall include information on the grants awarded under this section
178.15 in the annual report under Minnesota Statutes, section 256.042, subdivision 5, paragraph
178.16 (a).

178.17 **Sec. 39. FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT**
178.18 **BLOCK GRANT ALLOCATION; RECOVERY COMMUNITY ORGANIZATION**
178.19 **INFRASTRUCTURE GRANTS.**

178.20 (a) From the amount that Minnesota received under title II of the federal Consolidated
178.21 Appropriations Act of 2020, Public Law 116-260, for the substance abuse prevention and
178.22 treatment block grant, the commissioner of human services shall allocate \$2,000,000 in
178.23 fiscal year 2022 and \$2,000,000 in fiscal year 2023, for grants to recovery community
178.24 organizations, as defined in Minnesota Statutes, section 254B.01, subdivision 8, to provide
178.25 community-based peer recovery support services that are not otherwise eligible for
178.26 reimbursement under Minnesota Statutes, section 254B.05.

178.27 (b) From the amount that Minnesota received under Section 2702 of the federal American
178.28 Rescue Plan Act, Public Law 117-2, for the substance abuse prevention and treatment block
178.29 grant for grants, the commissioner of human services shall allocate \$2,000,000 in fiscal
178.30 year 2024 and \$2,000,000 in fiscal year 2025, to recovery community organizations, as
178.31 defined in Minnesota Statutes, section 254B.01, subdivision 8, to provide community-based
178.32 peer recovery support services that are not otherwise eligible for reimbursement under
178.33 Minnesota Statutes, section 254B.05.

179.1 Sec. 40. **DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**
179.2 **TREATMENT RATE RESTRUCTURE.**

179.3 (a) By January 1, 2022, the commissioner shall issue a request for proposal for
179.4 frameworks and modeling of substance use disorder rates. Rates must be predicated on a
179.5 uniform methodology that is transparent, culturally responsive, supports staffing needed to
179.6 treat a patient's assessed need, and promotes quality service delivery and patient choice.
179.7 The commissioner must consult with substance use disorder treatment programs across the
179.8 spectrum of services, substance use disorder treatment programs from across each region
179.9 of the state, and culturally responsive providers in the development of the request for proposal
179.10 process and for the duration of the contract.

179.11 (b) By January 15, 2023, the commissioner of human services shall submit a report to
179.12 the chairs and ranking minority members of the legislative committees with jurisdiction
179.13 over human services policy and finance on the results of the vendor's work. The report must
179.14 include legislative language necessary to implement a new substance use disorder treatment
179.15 rate methodology and a detailed fiscal analysis.

179.16 Sec. 41. **DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**
179.17 **TECHNICAL ASSISTANCE CENTERS.**

179.18 The commissioner shall establish one or more community-based technical assistance
179.19 centers for substance use disorder treatment providers that offer both virtual learning
179.20 environments and in-person opportunities. The technical assistance centers must provide
179.21 guidance to substance use disorder providers concerning the enrollment process for the
179.22 substance use disorder reform demonstration project under Minnesota Statutes, section
179.23 256B.0759, and provide advice concerning bringing the provider's treatment practices into
179.24 compliance with American Society of Addiction Medicine standards during the one-year
179.25 transition period. Technical assistance centers may also promote awareness of new and
179.26 evidence-based practices and services for the treatment of substance use disorders, and offer
179.27 education, training, resources, and information for the behavioral health care workforce.
179.28 The commissioner must award funding to technical assistance centers by March 1, 2022,
179.29 to initiate operations.

179.30 Sec. 42. **REVISOR INSTRUCTION.**

179.31 The revisor of statutes shall replace "EXCELLENCE IN MENTAL HEALTH
179.32 DEMONSTRATION PROJECT" with "CERTIFIED COMMUNITY BEHAVIORAL

180.1 HEALTH CLINIC SERVICES" in the section headnote for Minnesota Statutes, section
180.2 245.735.

180.3 Sec. 43. **REPEALER.**

180.4 (a) Minnesota Statutes 2020, section 245.735, subdivisions 1, 2, and 4, are repealed.

180.5 (b) Minnesota Rules, parts 9530.6800; and 9530.6810, are repealed.

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

180.7 **ARTICLE 5**

180.8 **DISABILITY SERVICES AND CONTINUING CARE FOR OLDER ADULTS**

180.9 Section 1. Minnesota Statutes 2020, section 144.0724, subdivision 4, is amended to read:

180.10 Subd. 4. **Resident assessment schedule.** (a) A facility must conduct and electronically
180.11 submit to the commissioner of health MDS assessments that conform with the assessment
180.12 schedule defined by Code of Federal Regulations, title 42, section 483.20, and published
180.13 by the United States Department of Health and Human Services, Centers for Medicare and
180.14 Medicaid Services, in the Long Term Care Assessment Instrument User's Manual, version
180.15 3.0, and subsequent updates when issued by the Centers for Medicare and Medicaid Services.
180.16 The commissioner of health may substitute successor manuals or question and answer
180.17 documents published by the United States Department of Health and Human Services,
180.18 Centers for Medicare and Medicaid Services, to replace or supplement the current version
180.19 of the manual or document.

180.20 (b) The assessments used to determine a case mix classification for reimbursement
180.21 include the following:

180.22 (1) a new admission assessment;

180.23 (2) an annual assessment which must have an assessment reference date (ARD) within
180.24 92 days of the previous assessment and the previous comprehensive assessment;

180.25 (3) a significant change in status assessment must be completed within 14 days of the
180.26 identification of a significant change, whether improvement or decline, and regardless of
180.27 the amount of time since the last significant change in status assessment;

180.28 (4) all quarterly assessments must have an assessment reference date (ARD) within 92
180.29 days of the ARD of the previous assessment;

180.30 (5) any significant correction to a prior comprehensive assessment, if the assessment
180.31 being corrected is the current one being used for RUG classification; and

181.1 (6) any significant correction to a prior quarterly assessment, if the assessment being
181.2 corrected is the current one being used for RUG classification.

181.3 (c) In addition to the assessments listed in paragraph (b), a significant change in status
181.4 assessment is required when:

181.5 (1) all speech, occupational, and physical therapies have ended. The assessment reference
181.6 date of this assessment must be set on day eight after all therapy services have ended; and

181.7 (2) isolation for an active infectious disease has ended. The assessment reference date
181.8 of this assessment must be set on day 15 after isolation has ended.

181.9 (d) In addition to the assessments listed in ~~paragraph~~ paragraphs (b) and (c), the
181.10 assessments used to determine nursing facility level of care include the following:

181.11 (1) preadmission screening completed under section 256.975, subdivisions 7a to 7c, by
181.12 the Senior LinkAge Line or other organization under contract with the Minnesota Board on
181.13 Aging; and

181.14 (2) a nursing facility level of care determination as provided for under section 256B.0911,
181.15 subdivision 4e, as part of a face-to-face long-term care consultation assessment completed
181.16 under section 256B.0911, by a county, tribe, or managed care organization under contract
181.17 with the Department of Human Services.

181.18 **EFFECTIVE DATE.** This section is effective for all assessments with an assessment
181.19 reference date of July 1, 2021, or later.

181.20 Sec. 2. Minnesota Statutes 2020, section 144A.073, subdivision 2, is amended to read:

181.21 Subd. 2. **Request for proposals.** At the authorization by the legislature of additional
181.22 medical assistance expenditures for exceptions to the moratorium on nursing homes, the
181.23 commissioner shall publish in the State Register a request for proposals for nursing home
181.24 and certified boarding care home projects for conversion, relocation, renovation, replacement,
181.25 upgrading, or addition. The public notice of this funding and the request for proposals must
181.26 specify how the approval criteria will be prioritized by the commissioner. The notice must
181.27 describe the information that must accompany a request and state that proposals must be
181.28 submitted to the commissioner within 150 days of the date of publication. The notice must
181.29 include the amount of the legislative appropriation available for the additional costs to the
181.30 medical assistance program of projects approved under this section. If money is appropriated,
181.31 the commissioner shall initiate the application and review process described in this section
181.32 at least once each biennium. A second application and review process must occur if remaining
181.33 funds are either greater than \$300,000 or more than 50 percent of the baseline appropriation

182.1 for the biennium. Authorized funds may be awarded in full in the first review process of
182.2 the biennium. Appropriated funds not encumbered within a biennium shall carry forward
182.3 ~~to the following biennium.~~ To be considered for approval, a proposal must include the
182.4 following information:

182.5 (1) whether the request is for renovation, replacement, upgrading, conversion, addition,
182.6 or relocation;

182.7 (2) a description of the problems the project is designed to address;

182.8 (3) a description of the proposed project;

182.9 (4) an analysis of projected costs of the nursing facility proposed project, including:

182.10 (i) initial construction and remodeling costs;

182.11 (ii) site preparation costs;

182.12 (iii) equipment and technology costs;

182.13 (iv) financing costs, the current estimated long-term financing costs of the proposal,
182.14 which is to include details of any proposed funding mechanism already arranged or being
182.15 considered, including estimates of the amount and sources of money, reserves if required,
182.16 annual payments schedule, interest rates, length of term, closing costs and fees, insurance
182.17 costs, any completed marketing study or underwriting review; and

182.18 (v) estimated operating costs during the first two years after completion of the project;

182.19 (5) for proposals involving replacement of all or part of a facility, the proposed location
182.20 of the replacement facility and an estimate of the cost of addressing the problem through
182.21 renovation;

182.22 (6) for proposals involving renovation, an estimate of the cost of addressing the problem
182.23 through replacement;

182.24 (7) the proposed timetable for commencing construction and completing the project;

182.25 (8) a statement of any licensure or certification issues, such as certification survey
182.26 deficiencies;

182.27 (9) the proposed relocation plan for current residents if beds are to be closed according
182.28 to section 144A.161; and

182.29 (10) other information required by permanent rule of the commissioner of health in
182.30 accordance with subdivisions 4 and 8.

183.1 Sec. 3. Minnesota Statutes 2020, section 144A.073, is amended by adding a subdivision
183.2 to read:

183.3 Subd. 17. **Moratorium exception funding.** (a) During the biennium beginning July 1,
183.4 2021, and during each biennium thereafter, the commissioner of health may approve
183.5 moratorium exception projects under this section for which the full biennial state share of
183.6 medical assistance costs does not exceed \$10,000,000, plus any carryover of previous
183.7 appropriations for this purpose.

183.8 (b) For the purposes of this subdivision, "biennium" has the meaning given in section
183.9 16A.011, subdivision 6.

183.10 Sec. 4. Minnesota Statutes 2020, section 245A.03, subdivision 7, is amended to read:

183.11 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
183.12 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
183.13 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
183.14 for a physical location that will not be the primary residence of the license holder for the
183.15 entire period of licensure. If a license is issued during this moratorium, and the license
183.16 holder changes the license holder's primary residence away from the physical location of
183.17 the foster care license, the commissioner shall revoke the license according to section
183.18 245A.07. The commissioner shall not issue an initial license for a community residential
183.19 setting licensed under chapter 245D. When approving an exception under this paragraph,
183.20 the commissioner shall consider the resource need determination process in paragraph (h),
183.21 the availability of foster care licensed beds in the geographic area in which the licensee
183.22 seeks to operate, the results of a person's choices during their annual assessment and service
183.23 plan review, and the recommendation of the local county board. The determination by the
183.24 commissioner is final and not subject to appeal. Exceptions to the moratorium include:

183.25 (1) foster care settings that are required to be registered under chapter 144D;

183.26 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
183.27 community residential setting licenses replacing adult foster care licenses in existence on
183.28 December 31, 2013, and determined to be needed by the commissioner under paragraph
183.29 (b);

183.30 (3) new foster care licenses or community residential setting licenses determined to be
183.31 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
183.32 or regional treatment center; restructuring of state-operated services that limits the capacity
183.33 of state-operated facilities; or allowing movement to the community for people who no

184.1 longer require the level of care provided in state-operated facilities as provided under section
 184.2 256B.092, subdivision 13, or 256B.49, subdivision 24;

184.3 (4) new foster care licenses or community residential setting licenses determined to be
 184.4 needed by the commissioner under paragraph (b) for persons requiring hospital level care;
 184.5 ~~or~~

184.6 (5) new foster care licenses or community residential setting licenses for people receiving
 184.7 services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and
 184.8 for which a license is required. This exception does not apply to people living in their own
 184.9 home. For purposes of this clause, there is a presumption that a foster care or community
 184.10 residential setting license is required for services provided to three or more people in a
 184.11 dwelling unit when the setting is controlled by the provider. A license holder subject to this
 184.12 exception may rebut the presumption that a license is required by seeking a reconsideration
 184.13 of the commissioner's determination. The commissioner's disposition of a request for
 184.14 reconsideration is final and not subject to appeal under chapter 14. The exception is available
 184.15 until June 30, 2018. This exception is available when:

184.16 (i) the person's case manager provided the person with information about the choice of
 184.17 service, service provider, and location of service, including in the person's home, to help
 184.18 the person make an informed choice; and

184.19 (ii) the person's services provided in the licensed foster care or community residential
 184.20 setting are less than or equal to the cost of the person's services delivered in the unlicensed
 184.21 setting as determined by the lead agency; or

184.22 (6) new foster care licenses or community residential setting licenses for people receiving
 184.23 customized living or 24-hour customized living services under the brain injury or community
 184.24 access for disability inclusion waiver plans under section 256B.49 and residing in the
 184.25 customized living setting before July 1, 2022, for which a license is required. A customized
 184.26 living service provider subject to this exception may rebut the presumption that a license
 184.27 is required by seeking a reconsideration of the commissioner's determination. The
 184.28 commissioner's disposition of a request for reconsideration is final and not subject to appeal
 184.29 under chapter 14. The exception is available until June 30, 2023. This exception is available
 184.30 when:

184.31 (i) the person's customized living services are provided in a customized living service
 184.32 setting serving four or fewer people under the brain injury or community access for disability
 184.33 inclusion waiver plans under section 256B.49 in a single-family home operational on or
 184.34 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

185.1 (ii) the person's case manager provided the person with information about the choice of
185.2 service, service provider, and location of service, including in the person's home, to help
185.3 the person make an informed choice; and

185.4 (iii) the person's services provided in the licensed foster care or community residential
185.5 setting are less than or equal to the cost of the person's services delivered in the customized
185.6 living setting as determined by the lead agency.

185.7 (b) The commissioner shall determine the need for newly licensed foster care homes or
185.8 community residential settings as defined under this subdivision. As part of the determination,
185.9 the commissioner shall consider the availability of foster care capacity in the area in which
185.10 the licensee seeks to operate, and the recommendation of the local county board. The
185.11 determination by the commissioner must be final. A determination of need is not required
185.12 for a change in ownership at the same address.

185.13 (c) When an adult resident served by the program moves out of a foster home that is not
185.14 the primary residence of the license holder according to section 256B.49, subdivision 15,
185.15 paragraph (f), or the adult community residential setting, the county shall immediately
185.16 inform the Department of Human Services Licensing Division. The department may decrease
185.17 the statewide licensed capacity for adult foster care settings.

185.18 (d) Residential settings that would otherwise be subject to the decreased license capacity
185.19 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
185.20 residents whose primary diagnosis is mental illness and the license holder is certified under
185.21 the requirements in subdivision 6a or section 245D.33.

185.22 (e) A resource need determination process, managed at the state level, using the available
185.23 reports required by section 144A.351, and other data and information shall be used to
185.24 determine where the reduced capacity determined under section 256B.493 will be
185.25 implemented. The commissioner shall consult with the stakeholders described in section
185.26 144A.351, and employ a variety of methods to improve the state's capacity to meet the
185.27 informed decisions of those people who want to move out of corporate foster care or
185.28 community residential settings, long-term service needs within budgetary limits, including
185.29 seeking proposals from service providers or lead agencies to change service type, capacity,
185.30 or location to improve services, increase the independence of residents, and better meet
185.31 needs identified by the long-term services and supports reports and statewide data and
185.32 information.

185.33 (f) At the time of application and reapplication for licensure, the applicant and the license
185.34 holder that are subject to the moratorium or an exclusion established in paragraph (a) are

186.1 required to inform the commissioner whether the physical location where the foster care
186.2 will be provided is or will be the primary residence of the license holder for the entire period
186.3 of licensure. If the primary residence of the applicant or license holder changes, the applicant
186.4 or license holder must notify the commissioner immediately. The commissioner shall print
186.5 on the foster care license certificate whether or not the physical location is the primary
186.6 residence of the license holder.

186.7 (g) License holders of foster care homes identified under paragraph (f) that are not the
186.8 primary residence of the license holder and that also provide services in the foster care home
186.9 that are covered by a federally approved home and community-based services waiver, as
186.10 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
186.11 services licensing division that the license holder provides or intends to provide these
186.12 waiver-funded services.

186.13 (h) The commissioner may adjust capacity to address needs identified in section
186.14 144A.351. Under this authority, the commissioner may approve new licensed settings or
186.15 delicense existing settings. Delicensing of settings will be accomplished through a process
186.16 identified in section 256B.493. Annually, by August 1, the commissioner shall provide
186.17 information and data on capacity of licensed long-term services and supports, actions taken
186.18 under the subdivision to manage statewide long-term services and supports resources, and
186.19 any recommendations for change to the legislative committees with jurisdiction over the
186.20 health and human services budget.

186.21 (i) The commissioner must notify a license holder when its corporate foster care or
186.22 community residential setting licensed beds are reduced under this section. The notice of
186.23 reduction of licensed beds must be in writing and delivered to the license holder by certified
186.24 mail or personal service. The notice must state why the licensed beds are reduced and must
186.25 inform the license holder of its right to request reconsideration by the commissioner. The
186.26 license holder's request for reconsideration must be in writing. If mailed, the request for
186.27 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
186.28 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
186.29 reconsideration is made by personal service, it must be received by the commissioner within
186.30 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

186.31 (j) The commissioner shall not issue an initial license for children's residential treatment
186.32 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
186.33 for a program that Centers for Medicare and Medicaid Services would consider an institution
186.34 for mental diseases. Facilities that serve only private pay clients are exempt from the
186.35 moratorium described in this paragraph. The commissioner has the authority to manage

187.1 existing statewide capacity for children's residential treatment services subject to the
187.2 moratorium under this paragraph and may issue an initial license for such facilities if the
187.3 initial license would not increase the statewide capacity for children's residential treatment
187.4 services subject to the moratorium under this paragraph.

187.5 **EFFECTIVE DATE.** This section is effective July 1, 2022.

187.6 Sec. 5. Minnesota Statutes 2020, section 245C.03, is amended by adding a subdivision to
187.7 read:

187.8 **Subd. 15. Early intensive developmental and behavioral intervention providers.** The
187.9 commissioner shall conduct background studies according to this chapter when initiated by
187.10 an early intensive developmental and behavioral intervention provider under section
187.11 256B.0949.

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

187.13 Sec. 6. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision to
187.14 read:

187.15 **Subd. 17. Early intensive developmental and behavioral intervention providers.** The
187.16 commissioner shall recover the cost of background studies required under section 245C.03,
187.17 subdivision 15, for the purposes of early intensive developmental and behavioral intervention
187.18 under section 256B.0949, through a fee of no more than \$20 per study charged to the enrolled
187.19 agency. The fees collected under this subdivision are appropriated to the commissioner for
187.20 the purpose of conducting background studies.

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

187.22 Sec. 7. Minnesota Statutes 2020, section 256.477, is amended to read:

187.23 **256.477 SELF-ADVOCACY GRANTS.**

187.24 **Subdivision 1. The Rick Cardenas Statewide Self-Advocacy Network.** (a) The
187.25 commissioner shall make available a grant for the purposes of establishing and maintaining
187.26 a the Rick Cardenas Statewide Self-Advocacy Network for persons with intellectual and
187.27 developmental disabilities. The Rick Cardenas Statewide Self-Advocacy Network shall:

187.28 (1) ensure that persons with intellectual and developmental disabilities are informed of
187.29 their rights in employment, housing, transportation, voting, government policy, and other
187.30 issues pertinent to the intellectual and developmental disability community;

188.1 (2) provide public education and awareness of the civil and human rights issues persons
188.2 with intellectual and developmental disabilities face;

188.3 (3) provide funds, technical assistance, and other resources for self-advocacy groups
188.4 across the state; ~~and~~

188.5 (4) organize systems of communications to facilitate an exchange of information between
188.6 self-advocacy groups;

188.7 (5) train and support the activities of a statewide network of peer-to-peer mentors for
188.8 persons with developmental disabilities focused on building awareness among people with
188.9 developmental disabilities of service options; assisting people with developmental disabilities
188.10 choose service options; and developing the advocacy skills of people with developmental
188.11 disabilities necessary for them to move toward full inclusion in community life, including
188.12 by developing and delivering a curriculum to support the peer-to-peer network;

188.13 (6) provide outreach activities, including statewide conferences and disability networking
188.14 opportunities, focused on self-advocacy, informed choice, and community engagement
188.15 skills; and

188.16 (7) provide an annual leadership program for persons with intellectual and developmental
188.17 disabilities.

188.18 (b) An organization receiving a grant under paragraph (a) must be an organization
188.19 governed by people with intellectual and developmental disabilities that administers a
188.20 statewide network of disability groups in order to maintain and promote self-advocacy
188.21 services and supports for persons with intellectual and developmental disabilities throughout
188.22 the state.

188.23 (c) An organization receiving a grant under this subdivision may use a portion of grant
188.24 revenue determined by the commissioner for administration and general operating costs.

188.25 Subd. 2. Subgrants for outreach to persons in institutional settings. The commissioner
188.26 shall make available to an organization described under subdivision 1 a grant for subgrants
188.27 to organizations in Minnesota to conduct outreach to persons working and living in
188.28 institutional settings to provide education and information about community options. Subgrant
188.29 funds must be used to deliver peer-led skill training sessions in six regions of the state to
188.30 help persons with intellectual and developmental disabilities understand community service
188.31 options related to:

188.32 (1) housing;

188.33 (2) employment;

189.1 (3) education;

189.2 (4) transportation;

189.3 (5) emerging service reform initiatives contained in the state's Olmstead plan; the
 189.4 Workforce Innovation and Opportunity Act, Public Law 113-128; and federal home and
 189.5 community-based services regulations; and

189.6 (6) connecting with individuals who can help persons with intellectual and developmental
 189.7 disabilities make an informed choice and plan for a transition in services.

189.8 Sec. 8. [256.4772] MINNESOTA INCLUSION INITIATIVE GRANT.

189.9 Subdivision 1. **Grant program established.** The commissioner of human services shall
 189.10 establish the Minnesota inclusion initiative grant program to encourage self-advocacy groups
 189.11 of persons with intellectual and developmental disabilities to develop and organize projects
 189.12 that increase the inclusion of persons with intellectual and developmental disabilities in the
 189.13 community, improve community integration outcomes, educate decision-makers and the
 189.14 public about persons with intellectual and developmental disabilities, including the systemic
 189.15 barriers that prevent them from being included in the community, and to advocate for changes
 189.16 that increase access to formal and informal supports and services necessary for greater
 189.17 inclusion of persons with intellectual and developmental disabilities in the community.

189.18 Subd. 2. **Administration.** The commissioner of human services, as authorized by section
 189.19 256.01, subdivision 2, paragraph (a), clause (6), shall issue a request for proposals to contract
 189.20 with a public or private entity to (1) serve as a fiscal host for the money appropriated for
 189.21 the purposes described in this section, and (2) develop guidelines, criteria, and procedures
 189.22 for awarding grants. The fiscal host shall establish an advisory committee consisting of
 189.23 self-advocates, nonprofit advocacy organizations, and Department of Human Services staff
 189.24 to review applications and award grants under this section.

189.25 Subd. 3. **Applications.** (a) Entities seeking grants under this section shall apply to the
 189.26 advisory committee of the fiscal host under contract with the commissioner. The grant
 189.27 applicant must include a description of the project that the applicant is proposing, the amount
 189.28 of money that the applicant is seeking, and a proposed budget describing how the applicant
 189.29 will spend the grant money.

189.30 (b) The advisory committee may award grants to applicants only for projects that meet
 189.31 the requirements of subdivision 4.

189.32 Subd. 4. **Use of grant money.** Projects funded by grant money must have person-centered
 189.33 goals, call attention to issues that limit inclusion of persons with intellectual and

190.1 developmental disabilities, address barriers to inclusion that persons with intellectual and
190.2 developmental disabilities face in their communities, or increase the inclusion of persons
190.3 with intellectual and developmental disabilities in their communities. Applicants may
190.4 propose strategies to increase inclusion of persons with intellectual and developmental
190.5 disabilities in their communities by:

190.6 (1) decreasing barriers to workforce participation experienced by persons with intellectual
190.7 and developmental disabilities;

190.8 (2) overcoming barriers to accessible and reliable transportation options for persons with
190.9 intellectual and developmental disabilities;

190.10 (3) identifying and addressing barriers to voting experienced by persons with intellectual
190.11 and developmental disabilities;

190.12 (4) advocating for increased accessible housing for persons with intellectual and
190.13 developmental disabilities;

190.14 (5) working with governmental agencies or businesses on accessibility issues under the
190.15 Americans with Disabilities Act;

190.16 (6) increasing collaboration between self-advocacy groups and other organizations to
190.17 effectively address systemic issues that impact persons with intellectual and developmental
190.18 disabilities;

190.19 (7) increasing capacity for inclusion in a community; or

190.20 (8) providing public education and awareness of the civil and human rights of persons
190.21 with intellectual and developmental disabilities.

190.22 Subd. 5. **Reports.** (a) Grant recipients shall provide the advisory committee with a report
190.23 about the activities funded by the grant program in a format and at a time specified by the
190.24 advisory committee. The advisory committee shall require grant recipients to include in the
190.25 grant recipient's report at least the information necessary for the advisory committee to meet
190.26 the advisory committee's obligation under paragraph (b).

190.27 (b) The advisory committee shall provide the commissioner with a report that describes
190.28 all of the activities and outcomes of projects funded by the grant program in a format and
190.29 at a time determined by the commissioner.

190.30 **Sec. 9. [256.4776] PARENT-TO-PARENT PEER SUPPORT.**

190.31 (a) The commissioner shall make a grant to an alliance member of Parent to Parent USA
190.32 to support the alliance member's parent-to-parent peer support program for families of

191.1 children with any type of disability or special health care needs. An eligible alliance member
 191.2 must have an established parent-to-parent peer support program that is statewide and
 191.3 represents diverse cultures and geographic locations, that conducts outreach and provides
 191.4 individualized support to any parent or guardian of a child with a disability or special health
 191.5 care need, including newly identified parents of such a child or parents experiencing
 191.6 transitions or changes in their child's care, and that implements best practices for peer-to-peer
 191.7 support, including providing support from trained parent staff and volunteer support parents
 191.8 who have received Parent to Parent USA's specialized parent-to-parent peer support training.

191.9 (b) Grant recipients must use grant money for the purposes specified in paragraph (a).

191.10 (c) For purposes of this section, "special health care needs" means disabilities, chronic
 191.11 illnesses or conditions, health-related educational or behavioral problems, or the risk of
 191.12 developing disabilities, conditions, illnesses, or problems.

191.13 (d) Grant recipients must report to the commissioner of human services annually by
 191.14 January 15 about the services and programs funded by this appropriation. The report must
 191.15 include measurable outcomes from the previous year, including the number of families
 191.16 served by the organization's parent-to-parent programs and the number of volunteer support
 191.17 parents trained by the organization's parent-to-parent programs.

191.18 Sec. 10. Minnesota Statutes 2020, section 256B.0653, is amended by adding a subdivision
 191.19 to read:

191.20 Subd. 8. **Payment rates for home health agency services.** The commissioner shall
 191.21 annually adjust payments for home health agency services to reflect the change in the federal
 191.22 Centers for Medicare and Medicaid Services Home Health Agency Market Basket. The
 191.23 commissioner shall use the indices as forecasted for the midpoint of the prior rate year to
 191.24 the midpoint of the current rate year.

191.25 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
 191.26 whichever occurs later, for services delivered on or after January 1, 2022. The commissioner
 191.27 of human services shall notify the revisor of statutes when federal approval is obtained.

191.28 Sec. 11. Minnesota Statutes 2020, section 256B.0654, is amended by adding a subdivision
 191.29 to read:

191.30 Subd. 5. **Payment rates for home care nursing services.** The commissioner shall
 191.31 annually adjust payments for home care nursing services to reflect the change in the federal
 191.32 Centers for Medicare and Medicaid Services Home Health Agency Market Basket. The

192.1 commissioner shall use the indices as forecasted for the midpoint of the prior rate year to
192.2 the midpoint of the current rate year.

192.3 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
192.4 whichever occurs later, for services delivered on or after January 1, 2022. The commissioner
192.5 of human services shall notify the revisor of statutes when federal approval is obtained.

192.6 Sec. 12. Minnesota Statutes 2020, section 256B.0659, subdivision 11, is amended to read:

192.7 Subd. 11. **Personal care assistant; requirements.** (a) A personal care assistant must
192.8 meet the following requirements:

192.9 (1) be at least 18 years of age with the exception of persons who are 16 or 17 years of
192.10 age with these additional requirements:

192.11 (i) supervision by a qualified professional every 60 days; and

192.12 (ii) employment by only one personal care assistance provider agency responsible for
192.13 compliance with current labor laws;

192.14 (2) be employed by a personal care assistance provider agency;

192.15 (3) enroll with the department as a personal care assistant after clearing a background
192.16 study. Except as provided in subdivision 11a, before a personal care assistant provides
192.17 services, the personal care assistance provider agency must initiate a background study on
192.18 the personal care assistant under chapter 245C, and the personal care assistance provider
192.19 agency must have received a notice from the commissioner that the personal care assistant
192.20 is:

192.21 (i) not disqualified under section 245C.14; or

192.22 (ii) disqualified, but the personal care assistant has received a set aside of the
192.23 disqualification under section 245C.22;

192.24 (4) be able to effectively communicate with the recipient and personal care assistance
192.25 provider agency;

192.26 (5) be able to provide covered personal care assistance services according to the recipient's
192.27 personal care assistance care plan, respond appropriately to recipient needs, and report
192.28 changes in the recipient's condition to the supervising qualified professional, physician, or
192.29 advanced practice registered nurse;

192.30 (6) not be a consumer of personal care assistance services;

193.1 (7) maintain daily written records including, but not limited to, time sheets under
193.2 subdivision 12;

193.3 (8) effective January 1, 2010, complete standardized training as determined by the
193.4 commissioner before completing enrollment. The training must be available in languages
193.5 other than English and to those who need accommodations due to disabilities. Personal care
193.6 assistant training must include successful completion of the following training components:
193.7 basic first aid, vulnerable adult, child maltreatment, OSHA universal precautions, basic
193.8 roles and responsibilities of personal care assistants including information about assistance
193.9 with lifting and transfers for recipients, emergency preparedness, orientation to positive
193.10 behavioral practices, fraud issues, and completion of time sheets. Upon completion of the
193.11 training components, the personal care assistant must demonstrate the competency to provide
193.12 assistance to recipients;

193.13 (9) complete training and orientation on the needs of the recipient; and

193.14 (10) be limited to providing and being paid for up to 310 hours per month of personal
193.15 care assistance services regardless of the number of recipients being served or the number
193.16 of personal care assistance provider agencies enrolled with. The number of hours worked
193.17 per day shall not be disallowed by the department unless in violation of the law.

193.18 (b) A legal guardian may be a personal care assistant if the guardian is not being paid
193.19 for the guardian services and meets the criteria for personal care assistants in paragraph (a).

193.20 (c) Persons who do not qualify as a personal care assistant include parents, stepparents,
193.21 and legal guardians of minors; spouses; paid legal guardians of adults; family foster care
193.22 providers, except as otherwise allowed in section 256B.0625, subdivision 19a; and staff of
193.23 a residential setting.

193.24 (d) Personal care assistance services qualify for the enhanced rate described in subdivision
193.25 17a if the personal care assistant providing the services:

193.26 (1) provides covered services to a recipient who qualifies for ~~12~~ ten or more hours per
193.27 day of personal care assistance services; and

193.28 (2) satisfies the current requirements of Medicare for training and competency or
193.29 competency evaluation of home health aides or nursing assistants, as provided in the Code
193.30 of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved
193.31 training or competency requirements.

194.1 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
194.2 whichever occurs later. The commissioner shall notify the revisor of statutes when federal
194.3 approval is obtained.

194.4 Sec. 13. Minnesota Statutes 2020, section 256B.0659, subdivision 17a, is amended to
194.5 read:

194.6 Subd. 17a. **Enhanced rate.** An enhanced rate of 107.5 percent of the rate paid for
194.7 personal care assistance services shall be paid for services provided to persons who qualify
194.8 for ~~12~~ ten or more hours of personal care assistance services per day when provided by a
194.9 personal care assistant who meets the requirements of subdivision 11, paragraph (d). The
194.10 enhanced rate for personal care assistance services includes, and is not in addition to, any
194.11 rate adjustments implemented by the commissioner on July 1, 2019, to comply with the
194.12 terms of a collective bargaining agreement between the state of Minnesota and an exclusive
194.13 representative of individual providers under section 179A.54, that provides for wage increases
194.14 for individual providers who serve participants assessed to need 12 or more hours of personal
194.15 care assistance services per day.

194.16 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
194.17 whichever occurs later. The commissioner shall notify the revisor of statutes when federal
194.18 approval is obtained.

194.19 Sec. 14. Minnesota Statutes 2020, section 256B.0911, subdivision 1a, is amended to read:

194.20 Subd. 1a. **Definitions.** For purposes of this section, the following definitions apply:

194.21 (a) Until additional requirements apply under paragraph (b), "long-term care consultation
194.22 services" means:

194.23 (1) intake for and access to assistance in identifying services needed to maintain an
194.24 individual in the most inclusive environment;

194.25 (2) providing recommendations for and referrals to cost-effective community services
194.26 that are available to the individual;

194.27 (3) development of an individual's person-centered community support plan;

194.28 (4) providing information regarding eligibility for Minnesota health care programs;

194.29 (5) face-to-face long-term care consultation assessments, which may be completed in a
194.30 hospital, nursing facility, intermediate care facility for persons with developmental disabilities
194.31 (ICF/DDs), regional treatment centers, or the person's current or planned residence;

195.1 (6) determination of home and community-based waiver and other service eligibility as
195.2 required under chapter 256S and sections 256B.0913, 256B.092, and 256B.49, including
195.3 level of care determination for individuals who need an institutional level of care as
195.4 determined under subdivision 4e, based on a long-term care consultation assessment and
195.5 community support plan development, appropriate referrals to obtain necessary diagnostic
195.6 information, and including an eligibility determination for consumer-directed community
195.7 supports;

195.8 (7) providing recommendations for institutional placement when there are no
195.9 cost-effective community services available;

195.10 (8) providing access to assistance to transition people back to community settings after
195.11 institutional admission;

195.12 (9) providing information about competitive employment, with or without supports, for
195.13 school-age youth and working-age adults and referrals to the Disability Hub and Disability
195.14 Benefits 101 to ensure that an informed choice about competitive employment can be made.
195.15 For the purposes of this subdivision, "competitive employment" means work in the
195.16 competitive labor market that is performed on a full-time or part-time basis in an integrated
195.17 setting, and for which an individual is compensated at or above the minimum wage, but not
195.18 less than the customary wage and level of benefits paid by the employer for the same or
195.19 similar work performed by individuals without disabilities;

195.20 (10) providing information about independent living to ensure that an informed choice
195.21 about independent living can be made; and

195.22 (11) providing information about self-directed services and supports, including
195.23 self-directed funding options, to ensure that an informed choice about self-directed options
195.24 can be made.

195.25 (b) Upon statewide implementation of lead agency requirements in subdivisions 2b, 2c,
195.26 and 3a, "long-term care consultation services" also means:

195.27 (1) service eligibility determination for the following state plan services:

195.28 (i) personal care assistance services under section 256B.0625, subdivisions 19a and 19c;

195.29 (ii) consumer support grants under section 256.476; or

195.30 (iii) community first services and supports under section 256B.85;

195.31 (2) notwithstanding provisions in Minnesota Rules, parts 9525.0004 to 9525.0024,
195.32 gaining access to:

196.1 (i) relocation targeted case management services available under section 256B.0621,
196.2 subdivision 2, clause (4);

196.3 (ii) case management services targeted to vulnerable adults or developmental disabilities
196.4 under section 256B.0924; and

196.5 (iii) case management services targeted to people with developmental disabilities under
196.6 Minnesota Rules, part 9525.0016;

196.7 (3) determination of eligibility for semi-independent living services under section
196.8 252.275; and

196.9 (4) obtaining necessary diagnostic information to determine eligibility under clauses (2)
196.10 and (3).

196.11 (c) "Long-term care options counseling" means the services provided by sections 256.01,
196.12 subdivision 24, and 256.975, subdivision 7, and also includes telephone assistance and
196.13 follow up once a long-term care consultation assessment has been completed.

196.14 (d) "Minnesota health care programs" means the medical assistance program under this
196.15 chapter and the alternative care program under section 256B.0913.

196.16 (e) "Lead agencies" means counties administering or tribes and health plans under
196.17 contract with the commissioner to administer long-term care consultation services.

196.18 (f) "Person-centered planning" is a process that includes the active participation of a
196.19 person in the planning of the person's services, including in making meaningful and informed
196.20 choices about the person's own goals, talents, and objectives, as well as making meaningful
196.21 and informed choices about the services the person receives, the settings in which the person
196.22 receives the services, and the setting in which the person lives.

196.23 (g) ~~"Informed choice" means a voluntary choice of services, settings, living arrangement,~~
196.24 ~~and work by a person from all available service and setting options based on accurate and~~
196.25 ~~complete information concerning all available service and setting options and concerning~~
196.26 ~~the person's own preferences, abilities, goals, and objectives. In order for a person to make~~
196.27 ~~an informed choice, all available options must be developed and presented to the person in~~
196.28 ~~a way the person can understand to empower the person to make fully informed choices~~
196.29 has the meaning given in section 256B.4905, subdivision 1a, paragraph (b).

196.30 (h) "Available service and setting options" or "available options," with respect to the
196.31 home and community-based waivers under chapter 256S and sections 256B.092 and 256B.49,
196.32 means all services and settings defined under the waiver plan for which a waiver applicant
196.33 or waiver participant is eligible.

197.1 (i) "Independent living" means living in a setting that is not controlled by a provider.

197.2 Sec. 15. Minnesota Statutes 2020, section 256B.0911, subdivision 3a, is amended to read:

197.3 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services
197.4 planning, or other assistance intended to support community-based living, including persons
197.5 who need assessment in order to determine waiver or alternative care program eligibility,
197.6 must be visited by a long-term care consultation team within 20 calendar days after the date
197.7 on which an assessment was requested or recommended. Upon statewide implementation
197.8 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person
197.9 requesting personal care assistance services. The commissioner shall provide at least a
197.10 90-day notice to lead agencies prior to the effective date of this requirement. Face-to-face
197.11 assessments must be conducted according to paragraphs (b) to (i).

197.12 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified
197.13 assessors to conduct the assessment. For a person with complex health care needs, a public
197.14 health or registered nurse from the team must be consulted.

197.15 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must
197.16 be used to complete a comprehensive, conversation-based, person-centered assessment.
197.17 The assessment must include the health, psychological, functional, environmental, and
197.18 social needs of the individual necessary to develop a person-centered community support
197.19 plan that meets the individual's needs and preferences.

197.20 (d) The assessment must be conducted by a certified assessor in a face-to-face
197.21 conversational interview with the person being assessed. The person's legal representative
197.22 must provide input during the assessment process and may do so remotely if requested. At
197.23 the request of the person, other individuals may participate in the assessment to provide
197.24 information on the needs, strengths, and preferences of the person necessary to develop a
197.25 community support plan that ensures the person's health and safety. Except for legal
197.26 representatives or family members invited by the person, persons participating in the
197.27 assessment may not be a provider of service or have any financial interest in the provision
197.28 of services. For persons who are to be assessed for elderly waiver customized living or adult
197.29 day services under chapter 256S, with the permission of the person being assessed or the
197.30 person's designated or legal representative, the client's current or proposed provider of
197.31 services may submit a copy of the provider's nursing assessment or written report outlining
197.32 its recommendations regarding the client's care needs. The person conducting the assessment
197.33 must notify the provider of the date by which this information is to be submitted. This
197.34 information shall be provided to the person conducting the assessment prior to the assessment.

198.1 For a person who is to be assessed for waiver services under section 256B.092 or 256B.49,
198.2 with the permission of the person being assessed or the person's designated legal
198.3 representative, the person's current provider of services may submit a written report outlining
198.4 recommendations regarding the person's care needs the person completed in consultation
198.5 with someone who is known to the person and has interaction with the person on a regular
198.6 basis. The provider must submit the report at least 60 days before the end of the person's
198.7 current service agreement. The certified assessor must consider the content of the submitted
198.8 report prior to finalizing the person's assessment or reassessment.

198.9 (e) The certified assessor and the individual responsible for developing the coordinated
198.10 service and support plan must complete the community support plan and the coordinated
198.11 service and support plan no more than 60 calendar days from the assessment visit. The
198.12 person or the person's legal representative must be provided with a written community
198.13 support plan within the timelines established by the commissioner, regardless of whether
198.14 the person is eligible for Minnesota health care programs.

198.15 (f) For a person being assessed for elderly waiver services under chapter 256S, a provider
198.16 who submitted information under paragraph (d) shall receive the final written community
198.17 support plan when available and the Residential Services Workbook.

198.18 (g) The written community support plan must include:

198.19 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

198.20 (2) the individual's options and choices to meet identified needs, including:

198.21 (i) all available options for case management services and providers;

198.22 (ii) all available options for employment services, settings, and providers;

198.23 (iii) all available options for living arrangements;

198.24 (iv) all available options for self-directed services and supports, including self-directed
198.25 budget options; and

198.26 (v) service provided in a non-disability-specific setting;

198.27 (3) identification of health and safety risks and how those risks will be addressed,
198.28 including personal risk management strategies;

198.29 (4) referral information; and

198.30 (5) informal caregiver supports, if applicable.

199.1 For a person determined eligible for state plan home care under subdivision 1a, paragraph
199.2 (b), clause (1), the person or person's representative must also receive a copy of the home
199.3 care service plan developed by the certified assessor.

199.4 (h) A person may request assistance in identifying community supports without
199.5 participating in a complete assessment. Upon a request for assistance identifying community
199.6 support, the person must be transferred or referred to long-term care options counseling
199.7 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for
199.8 telephone assistance and follow up.

199.9 (i) The person has the right to make the final decision:

199.10 (1) between institutional placement and community placement after the recommendations
199.11 have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d);

199.12 (2) between community placement in a setting controlled by a provider and living
199.13 independently in a setting not controlled by a provider;

199.14 (3) between day services and employment services; and

199.15 (4) regarding available options for self-directed services and supports, including
199.16 self-directed funding options.

199.17 (j) The lead agency must give the person receiving long-term care consultation services
199.18 or the person's legal representative, materials, and forms supplied by the commissioner
199.19 containing the following information:

199.20 (1) written recommendations for community-based services and consumer-directed
199.21 options;

199.22 (2) documentation that the most cost-effective alternatives available were offered to the
199.23 individual. For purposes of this clause, "cost-effective" means community services and
199.24 living arrangements that cost the same as or less than institutional care. For an individual
199.25 found to meet eligibility criteria for home and community-based service programs under
199.26 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally
199.27 approved waiver plan for each program;

199.28 (3) the need for and purpose of preadmission screening conducted by long-term care
199.29 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
199.30 nursing facility placement. If the individual selects nursing facility placement, the lead
199.31 agency shall forward information needed to complete the level of care determinations and
199.32 screening for developmental disability and mental illness collected during the assessment
199.33 to the long-term care options counselor using forms provided by the commissioner;

200.1 (4) the role of long-term care consultation assessment and support planning in eligibility
200.2 determination for waiver and alternative care programs, and state plan home care, case
200.3 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),
200.4 and (b);

200.5 (5) information about Minnesota health care programs;

200.6 (6) the person's freedom to accept or reject the recommendations of the team;

200.7 (7) the person's right to confidentiality under the Minnesota Government Data Practices
200.8 Act, chapter 13;

200.9 (8) the certified assessor's decision regarding the person's need for institutional level of
200.10 care as determined under criteria established in subdivision 4e and the certified assessor's
200.11 decision regarding eligibility for all services and programs as defined in subdivision 1a,
200.12 paragraphs (a), clause (6), and (b);

200.13 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
200.14 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
200.15 (8), and (b), and incorporating the decision regarding the need for institutional level of care
200.16 or the lead agency's final decisions regarding public programs eligibility according to section
200.17 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
200.18 to the person and must visually point out where in the document the right to appeal is stated;
200.19 and

200.20 (10) documentation that available options for employment services, independent living,
200.21 and self-directed services and supports were described to the individual.

200.22 (k) Face-to-face assessment completed as part of an eligibility determination for multiple
200.23 programs for the alternative care, elderly waiver, developmental disabilities, community
200.24 access for disability inclusion, community alternative care, and brain injury waiver programs
200.25 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish
200.26 service eligibility for no more than 60 calendar days after the date of assessment.

200.27 (l) The effective eligibility start date for programs in paragraph (k) can never be prior
200.28 to the date of assessment. If an assessment was completed more than 60 days before the
200.29 effective waiver or alternative care program eligibility start date, assessment and support
200.30 plan information must be updated and documented in the department's Medicaid Management
200.31 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
200.32 state plan services, the effective date of eligibility for programs included in paragraph (k)
200.33 cannot be prior to the date the most recent updated assessment is completed.

201.1 (m) If an eligibility update is completed within 90 days of the previous face-to-face
 201.2 assessment and documented in the department's Medicaid Management Information System
 201.3 (MMIS), the effective date of eligibility for programs included in paragraph (k) is the date
 201.4 of the previous face-to-face assessment when all other eligibility requirements are met.

201.5 (n) If a person who receives home and community-based waiver services under section
 201.6 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer
 201.7 a hospital, institution of mental disease, nursing facility, intensive residential treatment
 201.8 services program, transitional care unit, or inpatient substance use disorder treatment setting,
 201.9 the person may return to the community with home and community-based waiver services
 201.10 under the same waiver, without requiring an assessment or reassessment under this section,
 201.11 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall
 201.12 change annual long-term care consultation reassessment requirements, payment for
 201.13 institutional or treatment services, medical assistance financial eligibility, or any other law.

201.14 ~~(n)~~ (o) At the time of reassessment, the certified assessor shall assess each person
 201.15 receiving waiver residential supports and services currently residing in a community
 201.16 residential setting, licensed adult foster care home that is either not the primary residence
 201.17 of the license holder or in which the license holder is not the primary caregiver, family adult
 201.18 foster care residence, customized living setting, or supervised living facility to determine
 201.19 if that person would prefer to be served in a community-living setting as defined in section
 201.20 256B.49, subdivision 23, in a setting not controlled by a provider, or to receive integrated
 201.21 community supports as described in section 245D.03, subdivision 1, paragraph (c), clause
 201.22 (8). The certified assessor shall offer the person, through a person-centered planning process,
 201.23 the option to receive alternative housing and service options.

201.24 ~~(o)~~ (p) At the time of reassessment, the certified assessor shall assess each person
 201.25 receiving waiver day services to determine if that person would prefer to receive employment
 201.26 services as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7).
 201.27 The certified assessor shall describe to the person through a person-centered planning process
 201.28 the option to receive employment services.

201.29 ~~(p)~~ (q) At the time of reassessment, the certified assessor shall assess each person
 201.30 receiving non-self-directed waiver services to determine if that person would prefer an
 201.31 available service and setting option that would permit self-directed services and supports.
 201.32 The certified assessor shall describe to the person through a person-centered planning process
 201.33 the option to receive self-directed services and supports.

202.1 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
 202.2 shall notify the revisor of statutes when federal approval is obtained.

202.3 Sec. 16. Minnesota Statutes 2020, section 256B.0911, subdivision 6, is amended to read:

202.4 Subd. 6. **Payment for long-term care consultation services.** ~~(a) Until September 30,~~
 202.5 ~~2013, payment for long-term care consultation face-to-face assessment shall be made as~~
 202.6 ~~described in this subdivision.~~

202.7 ~~(b) The total payment for each county must be paid monthly by Certified nursing facilities~~
 202.8 ~~in the county. The monthly amount to be paid by each nursing facility for each fiscal year~~
 202.9 ~~must be determined by dividing the county's annual allocation for long-term care consultation~~
 202.10 ~~services by 12 to determine the monthly payment and allocating the monthly payment to~~
 202.11 ~~each nursing facility based on the number of licensed beds in the nursing facility. Payments~~
 202.12 ~~to counties in which there is no certified nursing facility must be made by increasing the~~
 202.13 ~~payment rate of the two facilities located nearest to the county seat.~~

202.14 ~~(c) The commissioner shall include the total annual payment determined under paragraph~~
 202.15 ~~(b) for each nursing facility reimbursed under section 256B.431 or 256B.434 or chapter~~
 202.16 ~~256R.~~

202.17 ~~(d) In the event of the layaway, delicensure and decertification, or removal from layaway~~
 202.18 ~~of 25 percent or more of the beds in a facility, the commissioner may adjust the per diem~~
 202.19 ~~payment amount in paragraph (c) and may adjust the monthly payment amount in paragraph~~
 202.20 ~~(b). The effective date of an adjustment made under this paragraph shall be on or after the~~
 202.21 ~~first day of the month following the effective date of the layaway, delicensure and~~
 202.22 ~~decertification, or removal from layaway.~~

202.23 ~~(e)~~ (a) Payments for long-term care consultation services are available to ~~the county or~~
 202.24 ~~counties and Tribal nations that are lead agencies~~ to cover staff salaries and expenses to
 202.25 provide the services described in subdivision 1a. The county or Tribal nation shall employ,
 202.26 or contract with other agencies to employ, ~~within the limits of available funding,~~ sufficient
 202.27 personnel to provide long-term care consultation services while meeting the state's long-term
 202.28 care outcomes and objectives as defined in subdivision 1. The county or Tribal nation shall
 202.29 be accountable for meeting local objectives as approved by the commissioner in the biennial
 202.30 home and community-based services quality assurance plan on a form provided by the
 202.31 commissioner.

202.32 ~~(f) Notwithstanding section 256B.0641, overpayments attributable to payment of the~~
 202.33 ~~screening costs under the medical assistance program may not be recovered from a facility.~~

203.1 ~~(g) The commissioner of human services shall amend the Minnesota medical assistance~~
 203.2 ~~plan to include reimbursement for the local consultation teams.~~

203.3 ~~(h) Until the alternative payment methodology in paragraph (i) is implemented, the~~
 203.4 ~~county may bill, as case management services, assessments, support planning, and~~
 203.5 ~~follow-along provided to persons determined to be eligible for case management under~~
 203.6 ~~Minnesota health care programs.~~

203.7 (b) No individual or family member shall be charged for an initial assessment or initial
 203.8 support plan development provided under subdivision 3a or 3b.

203.9 ~~(i)~~ (c) The commissioner shall develop an alternative payment methodology, effective
 203.10 on October 1, 2013, for long-term care consultation services that includes the funding
 203.11 available under this subdivision, and for assessments authorized under sections 256B.092
 203.12 and 256B.0659. In developing the new payment methodology, the commissioner shall
 203.13 consider the maximization of other funding sources, including federal administrative
 203.14 reimbursement through federal financial participation funding, for all long-term care
 203.15 consultation activity. The alternative payment methodology shall include the use of the
 203.16 appropriate time studies and the state financing of nonfederal share as part of the state's
 203.17 medical assistance program. Between July 1, 2017, and June 30, 2019, the state shall pay
 203.18 84.3 percent of the nonfederal share as reimbursement to the counties. Beginning July 1,
 203.19 2019, the state shall pay 81.9 percent of the nonfederal share as reimbursement to the
 203.20 counties.

203.21 Sec. 17. Minnesota Statutes 2020, section 256B.0911, is amended by adding a subdivision
 203.22 to read:

203.23 Subd. 6b. **Payment for long-term care consultation services; transition to tiered**
 203.24 **rates.** (a) Notwithstanding subdivision 6, paragraph (c), beginning July 1, 2021, for each
 203.25 fiscal year through fiscal year 2025, the state shall pay to each county and Tribal nation as
 203.26 reimbursement for services provided under this section a percentage of the nonfederal share
 203.27 equal to the value of the county's or the Tribal nation's prorated share of the nonfederal
 203.28 share paid to counties and Tribal nations as reimbursement for services provided under
 203.29 subdivision 6, paragraph (c), during fiscal year 2019.

203.30 (b) Beginning October 1, 2022, each county or Tribal nation reimbursed under paragraph
 203.31 (a) must submit to the commissioner by October 1 an annual report documenting the total
 203.32 number of assessments performed under this section, the number of assessments by type of
 203.33 assessment, amount of time spent on each assessment, amount of time spent preparing for
 203.34 each assessment, amount of time spent finalizing a community support plan following each

204.1 assessment, and amount of time an assessor spent on other assessment-related activities for
204.2 each assessment. In its annual report, each county and Tribal nation must distinguish between
204.3 services provided to people who were eligible for medical assistance at the time the services
204.4 were provided and services provided to those who were not.

204.5 (c) This subdivision expires July 1, 2025.

204.6 Sec. 18. Minnesota Statutes 2020, section 256B.092, subdivision 1b, is amended to read:

204.7 Subd. 1b. **Coordinated service and support plan.** (a) Each recipient of home and
204.8 community-based waived services shall be provided a copy of the written person-centered
204.9 coordinated service and support plan that:

204.10 (1) is developed with and signed by the recipient within the timelines established by the
204.11 commissioner and section 256B.0911, subdivision 3a, paragraph (e);

204.12 (2) includes the person's need for service, including identification of service needs that
204.13 will be or that are met by the person's relatives, friends, and others, as well as community
204.14 services used by the general public;

204.15 (3) reasonably ensures the health and welfare of the recipient;

204.16 (4) identifies the person's preferences for services as stated by the person, the person's
204.17 legal guardian or conservator, or the parent if the person is a minor, including the person's
204.18 choices made on self-directed options, services and supports to achieve employment goals,
204.19 and living arrangements;

204.20 (5) provides for an informed choice, as defined in section 256B.77, subdivision 2,
204.21 paragraph (o), of service and support providers, and identifies all available options for case
204.22 management services and providers;

204.23 (6) identifies long-range and short-range goals for the person;

204.24 (7) identifies specific services and the amount and frequency of the services to be provided
204.25 to the person based on assessed needs, preferences, and available resources. The
204.26 person-centered coordinated service and support plan shall also specify other services the
204.27 person needs that are not available and indicate in a clear and accessible manner the total
204.28 monetary resources available to meet the assessed needs and preferences of the individual;

204.29 (8) identifies the need for an individual program plan to be developed by the provider
204.30 according to the respective state and federal licensing and certification standards, and
204.31 additional assessments to be completed or arranged by the provider after service initiation;

205.1 (9) identifies provider responsibilities to implement and make recommendations for
 205.2 modification to the coordinated service and support plan;

205.3 (10) includes notice of the right to request a conciliation conference or a hearing under
 205.4 section 256.045;

205.5 (11) is agreed upon and signed by the person, the person's legal guardian or conservator,
 205.6 or the parent if the person is a minor, and the authorized county representative;

205.7 (12) is reviewed by a health professional if the person has overriding medical needs that
 205.8 impact the delivery of services; and

205.9 (13) includes the authorized annual and monthly amounts for the services.

205.10 (b) In developing the person-centered coordinated service and support plan, the case
 205.11 manager is encouraged to include the use of volunteers, religious organizations, social clubs,
 205.12 and civic and service organizations to support the individual in the community. The lead
 205.13 agency must be held harmless for damages or injuries sustained through the use of volunteers
 205.14 and agencies under this paragraph, including workers' compensation liability.

205.15 (c) Approved, written, and signed changes to a consumer's services that meet the criteria
 205.16 in this subdivision shall be an addendum to that consumer's individual service plan.

205.17 Sec. 19. Minnesota Statutes 2020, section 256B.0949, is amended by adding a subdivision
 205.18 to read:

205.19 Subd. 16a. **Background studies.** An early intensive developmental and behavioral
 205.20 intervention services agency must fulfill any background studies requirements in this section
 205.21 by initiating a background study using the commissioner's NETStudy system as provided
 205.22 under sections 245C.03, subdivision 15, and 245C.10, subdivision 17.

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

205.24 Sec. 20. Minnesota Statutes 2020, section 256B.097, is amended by adding a subdivision
 205.25 to read:

205.26 Subd. 7. **Regional quality councils and systems improvement.** The commissioner of
 205.27 human services shall maintain the regional quality councils initially established under
 205.28 Minnesota Statutes 2020, section 256B.097, subdivision 4. The regional quality councils
 205.29 shall:

205.30 (1) support efforts and initiatives that drive overall systems and social change to promote
 205.31 inclusion of people who have disabilities in the state of Minnesota;

206.1 (2) improve person-centered outcomes in disability services; and

206.2 (3) identify or enhance quality of life indicators for people who have disabilities.

206.3 Sec. 21. Minnesota Statutes 2020, section 256B.097, is amended by adding a subdivision
206.4 to read:

206.5 Subd. 8. **Membership and staff.** (a) Regional quality councils shall be comprised of
206.6 key stakeholders including, but not limited to:

206.7 (1) individuals who have disabilities;

206.8 (2) family members of people who have disabilities;

206.9 (3) disability service providers;

206.10 (4) disability advocacy groups;

206.11 (5) lead agency staff; and

206.12 (6) staff of state agencies with jurisdiction over special education and disability services.

206.13 (b) Membership in a regional quality council must be representative of the communities
206.14 in which the council operates, with an emphasis on individuals with lived experience from
206.15 diverse racial and cultural backgrounds.

206.16 (c) Each regional quality council may hire staff to perform the duties assigned in
206.17 subdivision 9.

206.18 Sec. 22. Minnesota Statutes 2020, section 256B.097, is amended by adding a subdivision
206.19 to read:

206.20 Subd. 9. **Duties.** (a) Each regional quality council shall:

206.21 (1) identify issues and barriers that impede Minnesotans who have disabilities from
206.22 optimizing choice of home and community-based services;

206.23 (2) promote informed-decision making, autonomy, and self-direction;

206.24 (3) analyze and review quality outcomes and critical incident data, and immediately
206.25 report incidents of life safety concerns to the Department of Human Services Licensing
206.26 Division;

206.27 (4) inform a comprehensive system for effective incident reporting, investigation, analysis,
206.28 and follow-up;

207.1 (5) collaborate on projects and initiatives to advance priorities shared with state agencies,
207.2 lead agencies, educational institutions, advocacy organizations, community partners, and
207.3 other entities engaged in disability service improvements;

207.4 (6) establish partnerships and working relationships with individuals and groups in the
207.5 regions;

207.6 (7) identify and implement regional and statewide quality improvement projects;

207.7 (8) transform systems and drive social change in alignment with the disability rights and
207.8 disability justice movements identified by leaders who have disabilities;

207.9 (9) provide information and training programs for persons who have disabilities and
207.10 their families and legal representatives on formal and informal support options and quality
207.11 expectations;

207.12 (10) make recommendations to state agencies and other key decision-makers regarding
207.13 disability services and supports;

207.14 (11) submit every two years a report to legislative committees with jurisdiction over
207.15 disability services on the status, outcomes, improvement priorities, and activities in the
207.16 region;

207.17 (12) support people by advocating to resolve complaints between the counties, providers,
207.18 persons receiving services, and their families and legal representatives; and

207.19 (13) recruit, train, and assign duties to regional quality council teams, including council
207.20 members, interns, and volunteers, taking into account the skills necessary for the team
207.21 members to be successful in this work.

207.22 (b) Each regional quality council may engage in quality improvement initiatives related
207.23 to, but not limited to:

207.24 (1) the home and community-based services waiver programs for persons with
207.25 developmental disabilities under section 256B.092, subdivision 4, or section 256B.49,
207.26 including brain injuries and services for those persons who qualify for nursing facility level
207.27 of care or hospital facility level of care and any other services licensed under chapter 245D;

207.28 (2) home care services under section 256B.0651;

207.29 (3) family support grants under section 252.32;

207.30 (4) consumer support grants under section 256.476;

207.31 (5) semi-independent living services under section 252.275; and

208.1 (6) services provided through an intermediate care facility for persons with developmental
208.2 disabilities.

208.3 (c) Each regional quality council's work must be informed and directed by the needs
208.4 and desires of persons who have disabilities in the region in which the council operates.

208.5 Sec. 23. Minnesota Statutes 2020, section 256B.097, is amended by adding a subdivision
208.6 to read:

208.7 Subd. 10. **Compensation.** (a) A member of a regional quality council who does not
208.8 receive a salary or wages from an employer may be paid a per diem and reimbursed for
208.9 expenses related to the member's participation in efforts and initiatives described in
208.10 subdivision 9 in the same manner and in an amount not to exceed the amount authorized
208.11 by the commissioner's plan adopted under section 43A.18, subdivision 2.

208.12 (b) Regional quality councils may charge fees for their services.

208.13 Sec. 24. Minnesota Statutes 2020, section 256B.19, subdivision 1, is amended to read:

208.14 Subdivision 1. **Division of cost.** The state and county share of medical assistance costs
208.15 not paid by federal funds shall be as follows:

208.16 (1) beginning January 1, 1992, 50 percent state funds and 50 percent county funds for
208.17 the cost of placement of severely emotionally disturbed children in regional treatment
208.18 centers;

208.19 (2) beginning January 1, 2003, 80 percent state funds and 20 percent county funds for
208.20 the costs of nursing facility placements of persons with disabilities under the age of 65 that
208.21 have exceeded 90 days. This clause shall be subject to chapter 256G and shall not apply to
208.22 placements in facilities not certified to participate in medical assistance;

208.23 (3) beginning July 1, 2004, 90 percent state funds and ten percent county funds for the
208.24 costs of placements that have exceeded 90 days in intermediate care facilities for persons
208.25 with developmental disabilities that have seven or more beds. This provision includes
208.26 pass-through payments made under section 256B.5015; ~~and~~

208.27 (4) beginning July 1, 2004, when state funds are used to pay for a nursing facility
208.28 placement due to the facility's status as an institution for mental diseases (IMD), the county
208.29 shall pay 20 percent of the nonfederal share of costs that have exceeded 90 days. This clause
208.30 is subject to chapter 256G;

209.1 (5) for any individual who has not been continuously receiving services in an intermediate
209.2 care facility for persons with developmental disabilities since December 31, 2021, 90 percent
209.3 state funds and ten percent county funds for the costs of any placement of an individual 18
209.4 years of age or older and under 27 years of age exceeding 90 days in any intermediate care
209.5 facility for persons with developmental disabilities. This provision includes pass-through
209.6 payments made under section 256B.5015. This provision is not in addition to the division
209.7 of costs under clause (3). This provision continues to apply to an individual after the
209.8 individual reaches the age of 27 and until the individual transitions to a community setting;
209.9 and

209.10 (6) for any individual who has not been continuously receiving residential support
209.11 services since December 31, 2021, 90 percent state funds and ten percent county funds for
209.12 the costs of residential support services when authorized for an individual 18 years of age
209.13 or older and under 27 years of age. This provision continues to apply to an individual after
209.14 the individual reaches the age of 27 and until the individual no longer receives residential
209.15 support services. For the purposes of this clause, "residential support services" means
209.16 residential support services reimbursed under section 256B.4914, community residential
209.17 services, customized living services, and 24-hour customized living services.

209.18 For counties that participate in a Medicaid demonstration project under sections 256B.69
209.19 and 256B.71, the division of the nonfederal share of medical assistance expenses for
209.20 payments made to prepaid health plans or for payments made to health maintenance
209.21 organizations in the form of prepaid capitation payments, this division of medical assistance
209.22 expenses shall be 95 percent by the state and five percent by the county of financial
209.23 responsibility.

209.24 In counties where prepaid health plans are under contract to the commissioner to provide
209.25 services to medical assistance recipients, the cost of court ordered treatment ordered without
209.26 consulting the prepaid health plan that does not include diagnostic evaluation,
209.27 recommendation, and referral for treatment by the prepaid health plan is the responsibility
209.28 of the county of financial responsibility.

209.29 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
209.30 whichever is later. The commissioner of human services shall inform the revisor of statutes
209.31 when federal approval is obtained.

209.32 Sec. 25. Minnesota Statutes 2020, section 256B.49, subdivision 23, is amended to read:

209.33 Subd. 23. **Community-living settings.** (a) For the purposes of this chapter,
209.34 "community-living settings" means a single-family home or multifamily dwelling unit where

210.1 a service recipient or a service recipient's family owns or rents, and maintains control over
210.2 the individual unit as demonstrated by a lease agreement. Community-living settings does
210.3 not include a home or dwelling unit that the service provider owns, operates, or leases or
210.4 in which the service provider has a direct or indirect financial interest.

210.5 (b) To ensure a service recipient or the service recipient's family maintains control over
210.6 the home or dwelling unit, community-living settings are subject to the following
210.7 requirements:

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

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

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

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

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

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

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

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

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

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

210.23 (c) Nothing in this section prohibits a service recipient from having another person or
210.24 entity not affiliated with the service provider cosign a lease. Nothing in this section prohibits
210.25 a service recipient, during any period in which a service provider has cosigned the service
210.26 recipient's lease, from modifying services with an existing cosigning service provider and,
210.27 subject to the approval of the landlord, maintaining a lease cosigned by the service provider.
210.28 Nothing in this section prohibits a service recipient, during any period in which a service
210.29 provider has cosigned the service recipient's lease, from terminating services with the
210.30 cosigning service provider, receiving services from a new service provider, and, subject to
210.31 the approval of the landlord, maintaining a lease cosigned by the new service provider.

211.1 (d) A lease cosigned by a service provider meets the requirements of paragraph (a) if
 211.2 the service recipient and service provider develop and implement a transition plan which
 211.3 must provide that, within two years of cosigning the initial lease, the service provider shall
 211.4 transfer the lease to the service recipient and other cosigners, if any.

211.5 (e) In the event the landlord has not approved the transfer of the lease within two years
 211.6 of the service provider cosigning the initial lease, the service provider must submit a
 211.7 time-limited extension request to the commissioner of human services to continue the
 211.8 cosigned lease arrangement. The extension request must include:

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

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

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

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

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

211.18 The commissioner must approve an extension within sufficient time to ensure the continued
 211.19 occupancy by the service recipient.

211.20 (f) In the event that a landlord has not approved a transfer of the lease within the timelines
 211.21 of any approved time-limited extension request, a service provider must submit another
 211.22 time-limited extension request to the commissioner of human services to continue a cosigned
 211.23 lease arrangement. A time-limited extension request submitted under this paragraph must
 211.24 include the same information required for an initial time-limited extension request under
 211.25 paragraph (e). The commissioner must approve of an extension within sufficient time to
 211.26 ensure continued occupancy by the service recipient.

211.27 Sec. 26. Minnesota Statutes 2020, section 256B.49, is amended by adding a subdivision
 211.28 to read:

211.29 Subd. 28. Customized living moratorium for brain injury and community access
 211.30 for disability inclusion waivers. (a) Notwithstanding section 245A.03, subdivision 2,
 211.31 paragraph (a), clause (23), to prevent new development of customized living settings that
 211.32 otherwise meet the residential program definition under section 245A.02, subdivision 14,

212.1 the commissioner shall not enroll new customized living settings serving four or fewer
 212.2 people in a single-family home to deliver customized living services as defined under the
 212.3 brain injury or community access for disability inclusion waiver plans under section 256B.49.

212.4 (b) The commissioner may approve an exception to paragraph (a) when an existing
 212.5 customized living setting changes ownership at the same address.

212.6 (c) Customized living settings operational on or before June 30, 2021, are considered
 212.7 existing customized living settings.

212.8 (d) For any new customized living settings serving four or fewer people in a single-family
 212.9 home to deliver customized living services as defined in paragraph (a) and that was not
 212.10 operational on or before June 30, 2021, the authorizing lead agency is financially responsible
 212.11 for all home and community-based service payments in the setting.

212.12 (e) For purposes of this subdivision, "operational" means customized living services are
 212.13 authorized and delivered to a person in the customized living setting.

212.14 **EFFECTIVE DATE.** This section is effective July 1, 2021. This section applies only
 212.15 to customized living services as defined under the brain injury or community access for
 212.16 disability inclusion waiver plans under Minnesota Statutes, section 256B.49.

212.17 Sec. 27. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
 212.18 to read:

212.19 Subd. 1a. **Definitions.** (a) For purposes of this section, the following terms have the
 212.20 meanings given.

212.21 (b) "Informed choice" means a choice that adults who have disabilities and, with support
 212.22 from their families or legal representatives, that children who have disabilities make regarding
 212.23 services and supports that best meets the adult's or child's needs and preferences. Before
 212.24 making an informed choice, an individual who has disabilities must be provided, in an
 212.25 accessible format and manner that meets the individual's needs, the tools, information, and
 212.26 opportunities the individual requests or requires to understand all of the individual's options.

212.27 (c) "HCBS" means home and community-based services covered under this chapter by
 212.28 the medical assistance state plan, and the home and community-based waiver services
 212.29 covered under sections 256B.092 and 256B.49.

213.1 Sec. 28. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
213.2 to read:

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

213.6 (1) can make informed choices to select and utilize disability services and supports; and

213.7 (2) will be offered an informed decision-making process sufficient to make informed
213.8 choices.

213.9 Sec. 29. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
213.10 to read:

213.11 Subd. 3a. **Informed decision making.** (a) The commissioner of human services and
213.12 lead agencies shall ensure that:

213.13 (1) disability services support the presumption that adults who have disabilities and,
213.14 with support from their families or legal representatives, children who have disabilities can
213.15 make informed choices;

213.16 (2) all adults who have disabilities and are accessing HCBS and all families of children
213.17 who have disabilities and are accessing HCBS are provided an informed decision-making
213.18 process satisfying the requirements of paragraph (b);

213.19 (3) all adults who have disabilities and are accessing HCBS and all families of children
213.20 who have disabilities and are accessing HCBS are provided the opportunity to revisit or
213.21 change any decision or choice at any time of the adult's or family's choosing; and

213.22 (4) services or supports necessary to accomplish each step of an informed
213.23 decision-making process or to make an informed choice to utilize disability services are
213.24 authorized and implemented within a reasonable time frame for individuals accessing HCBS.

213.25 (b) The commissioner of human services must develop and ensure compliance with an
213.26 informed decision-making standard that provides accessible, correct, and complete
213.27 information to help an individual accessing HCBS make an informed choice. This information
213.28 must be accessible and understandable to the person so that the person can demonstrate
213.29 understanding of the options. Any written information provided in the process must be
213.30 accessible and the process must be experiential whenever possible. The process must also
213.31 consider and offer to the person, in a person-centered manner, the following:

- 214.1 (1) reasonable accommodations as needed or requested by the person to fully participate
214.2 in the informed decision-making process and acquire the information necessary to make an
214.3 informed choice;
- 214.4 (2) discussion of the person's own preferences, abilities, goals, and objectives;
- 214.5 (3) identification of the person's cultural needs and access to culturally responsive services
214.6 and providers;
- 214.7 (4) information about the benefits of inclusive and individualized services and supports;
- 214.8 (5) presentation and discussion of all options with the person;
- 214.9 (6) documentation, in a manner prescribed by the commissioner, of each option discussed;
- 214.10 (7) exploration and development of new or other options;
- 214.11 (8) facilitation of opportunities to visit alternative locations or to engage in experiences
214.12 to understand how any service option might work for the person;
- 214.13 (9) opportunities to meet with other individuals with disabilities who live, work, and
214.14 receive services different from the person's own services;
- 214.15 (10) development of a transition plan, when needed or requested by the person, to
214.16 facilitate the choice to move from one service type or setting to another, and authorization
214.17 of the services and supports necessary to effectuate the plan;
- 214.18 (11) identification of any barriers to assisting or implementing the person's informed
214.19 choice and authorization of the services and supports necessary to overcome those barriers;
214.20 and
- 214.21 (12) ample time and timely opportunity to consider available options before the individual
214.22 makes a final choice or changes a choice.
- 214.23 (c) The commissioner shall ensure that individuals accessing HCBS have access to an
214.24 informed decision-making process at least annually by:
- 214.25 (1) updating informed choice protocols for HCBS to reflect the informed choice definition
214.26 in subdivision 1a, paragraph (b), and the informed decision-making process outlined in
214.27 paragraph (b);
- 214.28 (2) developing a survey designed for individuals accessing HCBS to assess their
214.29 experience with informed choice and the informed decision-making process, including how
214.30 frequently it is offered and how well it meets the standard in paragraph (b). The survey shall
214.31 be administered and results used to determine the quality and frequency of informed choice

215.1 and informed decision making consistent with this section. The commissioner shall utilize
215.2 survey results to increase the frequency and quality of informed decision making and
215.3 informed choice as experienced by individuals accessing HCBS;

215.4 (3) creating an option for interested persons to file incident reports regarding access to
215.5 and the quality of informed choice and informed decision making experienced by an
215.6 individual accessing HCBS, and implementing appropriate processes upon receipt of the
215.7 reports;

215.8 (4) developing and implementing a curriculum and training plan to ensure all lead agency
215.9 assessors and case managers have the knowledge and skills to comply with this section.
215.10 Training and competency evaluations must be completed annually by all staff responsible
215.11 for case management as described in section 256B.092, subdivision 1a, paragraph (f), and
215.12 section 256B.49, subdivision 13, paragraph (e); and

215.13 (5) mandating informed choice training for lead agency staff who support individuals
215.14 accessing HCBS.

215.15 Sec. 30. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
215.16 to read:

215.17 Subd. 4a. **Informed choice in employment policy.** It is the policy of this state that
215.18 working-age individuals who have disabilities:

215.19 (1) can work and achieve competitive integrated employment with appropriate services
215.20 and supports, as needed;

215.21 (2) make informed choices about their postsecondary education, work, and career goals;
215.22 and

215.23 (3) will be offered the opportunity to make an informed choice, at least annually, to
215.24 pursue postsecondary education or to work and earn a competitive wage.

215.25 Sec. 31. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
215.26 to read:

215.27 Subd. 5a. **Informed choice in employment implementation.** (a) The commissioner of
215.28 human services and lead agencies shall ensure that disability services align with the
215.29 employment first policy adopted by the Olmstead subcabinet on September 29, 2014, or
215.30 successor policies.

216.1 (b) The commissioner and lead agencies shall implement the provisions of subdivision
216.2 3a, paragraph (c), and take other appropriate actions to ensure that all working-age individuals
216.3 who have disabilities and are accessing HCBS are offered an informed decision-making
216.4 process that will help them make an informed choice about postsecondary education offering
216.5 meaningful credentials; and about working and earning, with appropriate services and
216.6 supports, a competitive wage in work or a career that the individual chooses before being
216.7 offered exclusively day services as defined in section 245D.03, subdivision 1, paragraph
216.8 (c), clause (4), or successor provisions.

216.9 Sec. 32. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
216.10 to read:

216.11 Subd. 7. **Informed choice in community living policy.** It is the policy of this state that
216.12 all adults who have disabilities:

216.13 (1) can live in the communities of the individual's choosing with appropriate services
216.14 and supports as needed; and

216.15 (2) have the right, at least annually, to make an informed decision-making process that
216.16 can help them make an informed choice to live outside of a provider-controlled setting.

216.17 Sec. 33. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
216.18 to read:

216.19 Subd. 8. **Informed choice in community living implementation.** (a) The commissioner
216.20 of human services and lead agencies shall ensure that disability services support the
216.21 presumption that all adults who have disabilities can and want to live in the communities
216.22 of the individual's choosing with services and supports as needed.

216.23 (b) The commissioner and lead agencies shall implement the provisions of subdivision
216.24 3a, paragraph (c), and take any appropriate action to ensure that all adults who have
216.25 disabilities and are accessing HCBS are offered, after an informed decision-making process
216.26 and during a person-centered planning process, the services and supports the individual
216.27 needs to live as the individual chooses, including in a non-provider-controlled setting.
216.28 Provider-controlled settings include customized living services provided in a single-family
216.29 home or residential supports and services as defined in section 245D.03, subdivision 1,
216.30 paragraph (c), clause (3), or successor provisions, unless the residential services and supports
216.31 are provided in a family adult foster care residence under a shared living option as described
216.32 in Laws 2013, chapter 108, article 7, section 62.

217.1 Sec. 34. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
217.2 to read:

217.3 Subd. 9. **Informed choice in self-direction policy.** It is the policy of this state that adults
217.4 who have disabilities and families of children who have disabilities:

217.5 (1) can direct the adult's or child's needed services and supports; and

217.6 (2) have the right to make an informed choice to self-direct the adult's or child's services
217.7 and supports before being offered options that do not allow the adult or family to self-direct
217.8 the adult's or child's services and supports.

217.9 Sec. 35. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
217.10 to read:

217.11 Subd. 10. **Informed choice in self-direction implementation.** (a) The commissioner
217.12 of human services and lead agencies shall ensure that disability services support the
217.13 presumption that adults who have disabilities and families of children who have disabilities
217.14 can direct all of the adult's or child's services and supports, including control over the funding
217.15 of the adult's or child's services and supports.

217.16 (b) The commissioner and lead agencies shall implement the provisions of subdivision
217.17 3a, paragraph (c), and take any other appropriate actions to ensure that at intervals described
217.18 in paragraph (c), adults who have disabilities and are accessing HCBS and families of
217.19 children who have disabilities and are accessing HCBS are offered, after an informed
217.20 decision-making process and during a person-centered planning process, the option to direct
217.21 the adult's or child's services and supports, including the option to have control over the
217.22 funding of the adult's or child's services and supports.

217.23 (c) The commissioner or lead agency shall offer adults who have disabilities and families
217.24 of children who have disabilities the options described in paragraph (b) at least annually
217.25 during regularly scheduled planning meetings or more frequently when:

217.26 (1) the adults who have disabilities or families of children who have disabilities requests
217.27 or suggests the options described in paragraph (b) or when the adult or family expresses
217.28 dissatisfaction with services and supports that do not allow for self-direction;

217.29 (2) the family or a legal representative of the individual with disabilities requests or
217.30 suggests the options described in paragraph (b);

217.31 (3) any member of the individual's service planning team or expanded service planning
217.32 team requests or suggests the options described in paragraph (b); or

218.1 (4) self-directed services and supports could enhance the individual's independence or
218.2 quality of life.

218.3 Sec. 36. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
218.4 to read:

218.5 Subd. 11. **Informed choice in technology policy.** It is the policy of this state that all
218.6 adults who have disabilities and children who have disabilities:

218.7 (1) can use assistive technology, remote supports, or a combination of both to enhance
218.8 the adult's or child's independence and quality of life; and

218.9 (2) have the right, at least annually, to make an informed choice about the adult's or
218.10 child's use of assistive technology and remote supports.

218.11 Sec. 37. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
218.12 to read:

218.13 Subd. 12. **Informed choice in technology implementation.** (a) The commissioner of
218.14 human services and lead agencies shall ensure that disability services support the presumption
218.15 that adults who have disabilities and children who have disabilities can use or benefit from
218.16 assistive technology, remote supports, or both.

218.17 (b) The commissioner and lead agencies shall implement the provisions of subdivision
218.18 3a, paragraph (c), and take any other appropriate actions to ensure that at intervals described
218.19 in paragraph (c), adults who have disabilities and are accessing HCBS and families of
218.20 children who have disabilities and are accessing HCBS are offered, after an informed
218.21 decision-making process and during a person-centered planning process, the opportunity
218.22 to choose assistive technology, remote support, or both, to ensure equitable access.

218.23 (c) The commissioner or lead agency shall offer adults who have disabilities and families
218.24 of children who have disabilities the options described in paragraph (b) at least annually
218.25 during a regularly scheduled planning meeting or more frequently when:

218.26 (1) the adult who has disabilities or the family of a child who has disabilities requests
218.27 or suggests the options described in paragraph (b) or when the adult or family expresses
218.28 dissatisfaction with in-person services and supports;

218.29 (2) the family or a legal representative of the individual with disabilities requests or
218.30 suggests the options described in paragraph (b);

219.1 (3) any member of the individual's service planning team or expanded service planning
219.2 team requests or suggests the options described in paragraph (b); or

219.3 (4) assistive technology, remote supports, or both could enhance the individual's
219.4 independence or quality of life.

219.5 (d) The availability of assistive technology, remote supports, or both, shall not preclude
219.6 an individual with disabilities from accessing in-person supports and services, nor shall it
219.7 result in a denial of in-person supports and services.

219.8 Sec. 38. Minnesota Statutes 2020, section 256B.4914, subdivision 2, is amended to read:

219.9 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
219.10 meanings given them, unless the context clearly indicates otherwise.

219.11 (b) "Commissioner" means the commissioner of human services.

219.12 (c) "Comparable occupations" means the occupations, excluding direct care staff, as
219.13 represented by the Bureau of Labor Statistics standard occupational classification codes
219.14 that have the same classification for:

219.15 (1) typical education needed for entry;

219.16 (2) work experience in a related occupation; and

219.17 (3) typical on-the-job training competency as the most predominant classification for
219.18 direct care staff.

219.19 (d) "Component value" means underlying factors that are part of the cost of providing
219.20 services that are built into the waiver rates methodology to calculate service rates.

219.21 (e) "Customized living tool" means a methodology for setting service rates that delineates
219.22 and documents the amount of each component service included in a recipient's customized
219.23 living service plan.

219.24 (f) "Direct care staff" means employees providing direct service to people receiving
219.25 services under this section. Direct care staff excludes executive, managerial, and
219.26 administrative staff.

219.27 (g) "Disability waiver rates system" means a statewide system that establishes rates that
219.28 are based on uniform processes and captures the individualized nature of waiver services
219.29 and recipient needs.

219.30 (h) "Individual staffing" means the time spent as a one-to-one interaction specific to an
219.31 individual recipient by staff to provide direct support and assistance with activities of daily

220.1 living, instrumental activities of daily living, and training to participants, and is based on
220.2 the requirements in each individual's coordinated service and support plan under section
220.3 245D.02, subdivision 4b; any coordinated service and support plan addendum under section
220.4 245D.02, subdivision 4c; and an assessment tool. Provider observation of an individual's
220.5 needs must also be considered.

220.6 (i) "Lead agency" means a county, partnership of counties, or tribal agency charged with
220.7 administering waived services under sections 256B.092 and 256B.49.

220.8 (j) "Median" means the amount that divides distribution into two equal groups, one-half
220.9 above the median and one-half below the median.

220.10 (k) "Payment or rate" means reimbursement to an eligible provider for services provided
220.11 to a qualified individual based on an approved service authorization.

220.12 (l) "Rates management system" means a web-based software application that uses a
220.13 framework and component values, as determined by the commissioner, to establish service
220.14 rates.

220.15 (m) "Recipient" means a person receiving home and community-based services funded
220.16 under any of the disability waivers.

220.17 (n) "Shared staffing" means time spent by employees, not defined under paragraph (f),
220.18 providing or available to provide more than one individual with direct support and assistance
220.19 with activities of daily living as defined under section 256B.0659, subdivision 1, paragraph
220.20 (b); instrumental activities of daily living as defined under section 256B.0659, subdivision
220.21 1, paragraph (i); ancillary activities needed to support individual services; and training to
220.22 participants, and is based on the requirements in each individual's coordinated service and
220.23 support plan under section 245D.02, subdivision 4b; any coordinated service and support
220.24 plan addendum under section 245D.02, subdivision 4c; an assessment tool; and provider
220.25 observation of an individual's service need. Total shared staffing hours are divided
220.26 proportionally by the number of individuals who receive the shared service provisions.

220.27 (o) "Staffing ratio" means the number of recipients a service provider employee supports
220.28 during a unit of service based on a uniform assessment tool, provider observation, case
220.29 history, and the recipient's services of choice, and not based on the staffing ratios under
220.30 section 245D.31.

220.31 (p) "Unit of service" means the following:

221.1 (1) for residential support services under subdivision 6, a unit of service is a day. Any
 221.2 portion of any calendar day, within allowable Medicaid rules, where an individual spends
 221.3 time in a residential setting is billable as a day;

221.4 (2) for day services under subdivision 7:

221.5 (i) for day training and habilitation services, a unit of service is either:

221.6 (A) a day unit of service is defined as six or more hours of time spent providing direct
 221.7 services and transportation; or

221.8 (B) a partial day unit of service is defined as fewer than six hours of time spent providing
 221.9 direct services and transportation; and

221.10 (C) for new day service recipients after January 1, 2014, 15 minute units of service must
 221.11 be used for fewer than six hours of time spent providing direct services and transportation;

221.12 (ii) for adult day and structured day services, a unit of service is a day or 15 minutes. A
 221.13 day unit of service is six or more hours of time spent providing direct services;

221.14 (iii) for day support services, a unit of service is 15 minutes; and

221.15 (iv) for prevocational services, a unit of service is a day or 15 minutes. A day unit of
 221.16 service is six or more hours of time spent providing direct service;

221.17 (3) for unit-based services with programming under subdivision 8:

221.18 (i) for supported living services, a unit of service is a day or 15 minutes. When a day
 221.19 rate is authorized, any portion of a calendar day where an individual receives services is
 221.20 billable as a day; ~~and~~

221.21 (ii) for individualized home supports with training, a unit of service is a day or 15 minutes.
 221.22 A day unit of service is six or more hours of time spent providing direct service; and

221.23 (iii) for all other services, a unit of service is 15 minutes; and

221.24 (4) for unit-based services without programming under subdivision 9, a unit of service
 221.25 is 15 minutes.

221.26 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
 221.27 whichever is later. The commissioner of human services shall notify the revisor of statutes
 221.28 when federal approval is obtained.

222.1 Sec. 39. Minnesota Statutes 2020, section 256B.4914, subdivision 5, is amended to read:

222.2 Subd. 5. **Base wage index and standard component values.** (a) The base wage index
222.3 is established to determine staffing costs associated with providing services to individuals
222.4 receiving home and community-based services. For purposes of developing and calculating
222.5 the proposed base wage, Minnesota-specific wages taken from job descriptions and standard
222.6 occupational classification (SOC) codes from the Bureau of Labor Statistics as defined in
222.7 the most recent edition of the Occupational Handbook must be used. The base wage index
222.8 must be calculated as follows:

222.9 (1) for residential direct care staff, the sum of:

222.10 (i) 15 percent of the subtotal of 50 percent of the median wage for personal and home
222.11 health aide (SOC code 39-9021); 30 percent of the median wage for nursing assistant (SOC
222.12 code 31-1014); and 20 percent of the median wage for social and human services aide (SOC
222.13 code 21-1093); and

222.14 (ii) 85 percent of the subtotal of 20 percent of the median wage for home health aide
222.15 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide
222.16 (SOC code 39-9021); 20 percent of the median wage for nursing assistant (SOC code
222.17 31-1014); 20 percent of the median wage for psychiatric technician (SOC code 29-2053);
222.18 and 20 percent of the median wage for social and human services aide (SOC code 21-1093);

222.19 (2) for adult day services, 70 percent of the median wage for nursing assistant (SOC
222.20 code 31-1014); and 30 percent of the median wage for personal care aide (SOC code
222.21 39-9021);

222.22 (3) for day services, day support services, and prevocational services, 20 percent of the
222.23 median wage for nursing assistant (SOC code 31-1014); 20 percent of the median wage for
222.24 psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social
222.25 and human services aide (SOC code 21-1093);

222.26 (4) for residential asleep-overnight staff, the wage is the minimum wage in Minnesota
222.27 for large employers, except in a family foster care setting, the wage is 36 percent of the
222.28 minimum wage in Minnesota for large employers;

222.29 (5) for positive supports analyst staff, 100 percent of the median wage for mental health
222.30 counselors (SOC code 21-1014);

222.31 (6) for positive supports professional staff, 100 percent of the median wage for clinical
222.32 counseling and school psychologist (SOC code 19-3031);

223.1 (7) for positive supports specialist staff, 100 percent of the median wage for psychiatric
223.2 technicians (SOC code 29-2053);

223.3 (8) for supportive living services staff, 20 percent of the median wage for nursing assistant
223.4 (SOC code 31-1014); 20 percent of the median wage for psychiatric technician (SOC code
223.5 29-2053); and 60 percent of the median wage for social and human services aide (SOC code
223.6 21-1093);

223.7 (9) for housing access coordination staff, 100 percent of the median wage for community
223.8 and social services specialist (SOC code 21-1099);

223.9 (10) for in-home family support and individualized home supports with family training
223.10 staff, 20 percent of the median wage for nursing aide (SOC code 31-1012); 30 percent of
223.11 the median wage for community social service specialist (SOC code 21-1099); 40 percent
223.12 of the median wage for social and human services aide (SOC code 21-1093); and ten percent
223.13 of the median wage for psychiatric technician (SOC code 29-2053);

223.14 (11) for individualized home supports with training services staff, 40 percent of the
223.15 median wage for community social service specialist (SOC code 21-1099); 50 percent of
223.16 the median wage for social and human services aide (SOC code 21-1093); and ten percent
223.17 of the median wage for psychiatric technician (SOC code 29-2053);

223.18 (12) for independent living skills staff, 40 percent of the median wage for community
223.19 social service specialist (SOC code 21-1099); 50 percent of the median wage for social and
223.20 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
223.21 technician (SOC code 29-2053);

223.22 (13) for employment support services staff, 50 percent of the median wage for
223.23 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
223.24 community and social services specialist (SOC code 21-1099);

223.25 (14) for employment exploration services staff, 50 percent of the median wage for
223.26 ~~rehabilitation counselor (SOC code 21-1015)~~ education, guidance, school, and vocational
223.27 counselors (SOC code 21-1012); and 50 percent of the median wage for community and
223.28 social services specialist (SOC code 21-1099);

223.29 (15) for employment development services staff, 50 percent of the median wage for
223.30 education, guidance, school, and vocational counselors (SOC code 21-1012); and 50 percent
223.31 of the median wage for community and social services specialist (SOC code 21-1099);

224.1 (16) for individualized home support staff, 50 percent of the median wage for personal
224.2 and home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing
224.3 assistant (SOC code 31-1014);

224.4 (17) for adult companion staff, 50 percent of the median wage for personal and home
224.5 care aide (SOC code 39-9021); and 50 percent of the median wage for nursing assistant
224.6 (SOC code 31-1014);

224.7 (18) for night supervision staff, 20 percent of the median wage for home health aide
224.8 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide
224.9 (SOC code 39-9021); 20 percent of the median wage for nursing assistant (SOC code
224.10 31-1014); 20 percent of the median wage for psychiatric technician (SOC code 29-2053);
224.11 and 20 percent of the median wage for social and human services aide (SOC code 21-1093);

224.12 (19) for respite staff, 50 percent of the median wage for personal and home care aide
224.13 (SOC code 39-9021); and 50 percent of the median wage for nursing assistant (SOC code
224.14 31-1014);

224.15 (20) for personal support staff, 50 percent of the median wage for personal and home
224.16 care aide (SOC code 39-9021); and 50 percent of the median wage for nursing assistant
224.17 (SOC code 31-1014);

224.18 (21) for supervisory staff, 100 percent of the median wage for community and social
224.19 services specialist (SOC code 21-1099), with the exception of the supervisor of positive
224.20 supports professional, positive supports analyst, and positive supports specialists, which is
224.21 100 percent of the median wage for clinical counseling and school psychologist (SOC code
224.22 19-3031);

224.23 (22) for registered nurse staff, 100 percent of the median wage for registered nurses
224.24 (SOC code 29-1141); and

224.25 (23) for licensed practical nurse staff, 100 percent of the median wage for licensed
224.26 practical nurses (SOC code 29-2061).

224.27 (b) Component values for corporate foster care services, corporate supportive living
224.28 services daily, community residential services, and integrated community support services
224.29 are:

224.30 (1) competitive workforce factor: 4.7 percent;

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

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

- 225.1 (4) employee-related cost ratio: 23.6 percent;
- 225.2 (5) general administrative support ratio: 13.25 percent;
- 225.3 (6) program-related expense ratio: 1.3 percent; and
- 225.4 (7) absence and utilization factor ratio: 3.9 percent.
- 225.5 (c) Component values for family foster care are:
- 225.6 (1) competitive workforce factor: 4.7 percent;
- 225.7 (2) supervisory span of control ratio: 11 percent;
- 225.8 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 225.9 (4) employee-related cost ratio: 23.6 percent;
- 225.10 (5) general administrative support ratio: 3.3 percent;
- 225.11 (6) program-related expense ratio: 1.3 percent; and
- 225.12 (7) absence factor: 1.7 percent.
- 225.13 (d) Component values for day training and habilitation, day support services, and
- 225.14 prevocational services are:
- 225.15 (1) competitive workforce factor: 4.7 percent;
- 225.16 (2) supervisory span of control ratio: 11 percent;
- 225.17 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 225.18 (4) employee-related cost ratio: 23.6 percent;
- 225.19 (5) program plan support ratio: 5.6 percent;
- 225.20 (6) client programming and support ratio: ten percent;
- 225.21 (7) general administrative support ratio: 13.25 percent;
- 225.22 (8) program-related expense ratio: 1.8 percent; and
- 225.23 (9) absence and utilization factor ratio: 9.4 percent.
- 225.24 (e) Component values for day support services and prevocational services delivered
- 225.25 remotely are:
- 225.26 (1) competitive workforce factor: 4.7 percent;
- 225.27 (2) supervisory span of control ratio: 11 percent;
- 225.28 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

- 226.1 (4) employee-related cost ratio: 23.6 percent;
- 226.2 (5) program plan support ratio: 5.6 percent;
- 226.3 (6) client programming and support ratio: 10.37 percent;
- 226.4 (7) general administrative support ratio: 13.25 percent;
- 226.5 (8) program-related expense ratio: 1.8 percent; and
- 226.6 (9) absence and utilization factor ratio: 9.4 percent.
- 226.7 (f) Component values for adult day services are:
- 226.8 (1) competitive workforce factor: 4.7 percent;
- 226.9 (2) supervisory span of control ratio: 11 percent;
- 226.10 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 226.11 (4) employee-related cost ratio: 23.6 percent;
- 226.12 (5) program plan support ratio: 5.6 percent;
- 226.13 (6) client programming and support ratio: 7.4 percent;
- 226.14 (7) general administrative support ratio: 13.25 percent;
- 226.15 (8) program-related expense ratio: 1.8 percent; and
- 226.16 (9) absence and utilization factor ratio: 9.4 percent.
- 226.17 ~~(f)~~ (g) Component values for unit-based services with programming are:
- 226.18 (1) competitive workforce factor: 4.7 percent;
- 226.19 (2) supervisory span of control ratio: 11 percent;
- 226.20 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 226.21 (4) employee-related cost ratio: 23.6 percent;
- 226.22 (5) program plan supports ratio: 15.5 percent;
- 226.23 (6) client programming and supports ratio: 4.7 percent;
- 226.24 (7) general administrative support ratio: 13.25 percent;
- 226.25 (8) program-related expense ratio: 6.1 percent; and
- 226.26 (9) absence and utilization factor ratio: 3.9 percent.

- 227.1 ~~(g)~~ (h) Component values for unit-based services with programming delivered remotely
- 227.2 are:
- 227.3 (1) competitive workforce factor: 4.7 percent;
- 227.4 (2) supervisory span of control ratio: 11 percent;
- 227.5 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 227.6 (4) employee-related cost ratio: 23.6 percent;
- 227.7 (5) program plan supports ratio: 15.5 percent;
- 227.8 (6) client programming and supports ratio: 4.7 percent;
- 227.9 (7) general administrative support ratio: 13.25 percent;
- 227.10 (8) program-related expense ratio: 6.1 percent; and
- 227.11 (9) absence and utilization factor ratio: 3.9 percent.
- 227.12 (i) Component values for unit-based services without programming except respite are:
- 227.13 (1) competitive workforce factor: 4.7 percent;
- 227.14 (2) supervisory span of control ratio: 11 percent;
- 227.15 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 227.16 (4) employee-related cost ratio: 23.6 percent;
- 227.17 (5) program plan support ratio: 7.0 percent;
- 227.18 (6) client programming and support ratio: 2.3 percent;
- 227.19 (7) general administrative support ratio: 13.25 percent;
- 227.20 (8) program-related expense ratio: 2.9 percent; and
- 227.21 (9) absence and utilization factor ratio: 3.9 percent.
- 227.22 (j) Component values for unit-based services without programming delivered remotely,
- 227.23 except respite, are:
- 227.24 (1) competitive workforce factor: 4.7 percent;
- 227.25 (2) supervisory span of control ratio: 11 percent;
- 227.26 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 227.27 (4) employee-related cost ratio: 23.6 percent;
- 227.28 (5) program plan support ratio: 7.0 percent;

- 228.1 (6) client programming and support ratio: 2.3 percent;
- 228.2 (7) general administrative support ratio: 13.25 percent;
- 228.3 (8) program-related expense ratio: 2.9 percent; and
- 228.4 (9) absence and utilization factor ratio: 3.9 percent.
- 228.5 ~~(h)~~ (k) Component values for unit-based services without programming for respite are:
- 228.6 (1) competitive workforce factor: 4.7 percent;
- 228.7 (2) supervisory span of control ratio: 11 percent;
- 228.8 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 228.9 (4) employee-related cost ratio: 23.6 percent;
- 228.10 (5) general administrative support ratio: 13.25 percent;
- 228.11 (6) program-related expense ratio: 2.9 percent; and
- 228.12 (7) absence and utilization factor ratio: 3.9 percent.
- 228.13 ~~(i)~~ (l) On July 1, 2022, and every two years thereafter, the commissioner shall update
- 228.14 the base wage index in paragraph (a) based on wage data by SOC from the Bureau of Labor
- 228.15 Statistics available 30 months and one day prior to the scheduled update. The commissioner
- 228.16 shall publish these updated values and load them into the rate management system.
- 228.17 ~~(j)~~ (m) Beginning February 1, 2021, and every two years thereafter, the commissioner
- 228.18 shall report to the chairs and ranking minority members of the legislative committees and
- 228.19 divisions with jurisdiction over health and human services policy and finance an analysis
- 228.20 of the competitive workforce factor. The report must include recommendations to update
- 228.21 the competitive workforce factor using:
- 228.22 (1) the most recently available wage data by SOC code for the weighted average wage
- 228.23 for direct care staff for residential services and direct care staff for day services;
- 228.24 (2) the most recently available wage data by SOC code of the weighted average wage
- 228.25 of comparable occupations; and
- 228.26 (3) workforce data as required under subdivision 10a, paragraph (g).
- 228.27 The commissioner shall not recommend an increase or decrease of the competitive workforce
- 228.28 factor from the current value by more than two percentage points. If, after a biennial analysis
- 228.29 for the next report, the competitive workforce factor is less than or equal to zero, the
- 228.30 commissioner shall recommend a competitive workforce factor of zero.

229.1 ~~(k)~~ (n) On July 1, 2022, and every two years thereafter, the commissioner shall update
 229.2 the framework components in paragraph (d), clause (6); paragraph (e), clause (6); paragraph
 229.3 (f), clause (6); and paragraph (g), clause (6); paragraph (h), clause (6); paragraph (i), clause
 229.4 (6); paragraph (j), clause (6); subdivision 6, paragraphs (b), clauses (9) and (10), and (e),
 229.5 clause (10); and subdivision 7, clauses (11), (17), and (18), for changes in the Consumer
 229.6 Price Index. The commissioner shall adjust these values higher or lower by the percentage
 229.7 change in the CPI-U from the date of the previous update to the data available 30 months
 229.8 and one day prior to the scheduled update. The commissioner shall publish these updated
 229.9 values and load them into the rate management system.

229.10 ~~(l)~~ (o) Upon the implementation of the updates under paragraphs ~~(i)~~ and ~~(k)~~ (l) and (n),
 229.11 rate adjustments authorized under section 256B.439, subdivision 7; Laws 2013, chapter
 229.12 108, article 7, section 60; and Laws 2014, chapter 312, article 27, section 75, shall be
 229.13 removed from service rates calculated under this section.

229.14 ~~(m)~~ (p) Any rate adjustments applied to the service rates calculated under this section
 229.15 outside of the cost components and rate methodology specified in this section shall be
 229.16 removed from rate calculations upon implementation of the updates under paragraphs ~~(i)~~
 229.17 ~~and (k)~~ (l) and (n).

229.18 ~~(n)~~ (q) In this subdivision, if Bureau of Labor Statistics occupational codes or Consumer
 229.19 Price Index items are unavailable in the future, the commissioner shall recommend to the
 229.20 legislature codes or items to update and replace missing component values.

229.21 **EFFECTIVE DATE.** This section is effective January 1, 2022, six months after the
 229.22 end of the federal public health emergency, or upon federal approval, whichever is later.
 229.23 The commissioner of human services shall notify the revisor of statutes when the federal
 229.24 public health emergency ends and when federal approval is obtained.

229.25 Sec. 40. Minnesota Statutes 2020, section 256B.4914, subdivision 6, is amended to read:

229.26 Subd. 6. **Payments for residential support services.** (a) For purposes of this subdivision,
 229.27 residential support services includes 24-hour customized living services, community
 229.28 residential services, customized living services, family residential services, foster care
 229.29 services, integrated community supports, and supportive living services daily.

229.30 (b) Payments for community residential services, corporate foster care services, corporate
 229.31 supportive living services daily, family residential services, and family foster care services
 229.32 must be calculated as follows:

230.1 (1) determine the number of shared staffing and individual direct staff hours to meet a
230.2 recipient's needs provided on site or through monitoring technology;

230.3 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics
230.4 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
230.5 5;

230.6 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
230.7 result of clause (2) by the product of one plus the competitive workforce factor in subdivision
230.8 5, paragraph (b), clause (1);

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

230.12 (5) multiply the number of shared and individual direct staff hours provided on site or
230.13 through monitoring technology and nursing hours by the appropriate staff wages;

230.14 (6) multiply the number of shared and individual direct staff hours provided on site or
230.15 through monitoring technology and nursing hours by the product of the supervision span
230.16 of control ratio in subdivision 5, paragraph (b), clause (2), and the appropriate supervision
230.17 wage in subdivision 5, paragraph (a), clause (21);

230.18 (7) combine the results of clauses (5) and (6), excluding any shared and individual direct
230.19 staff hours provided through monitoring technology, and multiply the result by one plus
230.20 the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (b),
230.21 clause (3). This is defined as the direct staffing cost;

230.22 (8) for employee-related expenses, multiply the direct staffing cost, excluding any shared
230.23 and individual direct staff hours provided through monitoring technology, by one plus the
230.24 employee-related cost ratio in subdivision 5, paragraph (b), clause (4);

230.25 (9) for client programming and supports, the commissioner shall add \$2,179; and

230.26 (10) for transportation, if provided, the commissioner shall add \$1,680, or \$3,000 if
230.27 customized for adapted transport, based on the resident with the highest assessed need.

230.28 (c) The total rate must be calculated using the following steps:

230.29 (1) subtotal paragraph (b), clauses (8) to (10), and the direct staffing cost of any shared
230.30 and individual direct staff hours provided through monitoring technology that was excluded
230.31 in clause (8);

231.1 (2) sum the standard general and administrative rate, the program-related expense ratio,
231.2 and the absence and utilization ratio;

231.3 (3) divide the result of clause (1) by one minus the result of clause (2). This is the total
231.4 payment amount; and

231.5 (4) adjust the result of clause (3) by a factor to be determined by the commissioner to
231.6 adjust for regional differences in the cost of providing services.

231.7 (d) The payment methodology for customized living; and 24-hour customized living,
231.8 ~~and residential care~~ services must be the customized living tool. ~~Revisions to~~ The
231.9 commissioner shall revise the customized living tool must be made to reflect the services
231.10 and activities unique to disability-related recipient needs, adjust for regional differences in
231.11 the cost of providing services, and the rate adjustments described in section 256S.205.
231.12 Customized living and 24-hour customized living rates determined under this section shall
231.13 not include more than 24 hours of support in a daily unit. The commissioner shall establish
231.14 acuity-based input limits, based on case mix, for customized living and 24-hour customized
231.15 living rates determined under this section.

231.16 (e) Payments for integrated community support services must be calculated as follows:

231.17 (1) the base shared staffing ~~shall~~ must be eight hours divided by the number of people
231.18 receiving support in the integrated community support setting;

231.19 (2) the individual staffing hours ~~shall~~ must be the average number of direct support hours
231.20 provided directly to the service recipient;

231.21 (3) the personnel hourly wage rate must be based on the most recent Bureau of Labor
231.22 Statistics Minnesota-specific rates or rates derived by the commissioner as provided in
231.23 subdivision 5;

231.24 (4) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
231.25 result of clause (3) by the product of one plus the competitive workforce factor in subdivision
231.26 5, paragraph (b), clause (1);

231.27 (5) for a recipient requiring customization for deaf and hard-of-hearing language
231.28 accessibility under subdivision 12, add the customization rate provided in subdivision 12
231.29 to the result of clause (4);

231.30 (6) multiply the number of shared and individual direct staff hours in clauses (1) and
231.31 (2) by the appropriate staff wages;

232.1 (7) multiply the number of shared and individual direct staff hours in clauses (1) and
 232.2 (2) by the product of the supervisory span of control ratio in subdivision 5, paragraph (b),
 232.3 clause (2), and the appropriate supervisory wage in subdivision 5, paragraph (a), clause
 232.4 (21);

232.5 (8) combine the results of clauses (6) and (7) and multiply the result by one plus the
 232.6 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (b), clause
 232.7 (3). This is defined as the direct staffing cost;

232.8 (9) for employee-related expenses, multiply the direct staffing cost by one plus the
 232.9 employee-related cost ratio in subdivision 5, paragraph (b), clause (4); and

232.10 (10) for client programming and supports, the commissioner shall add \$2,260.21 divided
 232.11 by 365.

232.12 (f) The total rate must be calculated as follows:

232.13 (1) add the results of paragraph (e), clauses (9) and (10);

232.14 (2) add the standard general and administrative rate, the program-related expense ratio,
 232.15 and the absence and utilization factor ratio;

232.16 (3) divide the result of clause (1) by one minus the result of clause (2). This is the total
 232.17 payment amount; and

232.18 (4) adjust the result of clause (3) by a factor to be determined by the commissioner to
 232.19 adjust for regional differences in the cost of providing services.

232.20 ~~(g) The payment methodology for customized living and 24-hour customized living~~
 232.21 ~~services must be the customized living tool. The commissioner shall revise the customized~~
 232.22 ~~living tool to reflect the services and activities unique to disability-related recipient needs~~
 232.23 ~~and adjust for regional differences in the cost of providing services.~~

232.24 ~~(h)~~ (g) The number of days authorized for all individuals enrolling in residential services
 232.25 must include every day that services start and end.

232.26 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
 232.27 whichever is later, except the fourth sentence of paragraph (d) is effective January 1, 2022.
 232.28 The commissioner of human services shall notify the revisor of statutes when federal approval
 232.29 is obtained.

233.1 Sec. 41. Minnesota Statutes 2020, section 256B.4914, subdivision 7, is amended to read:

233.2 Subd. 7. **Payments for day programs.** Payments for services with day programs
233.3 including adult day services, day treatment and habilitation, day support services,
233.4 prevocational services, and structured day services provided in person or remotely must be
233.5 calculated as follows:

233.6 (1) determine the number of units of service and staffing ratio to meet a recipient's needs:

233.7 (i) the staffing ratios for the units of service provided to a recipient in a typical week
233.8 must be averaged to determine an individual's staffing ratio; and

233.9 (ii) the commissioner, in consultation with service providers, shall develop a uniform
233.10 staffing ratio worksheet to be used to determine staffing ratios under this subdivision;

233.11 (2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
233.12 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
233.13 5;

233.14 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
233.15 result of clause (2) by the product of one plus the competitive workforce factor in subdivision
233.16 5, paragraph (d), clause (1);

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

233.20 (5) multiply the number of day program direct staff hours and nursing hours by the
233.21 appropriate staff wage;

233.22 (6) multiply the number of day direct staff hours by the product of the supervision span
233.23 of control ratio in subdivision 5, paragraph (d), clause (2), for in-person services or
233.24 subdivision 5, paragraph (e), clause (2), for remote services, and the appropriate supervision
233.25 wage in subdivision 5, paragraph (a), clause (21);

233.26 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
233.27 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (d), clause
233.28 (3), for in-person services or subdivision 5, paragraph (e), clause (3), for remote services.
233.29 This is defined as the direct staffing rate;

233.30 (8) for program plan support, multiply the result of clause (7) by one plus the program
233.31 plan support ratio in subdivision 5, paragraph (d), clause (5), for in-person services or
233.32 subdivision 5, paragraph (e), clause (5), for remote services;

234.1 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
234.2 employee-related cost ratio in subdivision 5, paragraph (d), clause (4), for in-person services
234.3 or subdivision 5, paragraph (e), clause (4), for remote services;

234.4 (10) for client programming and supports, multiply the result of clause (9) by one plus
234.5 the client programming and support ratio in subdivision 5, paragraph (d), clause (6), for
234.6 in-person services or subdivision 5, paragraph (e), clause (6), for remote services;

234.7 (11) for program facility costs, add ~~\$19.30~~ \$20.02 per week with consideration of staffing
234.8 ratios to meet individual needs;

234.9 (12) for adult day bath services, add \$7.01 per 15 minute unit;

234.10 (13) this is the subtotal rate;

234.11 (14) sum the standard general and administrative rate, the program-related expense ratio,
234.12 and the absence and utilization factor ratio;

234.13 (15) divide the result of clause (13) by one minus the result of clause (14). This is the
234.14 total payment amount;

234.15 (16) adjust the result of clause (15) by a factor to be determined by the commissioner
234.16 to adjust for regional differences in the cost of providing services;

234.17 (17) for transportation provided as part of day training and habilitation for an individual
234.18 who does not require a lift, add:

234.19 (i) \$10.50 for a trip between zero and ten miles for a nonshared ride in a vehicle without
234.20 a lift, \$8.83 for a shared ride in a vehicle without a lift, and \$9.25 for a shared ride in a
234.21 vehicle with a lift;

234.22 (ii) \$15.75 for a trip between 11 and 20 miles for a nonshared ride in a vehicle without
234.23 a lift, \$10.58 for a shared ride in a vehicle without a lift, and \$11.88 for a shared ride in a
234.24 vehicle with a lift;

234.25 (iii) \$25.75 for a trip between 21 and 50 miles for a nonshared ride in a vehicle without
234.26 a lift, \$13.92 for a shared ride in a vehicle without a lift, and \$16.88 for a shared ride in a
234.27 vehicle with a lift; or

234.28 (iv) \$33.50 for a trip of 51 miles or more for a nonshared ride in a vehicle without a lift,
234.29 \$16.50 for a shared ride in a vehicle without a lift, and \$20.75 for a shared ride in a vehicle
234.30 with a lift;

234.31 (18) for transportation provided as part of day training and habilitation for an individual
234.32 who does require a lift, add:

235.1 (i) \$19.05 for a trip between zero and ten miles for a nonshared ride in a vehicle with a
 235.2 lift, and \$15.05 for a shared ride in a vehicle with a lift;

235.3 (ii) \$32.16 for a trip between 11 and 20 miles for a nonshared ride in a vehicle with a
 235.4 lift, and \$28.16 for a shared ride in a vehicle with a lift;

235.5 (iii) \$58.76 for a trip between 21 and 50 miles for a nonshared ride in a vehicle with a
 235.6 lift, and \$58.76 for a shared ride in a vehicle with a lift; or

235.7 (iv) \$80.93 for a trip of 51 miles or more for a nonshared ride in a vehicle with a lift,
 235.8 and \$80.93 for a shared ride in a vehicle with a lift.

235.9 **EFFECTIVE DATE.** This section is effective January 1, 2022, six months after the
 235.10 end of the federal public health emergency, or upon federal approval, whichever is later.
 235.11 The commissioner of human services shall notify the revisor of statutes when the federal
 235.12 public health emergency ends and when federal approval is obtained.

235.13 Sec. 42. Minnesota Statutes 2020, section 256B.4914, subdivision 8, is amended to read:

235.14 Subd. 8. **Payments for unit-based services with programming.** Payments for unit-based
 235.15 services with programming, including employment exploration services, employment
 235.16 development services, housing access coordination, individualized home supports with
 235.17 family training, individualized home supports with training, in-home family support,
 235.18 independent living skills training, and hourly supported living services provided to an
 235.19 individual outside of any day or residential service plan provided in person or remotely
 235.20 must be calculated as follows, unless the services are authorized separately under subdivision
 235.21 6 or 7:

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

235.23 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics
 235.24 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
 235.25 5;

235.26 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
 235.27 result of clause (2) by the product of one plus the competitive workforce factor in subdivision
 235.28 5, paragraph ~~(f)~~ (g), clause (1);

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

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

236.1 (6) multiply the number of direct staff hours by the product of the supervision span of
236.2 control ratio in subdivision 5, paragraph ~~(f)~~ (g), clause (2), for in-person services or
236.3 subdivision 5, paragraph (h), clause (2), for remote services, and the appropriate supervision
236.4 wage in subdivision 5, paragraph (a), clause (21);

236.5 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
236.6 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph ~~(f)~~ (g),
236.7 clause (3), for in-person services or subdivision 5, paragraph (h), clause (3), for remote
236.8 services. This is defined as the direct staffing rate;

236.9 (8) for program plan support, multiply the result of clause (7) by one plus the program
236.10 plan supports ratio in subdivision 5, paragraph ~~(f)~~ (g), clause (5), for in-person services or
236.11 subdivision 5, paragraph (h), clause (5), for remote services;

236.12 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
236.13 employee-related cost ratio in subdivision 5, paragraph ~~(f)~~ (g), clause (4), for in-person
236.14 services or subdivision 5, paragraph (h), clause (4), for remote services;

236.15 (10) for client programming and supports, multiply the result of clause (9) by one plus
236.16 the client programming and supports ratio in subdivision 5, paragraph ~~(f)~~ (g), clause (6),
236.17 for in-person services or subdivision 5, paragraph (h), clause (6), for remote services;

236.18 (11) this is the subtotal rate;

236.19 (12) sum the standard general and administrative rate, the program-related expense ratio,
236.20 and the absence and utilization factor ratio;

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

236.23 (14) for employment exploration services provided in a shared manner, divide the total
236.24 payment amount in clause (13) by the number of service recipients, not to exceed five. For
236.25 employment support services provided in a shared manner, divide the total payment amount
236.26 in clause (13) by the number of service recipients, not to exceed six. For independent living
236.27 skills training, ~~individualized home supports with training,~~ and individualized home supports
236.28 with family training provided in a shared manner, divide the total payment amount in clause
236.29 (13) by the number of service recipients, not to exceed two. For individualized home supports
236.30 with training, provided in a shared manner, including for a day unit of individualized home
236.31 supports with training provided in a shared manner, divide the total payment amount in
236.32 clause (13) by the number of service recipients, not to exceed three; and

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

237.3 **EFFECTIVE DATE.** (a) Except for the amendment to clause (14), this section is
237.4 effective January 1, 2022, six months after the end of the federal public health emergency,
237.5 or upon federal approval, whichever is later. The commissioner of human services shall
237.6 notify the revisor of statutes when the federal public health emergency ends and when
237.7 federal approval is obtained.

237.8 (b) The amendment to clause (14) is effective January 1, 2022, or upon federal approval,
237.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
237.10 when federal approval is obtained.

237.11 Sec. 43. Minnesota Statutes 2020, section 256B.4914, subdivision 9, is amended to read:

237.12 **Subd. 9. Payments for unit-based services without programming.** Payments for
237.13 unit-based services without programming, including individualized home supports, night
237.14 supervision, personal support, respite, and companion care provided to an individual outside
237.15 of any day or residential service plan provided in person or remotely must be calculated as
237.16 follows unless the services are authorized separately under subdivision 6 or 7:

237.17 (1) for all services except respite, determine the number of units of service to meet a
237.18 recipient's needs;

237.19 (2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
237.20 Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;

237.21 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
237.22 result of clause (2) by the product of one plus the competitive workforce factor in subdivision
237.23 5, paragraph ~~(g)~~ (i), clause (1);

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

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

237.28 (6) multiply the number of direct staff hours by the product of the supervision span of
237.29 control ratio in subdivision 5, paragraph ~~(g)~~ (i), clause (2), for in-person services or
237.30 subdivision 5, paragraph (j), clause (2), for remote services, and the appropriate supervision
237.31 wage in subdivision 5, paragraph (a), clause (21);

238.1 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
238.2 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph ~~(g)~~ (i),
238.3 clause (3), for in-person services or subdivision 5, paragraph (j), clause (3), for remote
238.4 services. This is defined as the direct staffing rate;

238.5 (8) for program plan support, multiply the result of clause (7) by one plus the program
238.6 plan support ratio in subdivision 5, paragraph ~~(g)~~ (i), clause (5), for in-person services or
238.7 subdivision 5, paragraph (j), clause (5), for remote services;

238.8 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
238.9 employee-related cost ratio in subdivision 5, paragraph ~~(g)~~ (i), clause (4), for in-person
238.10 services or subdivision 5, paragraph (j), clause (4), for remote services;

238.11 (10) for client programming and supports, multiply the result of clause (9) by one plus
238.12 the client programming and support ratio in subdivision 5, paragraph ~~(g)~~ (i), clause (6), for
238.13 in-person services or subdivision 5, paragraph (j), clause (6), for remote services;

238.14 (11) this is the subtotal rate;

238.15 (12) sum the standard general and administrative rate, the program-related expense ratio,
238.16 and the absence and utilization factor ratio;

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

238.19 (14) for respite services, determine the number of day units of service to meet an
238.20 individual's needs;

238.21 (15) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
238.22 Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;

238.23 (16) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
238.24 result of clause (15) by the product of one plus the competitive workforce factor in
238.25 subdivision 5, paragraph ~~(h)~~ (k), clause (1);

238.26 (17) for a recipient requiring deaf and hard-of-hearing customization under subdivision
238.27 12, add the customization rate provided in subdivision 12 to the result of clause (16);

238.28 (18) multiply the number of direct staff hours by the appropriate staff wage;

238.29 (19) multiply the number of direct staff hours by the product of the supervisory span of
238.30 control ratio in subdivision 5, paragraph ~~(h)~~ (k), clause (2), and the appropriate supervision
238.31 wage in subdivision 5, paragraph (a), clause (21);

239.1 (20) combine the results of clauses (18) and (19), and multiply the result by one plus
239.2 the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph ~~(h)~~
239.3 (k), clause (3). This is defined as the direct staffing rate;

239.4 (21) for employee-related expenses, multiply the result of clause (20) by one plus the
239.5 employee-related cost ratio in subdivision 5, paragraph ~~(h)~~ (k), clause (4);

239.6 (22) this is the subtotal rate;

239.7 (23) sum the standard general and administrative rate, the program-related expense ratio,
239.8 and the absence and utilization factor ratio;

239.9 (24) divide the result of clause (22) by one minus the result of clause (23). This is the
239.10 total payment amount;

239.11 (25) for individualized home supports provided in a shared manner, divide the total
239.12 payment amount in clause (13) by the number of service recipients, not to exceed two;

239.13 (26) for respite care services provided in a shared manner, divide the total payment
239.14 amount in clause (24) by the number of service recipients, not to exceed three; and

239.15 (27) adjust the result of clauses (13), (25), and (26) by a factor to be determined by the
239.16 commissioner to adjust for regional differences in the cost of providing services.

239.17 **EFFECTIVE DATE.** This section is effective January 1, 2022, six months after the
239.18 end of the federal public health emergency, or upon federal approval, whichever is later.
239.19 The commissioner of human services shall notify the revisor of statutes when the federal
239.20 public health emergency ends and when federal approval is obtained.

239.21 Sec. 44. Minnesota Statutes 2020, section 256B.5012, is amended by adding a subdivision
239.22 to read:

239.23 **Subd. 18. ICF/DD rate increases effective July 1, 2021.** (a) For the rate period beginning
239.24 July 1, 2021, the commissioner must increase operating payments for each facility reimbursed
239.25 under this section equal to five percent of the operating payment rates in effect on June 30,
239.26 2021.

239.27 (b) For each facility, the commissioner must apply the rate increase based on occupied
239.28 beds, using the percentage specified in this subdivision multiplied by the total payment rate,
239.29 including the variable rate but excluding the property-related payment rate in effect on June
239.30 30, 2021. The total rate increase must include the adjustment provided in section 256B.501,
239.31 subdivision 12.

240.1 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
240.2 whichever is later. The commissioner of human services shall inform the revisor of statutes
240.3 when federal approval is obtained.

240.4 Sec. 45. Minnesota Statutes 2020, section 256B.5013, subdivision 1, is amended to read:

240.5 Subdivision 1. **Variable rate adjustments.** (a) ~~For rate years beginning on or after~~
240.6 ~~October 1, 2000,~~ When there is a documented increase in the needs of a current ICF/DD
240.7 recipient, the county of financial responsibility may recommend a variable rate to enable
240.8 the facility to meet the individual's increased needs. Variable rate adjustments made under
240.9 this subdivision replace payments for persons with special needs for crisis intervention
240.10 services under section 256B.501, subdivision 8a. ~~Effective July 1, 2003, facilities with a~~
240.11 ~~base rate above the 50th percentile of the statewide average reimbursement rate for a Class~~
240.12 ~~A facility or Class B facility, whichever matches the facility licensure, are not eligible for~~
240.13 ~~a variable rate adjustment. Variable rate adjustments may not exceed a 12-month period,~~
240.14 ~~except when approved for purposes established in paragraph (b), clause (1).~~ Once approved,
240.15 variable rate adjustments must continue to remain in place unless there is an identified
240.16 change in need. A review of needed resources must be done at the time of the individual's
240.17 annual support plan meeting. Any change in need identified must result in submission of a
240.18 request to adjust the resources for the individual. Variable rate adjustments approved solely
240.19 on the basis of changes on a developmental disabilities screening document will end June
240.20 30, 2002.

240.21 (b) The county of financial responsibility must act on a variable rate request within 30
240.22 days and notify the initiator of the request of the county's recommendation in writing.

240.23 ~~(b)~~ (c) A variable rate may be recommended by the county of financial responsibility
240.24 for increased needs in the following situations:

240.25 (1) a need for resources due to an individual's full or partial retirement from participation
240.26 in a day training and habilitation service when the individual: (i) has reached the age of 65
240.27 or has a change in health condition that makes it difficult for the person to participate in
240.28 day training and habilitation services over an extended period of time because it is medically
240.29 contraindicated; and (ii) has expressed a desire for change through the developmental
240.30 disability screening process under section 256B.092;

240.31 (2) a need for additional resources for intensive short-term programming ~~which~~ that is
240.32 necessary prior to an individual's discharge to a less restrictive, more integrated setting;

241.1 (3) a demonstrated medical need that significantly impacts the type or amount of services
241.2 needed by the individual; ~~or~~

241.3 (4) a demonstrated behavioral or cognitive need that significantly impacts the type or
241.4 amount of services needed by the individual; or

241.5 ~~(e) The county of financial responsibility must justify the purpose, the projected length
241.6 of time, and the additional funding needed for the facility to meet the needs of the individual.~~

241.7 ~~(d) The facility shall provide an annual report to the county case manager on the use of
241.8 the variable rate funds and the status of the individual on whose behalf the funds were
241.9 approved. The county case manager will forward the facility's report with a recommendation
241.10 to the commissioner to approve or disapprove a continuation of the variable rate.~~

241.11 ~~(e) Funds made available through the variable rate process that are not used by the facility
241.12 to meet the needs of the individual for whom they were approved shall be returned to the
241.13 state.~~

241.14 (5) a demonstrated increased need for staff assistance, changes in the type of staff
241.15 credentials needed, or a need for expert consultation based on assessments conducted prior
241.16 to the annual support plan meeting.

241.17 (d) Variable rate requests must include the following information:

241.18 (1) the service needs change;

241.19 (2) the variable rate requested and the difference from the current rate;

241.20 (3) a basis for the underlying costs used for the variable rate and any accompanying
241.21 documentation; and

241.22 (4) documentation of the expected outcomes to be achieved and the frequency of progress
241.23 monitoring associated with the rate increase.

241.24 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
241.25 whichever is later. The commissioner of human services shall inform the revisor of statutes
241.26 when federal approval is obtained.

241.27 Sec. 46. Minnesota Statutes 2020, section 256B.5013, subdivision 6, is amended to read:

241.28 Subd. 6. **Commissioner's responsibilities.** The commissioner shall:

241.29 (1) make a determination to approve, deny, or modify a request for a variable rate
241.30 adjustment within 30 days of the receipt of the completed application;

242.1 (2) notify the ICF/DD facility and county case manager of the ~~duration and conditions~~
 242.2 ~~of variable rate adjustment approvals~~ determination; and

242.3 (3) modify MMIS II service agreements to reimburse ICF/DD facilities for approved
 242.4 variable rates.

242.5 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
 242.6 whichever is later. The commissioner of human services shall inform the revisor of statutes
 242.7 when federal approval is obtained.

242.8 Sec. 47. Minnesota Statutes 2020, section 256B.5015, subdivision 2, is amended to read:

242.9 Subd. 2. **Services during the day.** (a) Services during the day, as defined in section
 242.10 256B.501, but excluding day training and habilitation services, shall be paid as a pass-through
 242.11 payment ~~no later than January 1, 2004~~. The commissioner shall establish rates for these
 242.12 services, other than day training and habilitation services, at ~~levels that do not exceed 75~~
 242.13 100 percent of a recipient's day training and habilitation service costs prior to the service
 242.14 change.

242.15 (b) An individual qualifies for services during the day under paragraph (a) if, through
 242.16 consultation with the individual and the individual's support team or interdisciplinary team:

242.17 (1) it has been determined that the individual's needs can best be met through partial or
 242.18 full retirement from:

242.19 (i) participation in a day training and habilitation service; or

242.20 (ii) the use of services during the day in the individual's home environment; and

242.21 (2) an individualized plan has been developed with designated outcomes that:

242.22 (i) address the support needs and desires contained in the person-centered plan or
 242.23 individual support plan; and

242.24 (ii) include goals that focus on community integration as appropriate for the individual.

242.25 (c) When establishing a rate for these services, the commissioner shall also consider an
 242.26 individual recipient's needs as identified in the ~~individualized service~~ individual support
 242.27 plan and the person's need for active treatment as defined under federal regulations. The
 242.28 pass-through payments for services during the day shall be paid separately by the
 242.29 commissioner and shall not be included in the computation of the ICF/DD facility total
 242.30 payment rate.

243.1 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
243.2 whichever is later. The commissioner of human services shall inform the revisor of statutes
243.3 when federal approval is obtained.

243.4 Sec. 48. Minnesota Statutes 2020, section 256B.85, subdivision 7a, is amended to read:

243.5 Subd. 7a. **Enhanced rate.** An enhanced rate of 107.5 percent of the rate paid for CFSS
243.6 must be paid for services provided to persons who qualify for ~~12~~ ten or more hours of CFSS
243.7 per day when provided by a support worker who meets the requirements of subdivision 16,
243.8 paragraph (e). The enhanced rate for CFSS includes, and is not in addition to, any rate
243.9 adjustments implemented by the commissioner on July 1, 2019, to comply with the terms
243.10 of a collective bargaining agreement between the state of Minnesota and an exclusive
243.11 representative of individual providers under section 179A.54 that provides for wage increases
243.12 for individual providers who serve participants assessed to need 12 or more hours of CFSS
243.13 per day.

243.14 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
243.15 whichever occurs later. The commissioner shall notify the revisor of statutes when federal
243.16 approval is obtained.

243.17 Sec. 49. Minnesota Statutes 2020, section 256B.85, subdivision 16, is amended to read:

243.18 Subd. 16. **Support workers requirements.** (a) Support workers shall:

243.19 (1) enroll with the department as a support worker after a background study under chapter
243.20 245C has been completed and the support worker has received a notice from the
243.21 commissioner that the support worker:

243.22 (i) is not disqualified under section 245C.14; or

243.23 (ii) is disqualified, but has received a set-aside of the disqualification under section
243.24 245C.22;

243.25 (2) have the ability to effectively communicate with the participant or the participant's
243.26 representative;

243.27 (3) have the skills and ability to provide the services and supports according to the
243.28 participant's CFSS service delivery plan and respond appropriately to the participant's needs;

243.29 (4) complete the basic standardized CFSS training as determined by the commissioner
243.30 before completing enrollment. The training must be available in languages other than English
243.31 and to those who need accommodations due to disabilities. CFSS support worker training

244.1 must include successful completion of the following training components: basic first aid,
244.2 vulnerable adult, child maltreatment, OSHA universal precautions, basic roles and
244.3 responsibilities of support workers including information about basic body mechanics,
244.4 emergency preparedness, orientation to positive behavioral practices, orientation to
244.5 responding to a mental health crisis, fraud issues, time cards and documentation, and an
244.6 overview of person-centered planning and self-direction. Upon completion of the training
244.7 components, the support worker must pass the certification test to provide assistance to
244.8 participants;

244.9 (5) complete employer-directed training and orientation on the participant's individual
244.10 needs;

244.11 (6) maintain the privacy and confidentiality of the participant; and

244.12 (7) not independently determine the medication dose or time for medications for the
244.13 participant.

244.14 (b) The commissioner may deny or terminate a support worker's provider enrollment
244.15 and provider number if the support worker:

244.16 (1) does not meet the requirements in paragraph (a);

244.17 (2) fails to provide the authorized services required by the employer;

244.18 (3) has been intoxicated by alcohol or drugs while providing authorized services to the
244.19 participant or while in the participant's home;

244.20 (4) has manufactured or distributed drugs while providing authorized services to the
244.21 participant or while in the participant's home; or

244.22 (5) has been excluded as a provider by the commissioner of human services, or by the
244.23 United States Department of Health and Human Services, Office of Inspector General, from
244.24 participation in Medicaid, Medicare, or any other federal health care program.

244.25 (c) A support worker may appeal in writing to the commissioner to contest the decision
244.26 to terminate the support worker's provider enrollment and provider number.

244.27 (d) A support worker must not provide or be paid for more than 310 hours of CFSS per
244.28 month, regardless of the number of participants the support worker serves or the number
244.29 of agency-providers or participant employers by which the support worker is employed.
244.30 The department shall not disallow the number of hours per day a support worker works
244.31 unless it violates other law.

244.32 (e) CFSS qualify for an enhanced rate if the support worker providing the services:

245.1 (1) provides services, within the scope of CFSS described in subdivision 7, to a participant
245.2 who qualifies for ~~12~~ ten or more hours per day of CFSS; and

245.3 (2) satisfies the current requirements of Medicare for training and competency or
245.4 competency evaluation of home health aides or nursing assistants, as provided in the Code
245.5 of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved
245.6 training or competency requirements.

245.7 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
245.8 whichever occurs later. The commissioner shall notify the revisor of statutes when federal
245.9 approval is obtained.

245.10 Sec. 50. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
245.11 to read:

245.12 **Subd. 27. Personal care assistance and community first services and supports**
245.13 **provider agency; required reporting and analysis of cost data.** (a) The commissioner
245.14 must evaluate on an ongoing basis whether the rates paid for personal care assistance and
245.15 community first services and supports appropriately address the costs to provide these
245.16 services. The commissioner must make recommendations to adjust the rates paid as indicated
245.17 by the evaluation. As determined by the commissioner, in consultation with stakeholders,
245.18 agencies enrolled to provide personal care assistance and community first services and
245.19 supports with rates determined under this section must submit requested cost data to the
245.20 commissioner. Requested cost data may include but is not limited to:

245.21 (1) worker wage costs;

245.22 (2) benefits paid;

245.23 (3) supervisor wage costs;

245.24 (4) executive wage costs;

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

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

245.27 (7) administrative costs paid;

245.28 (8) program costs paid;

245.29 (9) transportation costs paid;

245.30 (10) vacancy rates; and

246.1 (11) other data relating to costs necessary to provide services requested by the
246.2 commissioner.

246.3 (b) At least once in any three-year period, a provider must submit cost data for a fiscal
246.4 year that ended not more than 18 months prior to the submission date. The commissioner
246.5 shall give each provider notice 90 days prior to the submission due date. If a provider fails
246.6 to submit the required reporting data, the commissioner shall provide notice to the provider
246.7 30 days after the required submission date, and a second notice to a provider who fails to
246.8 submit the required data 60 days after the required submission date. The commissioner shall
246.9 temporarily suspend payments to a provider if the provider fails to submit cost data within
246.10 90 days after the required submission date. The commissioner shall make withheld payments
246.11 to the provider once the commissioner receives cost data from the provider.

246.12 (c) The commissioner shall conduct a random validation of data submitted under
246.13 paragraph (a) to ensure data accuracy.

246.14 (d) The commissioner, in consultation with stakeholders, shall develop and implement
246.15 a process for providing training and technical assistance necessary to support provider
246.16 submission of cost documentation required under paragraph (a). The commissioner shall
246.17 provide dedicated support for providers who meet one of the following criteria:

246.18 (1) the provider employs fewer than ten staff to provide the services under this section;

246.19 (2) the provider's first language is not English; or

246.20 (3) the provider serves a population that includes greater than or equal to 50 percent
246.21 black people, Indigenous people, or people of color.

246.22 Sec. 51. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
246.23 to read:

246.24 Subd. 28. **Payment rates evaluation.** (a) The commissioner shall assess data collected
246.25 under subdivision 27 and shall publish evaluation findings in a report to the legislature on
246.26 August 1, 2024, and once every two years thereafter. Evaluation findings shall include:

246.27 (1) the costs that providers incur while providing services under this section;

246.28 (2) comparisons between those costs and the costs incurred by providers of comparable
246.29 services and employers in industries competing in the same labor market;

246.30 (3) changes in wages, benefits provided, hours worked, and retention over time; and

246.31 (4) recommendations for the rate methodologies paid based on the evaluation findings.

247.1 (b) The commissioner shall only release cost data in an aggregate form and shall not
247.2 release cost data from individual providers except as permitted by current law.

247.3 **EFFECTIVE DATE.** This section is effective July 1, 2021.

247.4 Sec. 52. Minnesota Statutes 2020, section 256I.04, subdivision 3, is amended to read:

247.5 Subd. 3. **Moratorium on development of housing support beds.** (a) Agencies shall
247.6 not enter into agreements for new housing support beds with total rates in excess of the
247.7 MSA equivalent rate except:

247.8 (1) for establishments licensed under chapter 245D provided the facility is needed to
247.9 meet the census reduction targets for persons with developmental disabilities at regional
247.10 treatment centers;

247.11 (2) up to 80 beds in a single, specialized facility located in Hennepin County that will
247.12 provide housing for chronic inebriates who are repetitive users of detoxification centers and
247.13 are refused placement in emergency shelters because of their state of intoxication, and
247.14 planning for the specialized facility must have been initiated before July 1, 1991, in
247.15 anticipation of receiving a grant from the Housing Finance Agency under section 462A.05,
247.16 subdivision 20a, paragraph (b);

247.17 (3) notwithstanding the provisions of subdivision 2a, for up to 226 supportive housing
247.18 units in Anoka, Dakota, Hennepin, or Ramsey County for homeless adults with a mental
247.19 illness, a history of substance abuse, or human immunodeficiency virus or acquired
247.20 immunodeficiency syndrome. For purposes of this section, "homeless adult" means a person
247.21 who is living on the street or in a shelter or discharged from a regional treatment center,
247.22 community hospital, or residential treatment program and has no appropriate housing
247.23 available and lacks the resources and support necessary to access appropriate housing. At
247.24 least 70 percent of the supportive housing units must serve homeless adults with mental
247.25 illness, substance abuse problems, or human immunodeficiency virus or acquired
247.26 immunodeficiency syndrome who are about to be or, within the previous six months, have
247.27 been discharged from a regional treatment center, or a state-contracted psychiatric bed in
247.28 a community hospital, or a residential mental health or chemical dependency treatment
247.29 program. If a person meets the requirements of subdivision 1, paragraph (a), and receives
247.30 a federal or state housing subsidy, the housing support rate for that person is limited to the
247.31 supplementary rate under section 256I.05, subdivision 1a, and is determined by subtracting
247.32 the amount of the person's countable income that exceeds the MSA equivalent rate from
247.33 the housing support supplementary service rate. A resident in a demonstration project site
247.34 who no longer participates in the demonstration program shall retain eligibility for a housing

248.1 support payment in an amount determined under section 256I.06, subdivision 8, using the
248.2 MSA equivalent rate. Service funding under section 256I.05, subdivision 1a, will end June
248.3 30, 1997, if federal matching funds are available and the services can be provided through
248.4 a managed care entity. If federal matching funds are not available, then service funding will
248.5 continue under section 256I.05, subdivision 1a;

248.6 (4) for an additional two beds, resulting in a total of 32 beds, for a facility located in
248.7 Hennepin County providing services for recovering and chemically dependent men that has
248.8 had a housing support contract with the county and has been licensed as a board and lodge
248.9 facility with special services since 1980;

248.10 (5) for a housing support provider located in the city of St. Cloud, or a county contiguous
248.11 to the city of St. Cloud, that operates a 40-bed facility, that received financing through the
248.12 Minnesota Housing Finance Agency Ending Long-Term Homelessness Initiative and serves
248.13 chemically dependent clientele, providing 24-hour-a-day supervision;

248.14 (6) for a new 65-bed facility in Crow Wing County that will serve chemically dependent
248.15 persons, operated by a housing support provider that currently operates a 304-bed facility
248.16 in Minneapolis, and a 44-bed facility in Duluth;

248.17 (7) for a housing support provider that operates two ten-bed facilities, one located in
248.18 Hennepin County and one located in Ramsey County, that provide community support and
248.19 24-hour-a-day supervision to serve the mental health needs of individuals who have
248.20 chronically lived unsheltered; ~~and~~

248.21 (8) for a facility authorized for recipients of housing support in Hennepin County with
248.22 a capacity of up to 48 beds that has been licensed since 1978 as a board and lodging facility
248.23 and that until August 1, 2007, operated as a licensed chemical dependency treatment
248.24 program;

248.25 (9) for an additional 42 beds, resulting in a total of 54 beds, for a recovery community
248.26 organization and housing support provider that currently operates a 38-bed facility in Olmsted
248.27 County serving individuals diagnosed with substance use disorder, originally licensed and
248.28 registered by the Department of Health under section 157.17 in 2019, and will operate a
248.29 new 14-bed facility in Olmsted County serving individuals diagnosed with substance use
248.30 disorder; and

248.31 (10) for 46 beds for a recovery community organization and housing support provider
248.32 that as of March 1, 2021, operates three facilities in Blue Earth County licensed and registered
248.33 by the Department of Health under section 157.17, serving individuals diagnosed with
248.34 substance use disorder.

249.1 (b) An agency may enter into a housing support agreement for beds with rates in excess
249.2 of the MSA equivalent rate in addition to those currently covered under a housing support
249.3 agreement if the additional beds are only a replacement of beds with rates in excess of the
249.4 MSA equivalent rate which have been made available due to closure of a setting, a change
249.5 of licensure or certification which removes the beds from housing support payment, or as
249.6 a result of the downsizing of a setting authorized for recipients of housing support. The
249.7 transfer of available beds from one agency to another can only occur by the agreement of
249.8 both agencies.

249.9 **EFFECTIVE DATE.** This section is effective July 1, 2021.

249.10 Sec. 53. Minnesota Statutes 2020, section 256I.05, subdivision 1a, is amended to read:

249.11 Subd. 1a. **Supplementary service rates.** (a) Subject to the provisions of section 256I.04,
249.12 subdivision 3, the ~~county~~ agency may negotiate a payment not to exceed \$426.37 for other
249.13 services necessary to provide room and board if the residence is licensed by or registered
249.14 by the Department of Health, or licensed by the Department of Human Services to provide
249.15 services in addition to room and board, and if the provider of services is not also concurrently
249.16 receiving funding for services for a recipient under a home and community-based waiver
249.17 under title XIX of the federal Social Security Act; or funding from the medical assistance
249.18 program under section 256B.0659, for personal care services for residents in the setting; or
249.19 residing in a setting which receives funding under section 245.73. If funding is available
249.20 for other necessary services through a home and community-based waiver, or personal care
249.21 services under section 256B.0659, then the housing support rate is limited to the rate set in
249.22 subdivision 1. Unless otherwise provided in law, in no case may the supplementary service
249.23 rate exceed \$426.37. The registration and licensure requirement does not apply to
249.24 establishments which are exempt from state licensure because they are located on Indian
249.25 reservations and for which the tribe has prescribed health and safety requirements. Service
249.26 payments under this section may be prohibited under rules to prevent the supplanting of
249.27 federal funds with state funds. The commissioner shall pursue the feasibility of obtaining
249.28 the approval of the Secretary of Health and Human Services to provide home and
249.29 community-based waiver services under title XIX of the federal Social Security Act for
249.30 residents who are not eligible for an existing home and community-based waiver due to a
249.31 primary diagnosis of mental illness or chemical dependency and shall apply for a waiver if
249.32 it is determined to be cost-effective.

249.33 (b) The commissioner is authorized to make cost-neutral transfers from the housing
249.34 support fund for beds under this section to other funding programs administered by the

250.1 department after consultation with the ~~county or counties~~ agency in which the affected beds
 250.2 are located. The commissioner may also make cost-neutral transfers from the housing support
 250.3 fund to ~~county human service~~ agencies for beds permanently removed from the housing
 250.4 support census under a plan submitted by the ~~county~~ agency and approved by the
 250.5 commissioner. The commissioner shall report the amount of any transfers under this provision
 250.6 annually to the legislature.

250.7 (c) Counties Agencies must not negotiate supplementary service rates with providers of
 250.8 housing support that are licensed as board and lodging with special services and that do not
 250.9 encourage a policy of sobriety on their premises and make referrals to available community
 250.10 services for volunteer and employment opportunities for residents.

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

250.12 Sec. 54. Minnesota Statutes 2020, section 256I.05, subdivision 1c, is amended to read:

250.13 Subd. 1c. **Rate increases.** An agency may not increase the rates negotiated for housing
 250.14 support above those in effect on June 30, 1993, except as provided in paragraphs (a) to (f).

250.15 (a) An agency may increase the rates for room and board to the MSA equivalent rate
 250.16 for those settings whose current rate is below the MSA equivalent rate.

250.17 (b) An agency may increase the rates for residents in adult foster care whose difficulty
 250.18 of care has increased. The total housing support rate for these residents must not exceed the
 250.19 maximum rate specified in subdivisions 1 and 1a. Agencies must not include nor increase
 250.20 difficulty of care rates for adults in foster care whose difficulty of care is eligible for funding
 250.21 by home and community-based waiver programs under title XIX of the Social Security Act.

250.22 (c) An agency must increase the room and board rates ~~will be increased~~ each year when
 250.23 the MSA equivalent rate is adjusted for SSI cost-of-living increases by the amount of the
 250.24 annual SSI increase, less the amount of the increase in the medical assistance personal needs
 250.25 allowance under section 256B.35.

250.26 (d) ~~When housing support pays for an individual's room and board, or other costs~~
 250.27 ~~necessary to provide room and board, the rate payable to the residence must continue for~~
 250.28 ~~up to 18 calendar days per incident that the person is temporarily absent from the residence,~~
 250.29 ~~not to exceed 60 days in a calendar year, if the absence or absences are reported in advance~~
 250.30 ~~to the county agency's social service staff. Advance reporting is not required for emergency~~
 250.31 ~~absences due to crisis, illness, or injury.~~

250.32 (e) For An agency may increase the rates for residents in facilities meeting substantial
 250.33 change criteria within the prior year. Substantial change criteria ~~exists~~ exist if the

251.1 establishment experiences a 25 percent increase or decrease in the total number of its beds,
 251.2 if the net cost of capital additions or improvements is in excess of 15 percent of the current
 251.3 market value of the residence, or if the residence physically moves, or changes its licensure,
 251.4 and incurs a resulting increase in operation and property costs.

251.5 ~~(f)~~ (e) Until June 30, 1994, an agency may increase by up to five percent the total rate
 251.6 paid for recipients of assistance under sections 256D.01 to 256D.21 or 256D.33 to 256D.54
 251.7 who reside in residences that are licensed by the commissioner of health as a boarding care
 251.8 home, but are not certified for the purposes of the medical assistance program. However,
 251.9 an increase under this clause must not exceed an amount equivalent to 65 percent of the
 251.10 1991 medical assistance reimbursement rate for nursing home resident class A, in the
 251.11 geographic grouping in which the facility is located, as established under Minnesota Rules,
 251.12 parts 9549.0051 to 9549.0058.

251.13 (f) Notwithstanding the provisions of subdivision 1, an agency may increase the monthly
 251.14 room and board rates by \$100 per month for residents in settings under section 256I.04,
 251.15 subdivision 2a, paragraph (b), clause (2). Participants in the Minnesota supportive housing
 251.16 demonstration program under section 256I.04, subdivision 3, paragraph (a), clause (3), may
 251.17 not receive the increase under this paragraph.

251.18 **EFFECTIVE DATE.** This section is effective July 1, 2022, except the striking of
 251.19 paragraph (d) is effective July 1, 2021.

251.20 Sec. 55. Minnesota Statutes 2020, section 256I.05, subdivision 1q, is amended to read:

251.21 Subd. 1q. **Supplemental rate; Olmsted County.** (a) Notwithstanding the provisions of
 251.22 subdivisions 1a and 1c, beginning July 1, 2017, a county agency shall negotiate a
 251.23 supplementary rate in addition to the rate specified in subdivision 1, not to exceed \$750 per
 251.24 month, including any legislatively authorized inflationary adjustments, for a housing support
 251.25 provider located in Olmsted County that operates long-term residential facilities with a total
 251.26 of 104 beds that serve chemically dependent men and women and provide 24-hour-a-day
 251.27 supervision and other support services.

251.28 (b) Notwithstanding the provisions of subdivisions 1a and 1c, beginning July 1, 2021,
 251.29 a county agency shall negotiate a supplemental service rate for 54 total beds in addition to
 251.30 the rate specified in subdivision 1, not to exceed the maximum rate allowed under subdivision
 251.31 1a, including any legislatively authorized inflationary adjustments, for a recovery community
 251.32 organization and housing support provider located in Olmsted County serving individuals
 251.33 diagnosed with substance use disorder, originally licensed and registered by the Department
 251.34 of Health under section 157.17 in 2019.

252.1 Sec. 56. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision
252.2 to read:

252.3 Subd. 1s. **Supplemental rate; Douglas County.** Notwithstanding subdivisions 1a and
252.4 1c, beginning July 1, 2021, a county agency shall negotiate a supplemental rate for up to
252.5 20 beds in addition to the rate specified in subdivision 1, not to exceed the maximum rate
252.6 allowed under subdivision 1a, including any legislatively authorized inflationary adjustments,
252.7 for a housing support provider located in Douglas County that operates two facilities and
252.8 provides room and board and supplementary services to adult males recovering from
252.9 substance use disorder, mental illness, or housing instability.

252.10 Sec. 57. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision
252.11 to read:

252.12 Subd. 1t. **Supplementary services rate; Winona County.** Notwithstanding the
252.13 provisions of subdivisions 1a and 1c, beginning July 1, 2021, a county agency shall negotiate
252.14 a supplementary services rate in addition to the monthly room and board rate specified in
252.15 subdivision 1, not to exceed \$750 per month, including any legislatively authorized
252.16 inflationary adjustments, for a housing support provider located in Winona County that
252.17 operates a permanent supportive housing facility with 20 one-bedroom apartments for adults
252.18 with long-term homeless and long-term mental health needs.

252.19 Sec. 58. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision
252.20 to read:

252.21 Subd. 1u. **Supplemental rate; Blue Earth County.** Notwithstanding the provisions of
252.22 subdivisions 1a and 1c, beginning July 1, 2021, a county agency shall negotiate a
252.23 supplemental service rate for 46 beds in addition to the rate specified in subdivision 1, not
252.24 to exceed the maximum rate allowed under subdivision 1a, including any legislatively
252.25 authorized inflationary adjustments, for a recovery community organization and housing
252.26 support provider that as of March 1, 2021, operates three facilities in Blue Earth County
252.27 licensed and registered by the Department of Health under section 157.17, serving individuals
252.28 diagnosed with substance use disorder.

252.29 Sec. 59. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision
252.30 to read:

252.31 Subd. 1v. **Supplementary services rate; Steele County.** Notwithstanding the provisions
252.32 of subdivisions 1a and 1c, beginning July 1, 2021, a county agency shall negotiate a

253.1 supplementary services rate in addition to the monthly room and board rate specified in
 253.2 subdivision 1, not to exceed \$750 per month, including any legislatively authorized
 253.3 inflationary adjustments, for a housing support provider located in Steele County that
 253.4 operates a permanent supportive housing facility with 16 units for adults with long-term
 253.5 homeless and long-term mental health needs.

253.6 Sec. 60. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision
 253.7 to read:

253.8 Subd. 2a. **Absent days.** (a) When a person receiving housing support is temporarily
 253.9 absent and the absence is reported in advance to the agency's social service staff, the agency
 253.10 must continue to pay on behalf of the person the applicable rate for housing support. Advance
 253.11 reporting is not required for absences due to crisis, illness, or injury. The limit on payments
 253.12 for absence days under this paragraph is 18 calendar days per incident, not to exceed 60
 253.13 days in a calendar year.

253.14 (b) An agency must continue to pay an additional 74 days per incident, not to exceed a
 253.15 total of 92 days in a calendar year, for a person who is temporarily absent due to admission
 253.16 at a residential behavioral health facility, inpatient hospital, or nursing facility.

253.17 (c) If a person is temporarily absent due to admission at a residential behavioral health
 253.18 facility, inpatient hospital, or nursing facility for a period of time exceeding the limits
 253.19 described in paragraph (b), the agency may request in a format prescribed by the
 253.20 commissioner an absence day limit exception to continue housing support payments until
 253.21 the person is discharged.

253.22 **EFFECTIVE DATE.** This section is effective July 1, 2021.

253.23 Sec. 61. Minnesota Statutes 2020, section 256I.05, subdivision 11, is amended to read:

253.24 Subd. 11. **Transfer of emergency shelter funds.** (a) The commissioner shall make a
 253.25 cost-neutral transfer of funding from the housing support fund to ~~county human service~~
 253.26 ~~agencies~~ the agency for emergency shelter beds removed from the housing support census
 253.27 under a biennial plan submitted by the ~~county~~ agency and approved by the commissioner.
 253.28 The plan must describe: (1) anticipated and actual outcomes for persons experiencing
 253.29 homelessness in emergency shelters; (2) improved efficiencies in administration; (3)
 253.30 requirements for individual eligibility; and (4) plans for quality assurance monitoring and
 253.31 quality assurance outcomes. The commissioner shall review the ~~county~~ agency plan to
 253.32 monitor implementation and outcomes at least biennially, and more frequently if the
 253.33 commissioner deems necessary.

254.1 (b) The funding under paragraph (a) may be used for the provision of room and board
 254.2 or supplemental services according to section 256I.03, subdivisions 2 and 8. Providers must
 254.3 meet the requirements of section 256I.04, subdivisions 2a to 2f. Funding must be allocated
 254.4 annually, and the room and board portion of the allocation shall be adjusted according to
 254.5 the percentage change in the housing support room and board rate. The room and board
 254.6 portion of the allocation shall be determined at the time of transfer. The commissioner or
 254.7 ~~county~~ agency may return beds to the housing support fund with 180 days' notice, including
 254.8 financial reconciliation.

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

254.10 Sec. 62. Minnesota Statutes 2020, section 256I.06, subdivision 8, is amended to read:

254.11 Subd. 8. **Amount of housing support payment.** (a) The amount of a room and board
 254.12 payment to be made on behalf of an eligible individual is determined by subtracting the
 254.13 individual's countable income under section 256I.04, subdivision 1, for a whole calendar
 254.14 month from the room and board rate for that same month. The housing support payment is
 254.15 determined by multiplying the housing support rate times the period of time the individual
 254.16 was a resident or temporarily absent under section 256I.05, subdivision 1, ~~paragraph (d)~~
 254.17 2a.

254.18 (b) For an individual with earned income under paragraph (a), prospective budgeting
 254.19 must be used to determine the amount of the individual's payment for the following six-month
 254.20 period. An increase in income shall not affect an individual's eligibility or payment amount
 254.21 until the month following the reporting month. A decrease in income shall be effective the
 254.22 first day of the month after the month in which the decrease is reported.

254.23 (c) For an individual who receives housing support payments under section 256I.04,
 254.24 subdivision 1, paragraph (c), the amount of the housing support payment is determined by
 254.25 multiplying the housing support rate times the period of time the individual was a resident.

254.26 **EFFECTIVE DATE.** This section is effective July 1, 2021.

254.27 Sec. 63. Minnesota Statutes 2020, section 256S.203, is amended to read:

254.28 **256S.203 CUSTOMIZED LIVING SERVICES; MANAGED CARE RATES.**

254.29 Subdivision 1. **Capitation payments.** The commissioner ~~shall~~ must adjust the elderly
 254.30 waiver capitation payment rates for managed care organizations paid to reflect the monthly
 254.31 service rate limits for customized living services and 24-hour customized living services

255.1 established under section 256S.202 and the rate adjustments for disproportionate share
 255.2 facilities under section 256S.205.

255.3 Subd. 2. **Reimbursement rates.** Medical assistance rates paid to customized living
 255.4 providers by managed care organizations under this chapter ~~shall~~ must not exceed the
 255.5 monthly service rate limits and component rates as determined by the commissioner under
 255.6 sections 256S.15 and 256S.20 to 256S.202, plus any rate adjustment under section 256S.205.

255.7 Sec. 64. **[256S.205] CUSTOMIZED LIVING SERVICES; DISPROPORTIONATE**
 255.8 **SHARE RATE ADJUSTMENTS.**

255.9 Subdivision 1. Definitions. (a) For the purposes of this section, the terms in this
 255.10 subdivision have the meanings given.

255.11 (b) "Application year" means a year in which a facility submits an application for
 255.12 designation as a disproportionate share facility.

255.13 (c) "Assisted living facility" or "facility" means an assisted living facility licensed under
 255.14 chapter 144G.

255.15 (d) "Disproportionate share facility" means an assisted living facility designated by the
 255.16 commissioner under subdivision 4.

255.17 Subd. 2. Rate adjustment application. An assisted living facility may apply to the
 255.18 commissioner for designation as a disproportionate share facility. Applications must be
 255.19 submitted annually between October 1 and October 31. The applying facility must apply
 255.20 in a manner determined by the commissioner. The applying facility must document as a
 255.21 percentage the census of elderly waiver participants residing in the facility on October 1 of
 255.22 the application year.

255.23 Subd. 3. Rate adjustment eligibility criteria. Only facilities with a census of at least
 255.24 80 percent elderly waiver participants on October 1 of the application year are eligible for
 255.25 designation as a disproportionate share facility.

255.26 Subd. 4. Designation as a disproportionate share facility. By November 15 of each
 255.27 application year, the commissioner must designate as a disproportionate share facility a
 255.28 facility that complies with the application requirements of subdivision 2 and meets the
 255.29 eligibility criteria of subdivision 3.

255.30 Subd. 5. Rate adjustment; rate floor. (a) Notwithstanding the 24-hour customized
 255.31 living monthly service rate limits under section 256S.202, subdivision 2, and the component
 255.32 service rates established under section 256S.201, subdivision 4, the commissioner must

256.1 establish a rate floor equal to \$119 per resident per day for 24-hour customized living
256.2 services provided in a designated disproportionate share facility for the purpose of ensuring
256.3 the minimal level of staffing required to meet the health and safety need of elderly waiver
256.4 participants.

256.5 (b) The commissioner must adjust the rate floor at least annually in the manner described
256.6 under section 256S.18, subdivisions 5 and 6.

256.7 (c) The commissioner shall not implement the rate floor under this section if the
256.8 customized living rates established under sections 256S.21 to 256S.215 will be implemented
256.9 at 100 percent on January 1 of the year following an application year.

256.10 Subd. 6. **Budget cap disregard.** The value of the rate adjustment under this section
256.11 must not be included in an elderly waiver client's monthly case mix budget cap.

256.12 **EFFECTIVE DATE.** This section is effective October 1, 2021, or upon federal approval,
256.13 whichever is later, and applies to services provided on or after January 1, 2022, or on or
256.14 after the date upon which federal approval is obtained, whichever is later. The commissioner
256.15 of human services shall notify the revisor of statutes when federal approval is obtained.

256.16 Sec. 65. Laws 2019, First Special Session chapter 9, article 5, section 86, subdivision 1,
256.17 as amended by Laws 2020, First Special Session chapter 2, article 3, section 2, subdivision
256.18 1, is amended to read:

256.19 Subdivision 1. **Intent.** It is the intent of the legislature to reform the medical assistance
256.20 waiver programs for people with disabilities to simplify administration of the programs.
256.21 Disability waiver reconfiguration must incentivize inclusive, person-centered, individualized
256.22 supports and services; enhance each person's self-determination and personal authority over
256.23 the person's service choice; align benefits across waivers; ensure equity across programs
256.24 and populations; assess and address racial and geographical disparities and institutional bias
256.25 in services and programs; promote long-term sustainability of waiver services; and maintain
256.26 service stability and continuity of care while prioritizing, promoting, and creating incentives
256.27 for independent, integrated, and individualized supports and services chosen by each person
256.28 through an informed decision-making process and person-centered planning.

257.1 Sec. 66. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; PLAN**
 257.2 **FOR ADDRESSING EFFECTS ON COMMUNITY OF CERTAIN**
 257.3 **STATE-OPERATED SERVICES.**

257.4 The commissioner of human services, in consultation with stakeholders, shall develop
 257.5 and submit to the chairs and ranking minority members of the house of representatives and
 257.6 senate committees with jurisdiction over health and human services by January 31, 2022,
 257.7 a plan to ameliorate the effects of repeated incidents, as defined in Minnesota Statutes,
 257.8 section 245D.02, subdivision 11, occurring at Minnesota state-operated community services
 257.9 programs that affect the community in which the program is located and the neighbors of
 257.10 the service site of the program.

257.11 Sec. 67. **DIRECTION TO THE COMMISSIONER; INITIAL PACE**
 257.12 **IMPLEMENTATION FUNDING.**

257.13 The commissioner of human services must work with stakeholders to develop
 257.14 recommendations for financing mechanisms to complete the actuarial work and cover the
 257.15 administrative costs of a program of all-inclusive care for the elderly (PACE). The
 257.16 commissioner must recommend a financing mechanism that could begin July 1, 2023. The
 257.17 commissioner shall inform the chairs and ranking minority members of the legislative
 257.18 committees with jurisdiction over health care funding by December 15, 2022, on the
 257.19 commissioner's progress toward developing a recommended financing mechanism.

257.20 Sec. 68. **DIRECTION TO COMMISSIONERS; CUSTOMIZED LIVING REPORT.**

257.21 (a) By January 15, 2022, the commissioner of human services shall submit a report to
 257.22 the chairs and ranking minority members of the legislative committees with jurisdiction
 257.23 over human services policy and finance. The report must include the commissioner's:

257.24 (1) assessment of the prevalence of customized living services provided under Minnesota
 257.25 Statutes, section 256B.49, supplanting the provision of residential services and supports
 257.26 licensed under Minnesota Statutes, chapter 245D, and provided in settings licensed under
 257.27 Minnesota Statutes, chapter 245A;

257.28 (2) recommendations regarding the continuation of the moratorium on home and
 257.29 community-based services customized living settings under Minnesota Statutes, section
 257.30 256B.49, subdivision 28;

258.1 (3) other policy recommendations to ensure that customized living services are being
258.2 provided in a manner consistent with the policy objectives of the foster care licensing
258.3 moratorium under Minnesota Statutes, section 245A.03, subdivision 7; and

258.4 (4) recommendations for needed statutory changes to implement the transition from
258.5 existing four-person or fewer customized living settings to corporate adult foster care or
258.6 community residential settings.

258.7 (b) The commissioner of health shall provide the commissioner of human services with
258.8 the required data to complete the report in paragraph (a) and implement the moratorium on
258.9 home and community-based services customized living settings under Minnesota Statutes,
258.10 section 256B.49, subdivision 28. The data must include, at a minimum, each registered
258.11 housing with services establishment under Minnesota Statutes, chapter 144D, enrolled as
258.12 a customized living setting to deliver customized living services as defined under the brain
258.13 injury or community access for disability inclusion waiver plans under Minnesota Statutes,
258.14 section 256B.49.

258.15 **Sec. 69. HOUSING SUPPORT SUPPLEMENTAL SERVICE RATE REDUCTION**
258.16 **DELAY.**

258.17 The rate reduction described in Minnesota Statutes, section 256B.051, subdivision 7,
258.18 does not apply until October 1, 2021, for individuals who receive supplemental services
258.19 from providers that made a good faith effort to become a Medicaid provider by submitting
258.20 an application by June 1, 2021.

258.21 **Sec. 70. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
258.22 **DIRECT CARE SERVICES DURING SHORT-TERM ACUTE HOSPITAL VISITS.**

258.23 The commissioner of human services, in consultation with stakeholders, shall develop
258.24 a new covered service under Minnesota Statutes, chapter 256B, or develop modifications
258.25 to existing covered services, that permits receipt of direct care services in an acute care
258.26 hospital in a manner consistent with the requirements of United States Code, title 42, section
258.27 1396a(h). By August 31, 2022, the commissioner must provide to the chairs and ranking
258.28 minority members of the house of representatives and senate committees and divisions with
258.29 jurisdiction over direct care services any draft legislation as may be necessary to implement
258.30 the new or modified covered service.

259.1 **Sec. 71. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
259.2 **DRIVING AS COVERED SERVICE UNDER COMMUNITY FIRST SERVICES**
259.3 **AND SUPPORTS.**

259.4 The commissioner of human services, in consultation with stakeholders and within
259.5 existing appropriations, shall develop a new covered service under Minnesota Statutes,
259.6 section 256B.85, that permits a support worker to bill as community first services and
259.7 supports, not merely assisting a participant with traveling around and participating in the
259.8 community, or merely accompanying a participant while traveling around or participating
259.9 in the community, but driving the participant to activities in the community, including to
259.10 medical appointments. In developing the new covered services, the commissioner must
259.11 account for any substitution effect that will result from the new covered service supplanting
259.12 nonemergency medical transportation. By December 31, 2021, the commissioner must
259.13 provide to the chairs and ranking minority members of the house of representatives and
259.14 senate committees and divisions with jurisdiction over community first services and supports
259.15 any draft legislation as may be necessary to implement the new covered service.

259.16 **Sec. 72. PERSONAL CARE ASSISTANCE COMPENSATION FOR SERVICES**
259.17 **PROVIDED BY A PARENT OR SPOUSE.**

259.18 (a) Notwithstanding Minnesota Statutes, section 256B.0659, subdivisions 3, paragraph
259.19 (a), clause (1); 11, paragraph (c); and 19, paragraph (b), clause (3), a parent, stepparent, or
259.20 legal guardian of a minor who is a personal care assistance recipient or a spouse of a personal
259.21 care assistance recipient may provide and be paid for providing personal care assistance
259.22 services.

259.23 (b) This section expires upon full implementation and phase-in of the community first
259.24 services and supports program under Minnesota Statutes, section 256B.85.

259.25 **EFFECTIVE DATE.** This section is effective the day following final enactment, or
259.26 upon federal approval, whichever is later. The commissioner of human services shall notify
259.27 the revisor of statutes when federal approval is obtained.

259.28 **Sec. 73. PARENTING WITH A DISABILITY; PILOT PROJECT.**

259.29 Subdivision 1. **Purpose.** The commissioner of human services shall establish a pilot
259.30 project to provide grants to personal care assistance provider agencies to provide assistance
259.31 with child rearing tasks to a parent who is eligible for personal care assistance services
259.32 under Minnesota Statutes, section 256B.0659, or for services and supports provided through
259.33 community first services and supports under Minnesota Statutes, section 256B.85. The

260.1 purpose of this pilot project is to study the benefits of supportive parenting while assisting
260.2 parents with a disability in child rearing tasks and preventing removal of a child from a
260.3 parent because the parent has a disability.

260.4 Subd. 2. **Definitions.** (a) For the purposes of this section, in addition to the definitions
260.5 in Minnesota Statutes, section 256B.0659, subdivision 1, applying to the personal care
260.6 assistance program and the definitions in Minnesota Statutes, section 256B.85, subdivision
260.7 2, applying to community first services and supports, the following terms have the meanings
260.8 given them in this subdivision.

260.9 (b) "Adaptive parenting equipment" means a piece of equipment that increases, extends,
260.10 or improves the parenting capabilities of a parent with a disability.

260.11 (c) "Child" means a person under 12 years of age.

260.12 (d) "Child rearing task" means a task that assists a parent with a disability to care for a
260.13 child. Child rearing task includes, but is not limited to: lifting and carrying a child, organizing
260.14 supplies for a child, preparing meals for a child, washing clothing and bedding for a child,
260.15 bathing a child, childproofing the home that the parent and child live in, and assisting with
260.16 transporting a child.

260.17 (e) "Commissioner" means the commissioner of human services.

260.18 (f) "Parent" means a child's biological, foster, or adoptive parent or legal guardian who
260.19 is legally obligated to care for and support the child.

260.20 (g) "Person with a disability" means an individual who has a physical, mental, or
260.21 psychological impairment or dysfunction that limits independent functioning in a family,
260.22 community, or employment.

260.23 (h) "Personal care assistant" or "PCA" also means support worker.

260.24 (i) "Personal care assistance services" also means the services and supports provided by
260.25 community first services and supports.

260.26 (j) "Supportive parenting assistant" or "SPA" means an individual providing supportive
260.27 parenting services who is also a personal care assistant.

260.28 (k) "Supportive parenting service" means a state-funded service that (1) helps a parent
260.29 with a disability compensate for aspects of the parent's disability that affect the parent's
260.30 ability to care for the child, and (2) enables the parent to complete parental responsibilities,
260.31 including child rearing tasks. Supportive parenting service does not include disciplining the
260.32 parent's child.

261.1 Subd. 3. Grants. (a) The commissioner shall develop a competitive application process
261.2 for up to three two-year state-funded grants to personal care assistance provider agencies
261.3 to provide supportive parenting services described in subdivision 4 and to purchase adaptive
261.4 parenting equipment described in subdivision 5. A grant applicant must be a personal care
261.5 assistance provider agency.

261.6 (b) Grant applications must describe how the applicant would recruit families to
261.7 participate in the pilot project and how the applicant would select families to receive
261.8 supportive parenting services while giving preference to families in which both parents are
261.9 receiving personal care assistance services.

261.10 (c) Grantees must agree to provide supportive parenting to each selected family for at
261.11 least one year.

261.12 Subd. 4. Supportive parenting services. (a) If a parent is eligible for and receiving
261.13 personal care assistance services, the parent is eligible to receive supportive parenting
261.14 services funded by a grant under this section. A parent must use one supportive parenting
261.15 assistant at a time, regardless of the parent's number of children. Supportive parenting
261.16 services provided under this section are services for the parent and not the child.

261.17 (b) An SPA providing supportive parenting services under this section must not perform
261.18 personal care assistance services while scheduled to provide supportive parenting services.
261.19 A PCA providing personal care assistance services must not perform supportive parenting
261.20 services while scheduled to provide personal care assistance services. A PCA providing
261.21 personal care assistance services and an SPA providing supportive parenting services may
261.22 be scheduled to support the parent at the same time. The same individual may provide
261.23 personal care assistance services and supportive parenting assistance to a parent as long as
261.24 the requirements of this paragraph are met. Supportive parenting services under this section
261.25 do not count toward a PCA's 310 hours per-month limit on providing personal care assistance
261.26 services under Minnesota Statutes, section 256B.0659, subdivision 11, paragraph (a), clause
261.27 (10).

261.28 (c) Supportive parenting services under this section must not replace personal care
261.29 assistance services.

261.30 (d) A parent's supportive parenting services shall be limited to 40 hours per month.

261.31 Subd. 5. Adaptive parenting equipment. A grantee may purchase adaptive parenting
261.32 equipment at the request of a parent receiving supportive parenting services under subdivision
261.33 4. A grantee must not purchase adaptive parenting equipment covered by medical assistance.
261.34 A grantee must purchase the least costly item to meet the parent's need.

262.1 **Sec. 74. DIRECTION TO THE COMMISSIONER; STUDY OF SUPPORTIVE**
262.2 **PARENTING SERVICES.**

262.3 The commissioner shall study the feasibility of providing supportive parenting services
262.4 to parents with disabilities and disabling conditions as a covered medical assistance service
262.5 and submit a report to the chairs and ranking minority members of the legislative committees
262.6 with jurisdiction over health and human services by February 15, 2023. The report must
262.7 contain at a minimum:

262.8 (1) the total number of parents that were provided services through the pilot project;

262.9 (2) the total cost of developing and providing the services provided under the pilot
262.10 project;

262.11 (3) recommendations on expansion or continuation of the pilot project;

262.12 (4) recommendations on seeking federal approval of supportive parenting services as a
262.13 covered service under medical assistance; and

262.14 (5) draft legislative language.

262.15 **Sec. 75. DIRECTIONS TO THE COMMISSIONER OF HUMAN SERVICES;**
262.16 **WAIVER GROWTH LIMITS.**

262.17 Subdivision 1. **Community access for disability inclusion waiver growth**
262.18 **limit.** Between July 1, 2021, and June 30, 2025, the commissioner shall allocate to county
262.19 and Tribal agencies money for home and community-based waiver programs under Minnesota
262.20 Statutes, section 256B.49, to ensure a reduction in forecasted state spending that is equivalent
262.21 to limiting the caseload growth of the community access for disability inclusion waiver to
262.22 zero allocations per year. Limits do not apply to conversions from nursing facilities. Counties
262.23 and Tribal agencies shall manage the annual allocations made by the commissioner to ensure
262.24 that persons for whom services are temporarily discontinued for no more than 90 days are
262.25 reenrolled. If a county or Tribal agency fails to meet the authorization and spending
262.26 requirements under Minnesota Statutes, section 256B.49, subdivision 27, the commissioner
262.27 may determine a corrective action plan is unnecessary if the failure to meet the requirements
262.28 is due to managing the annual allocation for the purposes of allowing people to reenroll
262.29 after their services are temporarily discontinued.

262.30 Subd. 2. **Developmental disabilities waiver growth limit.** Between July 1, 2021, and
262.31 June 30, 2025, the commissioner shall allocate to county and Tribal agencies money for
262.32 home and community-based waiver programs under Minnesota Statutes, section 256B.092,
262.33 to ensure a reduction in forecasted state spending that is equivalent to limiting the caseload

263.1 growth of the developmental disabilities waiver to zero allocations per year. Limits do not
 263.2 apply to conversions from intermediate care facilities for persons with developmental
 263.3 disabilities. Counties and Tribal agencies shall manage the annual allocations made by the
 263.4 commissioner to ensure that persons for whom services are temporarily discontinued for
 263.5 no more than 90 days are reenrolled.

263.6 **Sec. 76. DIRECTION TO THE COMMISSIONER; LONG-TERM CARE**
 263.7 **CONSULTATION SERVICE RATES.**

263.8 By January 15, 2025, the commissioner of human services shall develop a proposal with
 263.9 legislative language for capitated rates for each type of assessment or activity provided
 263.10 under Minnesota Statutes, section 256B.0911, as determined by the commissioner. The
 263.11 commissioner shall provide the proposal and legislative language to the chairs and ranking
 263.12 minority members of the legislative committees and divisions with jurisdiction over human
 263.13 services policy and finance by January 15, 2025.

263.14 **Sec. 77. RETAINER PAYMENTS FOR HOME AND COMMUNITY-BASED**
 263.15 **SERVICE PROVIDERS.**

263.16 Subdivision 1. **Retainer payments.** (a) The commissioner of human services shall make
 263.17 quarterly retainer payments to eligible recipients by July 1, 2021; September 30, 2021;
 263.18 December 31, 2021; March 31, 2022; and June 30, 2022. The value of the first quarterly
 263.19 payment to each eligible recipient shall be equal to a percentage to be determined by the
 263.20 commissioner under subdivision 9 applied to the eligible recipient's total home and
 263.21 community-based service revenue from medical assistance as of May 31, 2021. The value
 263.22 of each subsequent quarterly payment shall be equal to a percentage to be determined by
 263.23 the commissioner under subdivision 9 applied to the eligible recipient's total home and
 263.24 community-based service revenue from medical assistance based on new data for service
 263.25 claims paid as of the first day of the month in which the retainer payment will be made.

263.26 (b) The commissioner shall implement retainer payments and the process of making
 263.27 retainer payments under this subdivision without compliance with time-consuming procedures
 263.28 and formalities prescribed in law, such as the following statutes and related policies:
 263.29 Minnesota Statutes, sections 16A.15, subdivision 3; 16B.97; 16B.98, subdivisions 5 and 7;
 263.30 and 16B.98, subdivision 8, the express audit clause requirement.

263.31 (c) The commissioner's determination of the retainer amount determined under this
 263.32 subdivision is final and is not subject to appeal. This paragraph does not apply to recoupment
 263.33 by the commissioner under subdivision 8.

264.1 Subd. 2. Definitions. For purposes of this section, the following terms have the meanings
264.2 given:

264.3 (1) "direct care professional" means any individual who while providing an eligible
264.4 service has direct contact with the person receiving the eligible service. Direct care
264.5 professional excludes executive, managerial, and administrative staff;

264.6 (2) "eligible recipient" means an enrolled provider of eligible services, including the
264.7 Direct Care and Treatment Division at the Department of Human Services, that meets the
264.8 attestation and agreement requirements in subdivisions 5 and 6;

264.9 (3) "eligible service" means a home and community-based service as defined in section
264.10 9817(a)(2)(B) of the federal American Rescue Plan Act, Public Law 117-2, except:

264.11 (i) community first services and supports;

264.12 (ii) extended community first services and supports;

264.13 (iii) personal care assistance services;

264.14 (iv) extended personal care assistance service;

264.15 (v) consumer-directed community supports;

264.16 (vi) consumer support grants;

264.17 (vii) home health agency services; and

264.18 (viii) home care nursing services;

264.19 (4) "recipient" means an enrolled provider of an eligible service that receives a retainer
264.20 payment under this section; and

264.21 (5) "total home and community-based service revenue from medical assistance" includes
264.22 both fee-for-service revenue and revenue from managed care organizations attributable to
264.23 the provision of eligible services from April 1, 2021, to March 31, 2022. The commissioner
264.24 shall determine each eligible provider's total home and community-based service revenue
264.25 from medical assistance based on data for service claims paid as of the date specified in
264.26 subdivision 9.

264.27 Subd. 3. Allowable uses of funds. (a) Recipients must use retainer payments to
264.28 implement one or more of the following activities to enhance, expand, or strengthen home
264.29 and community-based services:

265.1 (1) temporarily increase wages, salaries, and benefits for direct care professionals and
 265.2 any corresponding increase in the employer's share of FICA taxes, Medicare taxes, state
 265.3 and federal unemployment taxes, and workers' compensation premiums;

265.4 (2) provide hazard pay, overtime pay, and shift differential pay for direct care
 265.5 professionals;

265.6 (3) pay for paid sick leave, paid family leave, and paid medical leave due to COVID-19
 265.7 for direct care professionals;

265.8 (4) pay for training for direct care professionals that is specific to the COVID-19 public
 265.9 health emergency;

265.10 (5) recruit new direct care professionals;

265.11 (6) pay for American sign language and other languages interpreters to assist in providing
 265.12 eligible services or to inform the general public about COVID-19;

265.13 (7) purchase emergency supplies and equipment to enhance access to eligible services
 265.14 and to protect the health and well-being of direct care professionals;

265.15 (8) support family care providers of eligible individuals with needed supplies and
 265.16 equipment, which may include items not typically covered under the Medicaid program,
 265.17 such as personal protective equipment and pay; and

265.18 (9) pay for assistive technologies, staffing, and other costs incurred during the COVID-19
 265.19 public health emergency period to mitigate isolation and ensure an individual's
 265.20 person-centered service plan continues to be fully implemented.

265.21 (b) Recipients must:

265.22 (1) use at least 50 percent of the additional revenue received in the form of retainer
 265.23 payments for the purposes described in paragraph (a), clauses (1) to (3); and

265.24 (2) use any remainder of the additional revenue received in the form of retainer payments
 265.25 for the purposes described in paragraph (a), clauses (4) to (9).

265.26 Subd. 4. **Retainer payment requests.** Eligible recipients must request retainer payments
 265.27 under this section no later than June 1, 2022. The commissioner shall develop an expedited
 265.28 request process that includes a form allowing providers to meet the requirements of
 265.29 subdivisions 5 and 6 in as timely a manner as possible. The commissioner shall allow the
 265.30 use of electronic submission of request forms and accept electronic signatures.

265.31 Subd. 5. **Attestation.** (a) As a condition of obtaining funds under this section, an eligible
 265.32 recipient must attest to the following on the retainer payment request form:

266.1 (1) the intent to provide eligible services through March 31, 2022; and

266.2 (2) that the recipient will use the retainer payments only for purposes permitted under
266.3 this section.

266.4 (b) By accepting a retainer payment under this section, the recipient attests to the
266.5 conditions specified in this subdivision.

266.6 Subd. 6. **Agreement.** (a) As a condition of receiving retainer payments under this section,
266.7 an eligible recipient must agree to the following on the retainer payment request form:

266.8 (1) to cooperate with the commissioner of human services to deliver services according
266.9 to the program and service waivers and modifications issued under the commissioner's
266.10 authority;

266.11 (2) to acknowledge that retention grants may be subject to a special recoupment under
266.12 this section if a state audit performed under this section determines that the provider used
266.13 retainer payments for purposes not authorized under this section; and

266.14 (3) to acknowledge that a recipient must comply with the distribution requirements
266.15 described in subdivision 7.

266.16 (b) By accepting a retainer payment under this section, the recipient agrees to the
266.17 conditions specified in this subdivision.

266.18 Subd. 7. **Distribution plans.** (a) A recipient must prepare and, upon request, submit to
266.19 the commissioner, a distribution plan that specifies the anticipated amount and proposed
266.20 uses of the additional revenue the recipient will receive under this section.

266.21 (b) Within 60 days of receipt of the recipient's first retainer payment, the recipient must
266.22 post the distribution plan and leave it posted for a period of at least six weeks in an area of
266.23 the recipient's operation to which all direct care professionals have access. The provider
266.24 must post with the distribution plan instructions on how to contact the commissioner of
266.25 human services if direct care professionals do not believe they have received the wage
266.26 increase or benefits required under subdivision 3 specified in the distribution plan. The
266.27 instructions must include a mailing address, e-mail address, and telephone number that the
266.28 direct care professional may use to contact the commissioner or the commissioner's
266.29 representative.

266.30 Subd. 8. **Recoupment.** (a) The commissioner may perform an audit under this section
266.31 up to six years after any retainer payment is made to ensure the funds are utilized solely for
266.32 the purposes authorized under this section.

267.1 (b) If the commissioner determines that a provider used retainer payments for purposes
267.2 not authorized under this section, the commissioner shall treat any amount used for a purpose
267.3 not authorized under this section as an overpayment. The commissioner shall recover any
267.4 overpayment.

267.5 Subd. 9. Calculation of retainer payments. (a) The commissioner shall determine a
267.6 percentage to apply to each recipient's total home and community-based service revenue
267.7 from medical assistance to calculate the value of each quarterly retainer payment.

267.8 (b) The commissioner shall make an estimate of the total projected expenditures for
267.9 eligible services between April 1, 2021, and March 31, 2022, determine a percentage to be
267.10 applied to the total projected home and community-based service revenue from medical
267.11 assistance for all providers of eligible services sufficient to expend the total appropriation
267.12 for retainer payments, and apply this percentage to each recipient's total home and
267.13 community-based service revenue from medical assistance on the following schedule:

267.14 (1) no earlier than July 1, 2021, make a retainer payment by applying the percentage to
267.15 each recipient's total home and community-based service revenue from medical assistance
267.16 based on service claims paid as of May 31, 2021;

267.17 (2) no later than September 30, 2021, make a retainer payment by applying the percentage
267.18 to each recipient's total home and community-based service revenue from medical assistance
267.19 based on new service claims paid as of September 1, 2021, that were not included in the
267.20 calculation of a prior retainer payment;

267.21 (3) no later than December 31, 2021, make a retainer payment by applying the percentage
267.22 to each recipient's total home and community-based service revenue from medical assistance
267.23 based on new service claims paid as of December 1, 2021, that were not included in the
267.24 calculation of a prior retainer payment; and

267.25 (4) no later than March 31, 2022, make a retainer payment by applying the percentage
267.26 to each recipient's total home and community-based service revenue from medical assistance
267.27 based on new service claims paid as of March 1, 2022, that were not included in the
267.28 calculation of a prior retainer payment.

267.29 (c) The commissioner may redetermine the percentage to be applied to each recipient's
267.30 total home and community-based services revenue from medical assistance.

267.31 (d) By June 30, 2022, the commissioner shall redetermine a percentage to be applied to
267.32 the total home and community-based service revenue from medical assistance based on
267.33 new service claims paid as of June 1, 2021, that were not included in the calculation of a

268.1 prior retainer payment. The redetermined percentage must be sufficient to expend the total
 268.2 appropriation for retainer payments. No later than June 30, 2022, the commissioner shall
 268.3 make a final retainer payment by applying the redetermined percentage to each recipient's
 268.4 total home and community-based service revenue from medical assistance based on new
 268.5 service claims paid as of June 1, 2021, that were not included in the calculation of a prior
 268.6 retainer payment.

268.7 **Sec. 78. DIRECTION TO THE COMMISSIONER; PERSONAL CARE**
 268.8 **ASSISTANCE SERVICE RATE INCREASES.**

268.9 Effective July 1, 2021, the commissioner of human services shall increase the
 268.10 reimbursement rates, individual budgets, grants, and allocations for community first services
 268.11 and supports under Minnesota Statutes, section 256B.85; personal care assistance services
 268.12 under Minnesota Statutes, section 256B.0659; extended personal care assistance service as
 268.13 defined in Minnesota Statutes, section 256B.0605, subdivision 1, paragraph (g); and extended
 268.14 community first services and supports as defined in Minnesota Statutes, section 256B.85,
 268.15 subdivision 2, paragraph (l); and for budgets of individuals utilizing consumer-directed
 268.16 community supports or participating in the consumer support grant program. The
 268.17 commissioner shall determine the amount of the rate increase to ensure that the state share
 268.18 of the increase does not exceed the amount appropriated in each fiscal year for this purpose
 268.19 in this act.

268.20 **EFFECTIVE DATE.** This section is effective July 1, 2021.

268.21 **Sec. 79. DIRECTION TO THE COMMISSIONER; HOME CARE SERVICE RATE**
 268.22 **INCREASE.**

268.23 Effective July 1, 2021, the commissioner of human services shall increase service rates
 268.24 for home health agency services under Minnesota Statutes, section 256B.0653, and for home
 268.25 care nursing services under Minnesota Statutes, section 256B.0654. The commissioner shall
 268.26 determine the amount of the rate increase to ensure that the state share of the increase does
 268.27 not exceed the amount appropriated in this act in each fiscal year for this purpose.

268.28 **EFFECTIVE DATE.** This section is effective July 1, 2021.

268.29 **Sec. 80. DIRECTION TO THE COMMISSIONER; ELDERLY WAIVER RATE**
 268.30 **INCREASE.**

268.31 The commissioner of human services shall modify the ratio of the blended rate described
 268.32 under Minnesota Statutes, section 256S.2101, to increase statewide service rates and

269.1 component service rates. The commissioner shall also adjust service rate limits, monthly
269.2 service rate limits, and monthly case mix budget caps to accommodate the increased service
269.3 rates and component service rates established under this section. The commissioner shall
269.4 modify the blended rates to ensure that the state share of the service rate increase does not
269.5 exceed the amount appropriated in each fiscal year for this purpose in this act.

269.6 Sec. 81. **REVISOR INSTRUCTION.**

269.7 (a) The revisor of statutes, in consultation with the Office of Senate Counsel, Research
269.8 and Fiscal Analysis, the Office of the House Research Department, and the commissioner
269.9 of human services, shall prepare legislation for the 2022 legislative session to recodify
269.10 Minnesota Statutes, sections 256.975, subdivisions 7 to 7d, and 256B.0911.

269.11 (b) The revisor of statutes, in consultation with the Office of Senate Counsel, Research
269.12 and Fiscal Analysis, the Office of the House Research Department, and the commissioner
269.13 of human services, shall to the greatest extent practicable renumber as subdivisions the
269.14 paragraphs of Minnesota Statutes, section 256B.4914, prior to the publication of the 2021
269.15 Supplement of Minnesota Statutes, and shall without changing the meaning or effect of
269.16 these provisions minimize the use of internal cross-references, including by drafting new
269.17 technical definitions as substitutes for necessary cross-references or by other means
269.18 acceptable to the commissioner of human services.

269.19 (c) The revisor of statutes shall change the headnote for Minnesota Statutes, section
269.20 256B.097, to read "REGIONAL AND SYSTEMS IMPROVEMENT FOR MINNESOTANS
269.21 WHO HAVE DISABILITIES."

269.22 Sec. 82. **REPEALER.**

269.23 (a) Minnesota Statutes 2020, section 256B.4905, subdivisions 1, 2, 3, 4, 5, and 6, are
269.24 repealed.

269.25 (b) Minnesota Statutes 2020, section 256B.097, subdivisions 1, 2, 3, 4, 5, and 6, are
269.26 repealed.

269.27 (c) Laws 2019, First Special Session chapter 9, article 5, section 90, is repealed.

269.28

ARTICLE 6

269.29

COMMUNITY SUPPORTS POLICY

269.30 Section 1. Minnesota Statutes 2020, section 245.4874, subdivision 1, is amended to read:

269.31 Subdivision 1. **Duties of county board.** (a) The county board must:

270.1 (1) develop a system of affordable and locally available children's mental health services
270.2 according to sections 245.487 to 245.4889;

270.3 (2) consider the assessment of unmet needs in the county as reported by the local
270.4 children's mental health advisory council under section 245.4875, subdivision 5, paragraph
270.5 (b), clause (3). The county shall provide, upon request of the local children's mental health
270.6 advisory council, readily available data to assist in the determination of unmet needs;

270.7 (3) assure that parents and providers in the county receive information about how to
270.8 gain access to services provided according to sections 245.487 to 245.4889;

270.9 (4) coordinate the delivery of children's mental health services with services provided
270.10 by social services, education, corrections, health, and vocational agencies to improve the
270.11 availability of mental health services to children and the cost-effectiveness of their delivery;

270.12 (5) assure that mental health services delivered according to sections 245.487 to 245.4889
270.13 are delivered expeditiously and are appropriate to the child's diagnostic assessment and
270.14 individual treatment plan;

270.15 (6) provide for case management services to each child with severe emotional disturbance
270.16 according to sections 245.486; 245.4871, subdivisions 3 and 4; and 245.4881, subdivisions
270.17 1, 3, and 5;

270.18 (7) provide for screening of each child under section 245.4885 upon admission to a
270.19 residential treatment facility, acute care hospital inpatient treatment, or informal admission
270.20 to a regional treatment center;

270.21 (8) prudently administer grants and purchase-of-service contracts that the county board
270.22 determines are necessary to fulfill its responsibilities under sections 245.487 to 245.4889;

270.23 (9) assure that mental health professionals, mental health practitioners, and case managers
270.24 employed by or under contract to the county to provide mental health services are qualified
270.25 under section 245.4871;

270.26 (10) assure that children's mental health services are coordinated with adult mental health
270.27 services specified in sections 245.461 to 245.486 so that a continuum of mental health
270.28 services is available to serve persons with mental illness, regardless of the person's age;

270.29 (11) assure that culturally competent mental health consultants are used as necessary to
270.30 assist the county board in assessing and providing appropriate treatment for children of
270.31 cultural or racial minority heritage; and

271.1 (12) consistent with section 245.486, arrange for or provide a children's mental health
271.2 screening for:

271.3 (i) a child receiving child protective services;

271.4 (ii) a child in out-of-home placement;

271.5 (iii) a child for whom parental rights have been terminated;

271.6 (iv) a child found to be delinquent; or

271.7 (v) a child found to have committed a juvenile petty offense for the third or subsequent
271.8 time.

271.9 A children's mental health screening is not required when a screening or diagnostic
271.10 assessment has been performed within the previous 180 days, or the child is currently under
271.11 the care of a mental health professional.

271.12 (b) When a child is receiving protective services or is in out-of-home placement, the
271.13 court or county agency must notify a parent or guardian whose parental rights have not been
271.14 terminated of the potential mental health screening and the option to prevent the screening
271.15 by notifying the court or county agency in writing.

271.16 (c) When a child is found to be delinquent or a child is found to have committed a
271.17 juvenile petty offense for the third or subsequent time, the court or county agency must
271.18 obtain written informed consent from the parent or legal guardian before a screening is
271.19 conducted unless the court, notwithstanding the parent's failure to consent, determines that
271.20 the screening is in the child's best interest.

271.21 (d) The screening shall be conducted with a screening instrument approved by the
271.22 commissioner of human services according to criteria that are updated and issued annually
271.23 to ensure that approved screening instruments are valid and useful for child welfare and
271.24 juvenile justice populations. Screenings shall be conducted by a mental health practitioner
271.25 as defined in section 245.4871, subdivision 26, or a probation officer or local social services
271.26 agency staff person who is trained in the use of the screening instrument. Training in the
271.27 use of the instrument shall include:

271.28 (1) training in the administration of the instrument;

271.29 (2) the interpretation of its validity given the child's current circumstances;

271.30 (3) the state and federal data practices laws and confidentiality standards;

271.31 (4) the parental consent requirement; and

272.1 (5) providing respect for families and cultural values.

272.2 If the screen indicates a need for assessment, the child's family, or if the family lacks
272.3 mental health insurance, the local social services agency, in consultation with the child's
272.4 family, shall have conducted a diagnostic assessment, including a functional assessment.

272.5 The administration of the screening shall safeguard the privacy of children receiving the
272.6 screening and their families and shall comply with the Minnesota Government Data Practices
272.7 Act, chapter 13, and the federal Health Insurance Portability and Accountability Act of
272.8 1996, Public Law 104-191. Screening results ~~shall be considered private data and the~~
272.9 ~~commissioner shall not collect individual screening results~~ are classified as private data on
272.10 individuals, as defined by section 13.02, subdivision 12. The county board or Tribal nation
272.11 may provide the commissioner with access to the screening results for the purposes of
272.12 program evaluation and improvement.

272.13 (e) When the county board refers clients to providers of children's therapeutic services
272.14 and supports under section 256B.0943, the county board must clearly identify the desired
272.15 services components not covered under section 256B.0943 and identify the reimbursement
272.16 source for those requested services, the method of payment, and the payment rate to the
272.17 provider.

272.18 Sec. 2. Minnesota Statutes 2020, section 245.697, subdivision 1, is amended to read:

272.19 Subdivision 1. **Creation.** (a) A State Advisory Council on Mental Health is created. The
272.20 council must have members appointed by the governor in accordance with federal
272.21 requirements. In making the appointments, the governor shall consider appropriate
272.22 representation of communities of color. The council must be composed of:

272.23 (1) the assistant commissioner of ~~mental health~~ for the Department of Human Services
272.24 who oversees behavioral health policy;

272.25 (2) a representative of the Department of Human Services responsible for the medical
272.26 assistance program;

272.27 (3) a representative of the Department of Health;

272.28 ~~(3)~~ (4) one member of each of the following professions:

272.29 (i) psychiatry;

272.30 (ii) psychology;

272.31 (iii) social work;

272.32 (iv) nursing;

- 273.1 (v) marriage and family therapy; and
- 273.2 (vi) professional clinical counseling;
- 273.3 ~~(4)~~ (5) one representative from each of the following advocacy groups: Mental Health
- 273.4 Association of Minnesota, NAMI-MN, ~~Mental Health Consumer/Survivor Network of~~
- 273.5 ~~Minnesota, and Minnesota Disability Law Center, American Indian Mental Health Advisory~~
- 273.6 Council, and a consumer-run mental health advocacy group;
- 273.7 ~~(5)~~ (6) providers of mental health services;
- 273.8 ~~(6)~~ (7) consumers of mental health services;
- 273.9 ~~(7)~~ (8) family members of persons with mental illnesses;
- 273.10 ~~(8)~~ (9) legislators;
- 273.11 ~~(9)~~ (10) social service agency directors;
- 273.12 ~~(10)~~ (11) county commissioners; and
- 273.13 ~~(11)~~ (12) other members reflecting a broad range of community interests, including
- 273.14 family physicians, or members as the United States Secretary of Health and Human Services
- 273.15 may prescribe by regulation or as may be selected by the governor.
- 273.16 (b) The council shall select a chair. Terms, compensation, and removal of members and
- 273.17 filling of vacancies are governed by section 15.059. Notwithstanding provisions of section
- 273.18 15.059, the council and its subcommittee on children's mental health do not expire. The
- 273.19 commissioner of human services shall provide staff support and supplies to the council.
- 273.20 Sec. 3. Minnesota Statutes 2020, section 252.43, is amended to read:
- 273.21 **252.43 COMMISSIONER'S DUTIES.**
- 273.22 (a) The commissioner shall supervise lead agencies' provision of day services to adults
- 273.23 with disabilities. The commissioner shall:
- 273.24 (1) determine the need for day ~~services~~ programs under ~~section~~ sections 256B.4914 and
- 273.25 252.41 to 252.46;
- 273.26 (2) establish payment rates as provided under section 256B.4914;
- 273.27 (3) adopt rules for the administration and provision of day services under sections
- 273.28 245A.01 to 245A.16₂; 252.28, subdivision 2₂; or 252.41 to 252.46₂; or Minnesota Rules,
- 273.29 parts 9525.1200 to 9525.1330;

274.1 (4) enter into interagency agreements necessary to ensure effective coordination and
 274.2 provision of day services;

274.3 (5) monitor and evaluate the costs and effectiveness of day services; and

274.4 (6) provide information and technical help to lead agencies and vendors in their
 274.5 administration and provision of day services.

274.6 (b) A determination of need in paragraph (a), clause (1), shall not be required for a
 274.7 change in day service provider name or ownership.

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

274.9 Sec. 4. Minnesota Statutes 2020, section 252A.01, subdivision 1, is amended to read:

274.10 Subdivision 1. **Policy.** (a) It is the policy of the state of Minnesota to provide a
 274.11 coordinated approach to the supervision, protection, and habilitation of its adult citizens
 274.12 with a developmental disability. In furtherance of this policy, sections 252A.01 to 252A.21
 274.13 are enacted to authorize the commissioner of human services to:

274.14 (1) supervise those adult citizens with a developmental disability who are unable to fully
 274.15 provide for their own needs and for whom no qualified person is willing and able to seek
 274.16 guardianship ~~or conservatorship~~ under sections 524.5-101 to 524.5-502; and

274.17 (2) protect adults with a developmental disability from violation of their human and civil
 274.18 rights by ~~assuring~~ ensuring that they receive the full range of needed social, financial,
 274.19 residential, and habilitative services to which they are lawfully entitled.

274.20 (b) Public guardianship ~~or conservatorship~~ is the most restrictive form of guardianship
 274.21 ~~or conservatorship~~ and should be imposed only when ~~no other acceptable alternative is~~
 274.22 available less restrictive alternatives have been attempted and determined to be insufficient
 274.23 to meet the person's needs. Less restrictive alternatives include but are not limited to
 274.24 supported decision making, community or residential services, or appointment of a health
 274.25 care agent.

274.26 Sec. 5. Minnesota Statutes 2020, section 252A.02, subdivision 2, is amended to read:

274.27 Subd. 2. **Person with a developmental disability.** "Person with a developmental
 274.28 disability" refers to any person age 18 or older who:

274.29 (1) has been diagnosed as having significantly subaverage intellectual functioning existing
 274.30 concurrently with demonstrated deficits in adaptive behavior such as to require supervision
 274.31 and protection for the person's welfare or the public welfare. a developmental disability;

275.1 (2) is impaired to the extent of lacking sufficient understanding or capacity to make
 275.2 personal decisions; and

275.3 (3) is unable to meet personal needs for medical care, nutrition, clothing, shelter, or
 275.4 safety, even with appropriate technological and supported decision-making assistance.

275.5 Sec. 6. Minnesota Statutes 2020, section 252A.02, subdivision 9, is amended to read:

275.6 Subd. 9. **Ward Person subject to public guardianship.** ~~"Ward"~~ "Person subject to
 275.7 public guardianship" means a person with a developmental disability for whom the court
 275.8 has appointed a public guardian.

275.9 Sec. 7. Minnesota Statutes 2020, section 252A.02, subdivision 11, is amended to read:

275.10 Subd. 11. **Interested person.** "Interested person" means an interested responsible adult,
 275.11 ~~including, but not limited to, a public official, guardian, spouse, parent, adult sibling, legal~~
 275.12 ~~counsel, adult child, or next of kin of a person alleged to have a developmental disability.~~
 275.13 including but not limited to:

275.14 (1) the person subject to guardianship, protected person, or respondent;

275.15 (2) a nominated guardian or conservator;

275.16 (3) a legal representative;

275.17 (4) the spouse; parent, including stepparent; adult children, including adult stepchildren
 275.18 of a living spouse; and siblings. If no such persons are living or can be located, the next of
 275.19 kin of the person subject to public guardianship or the respondent is an interested person;

275.20 (5) a representative of a state ombudsman's office or a federal protection and advocacy
 275.21 program that has notified the commissioner or lead agency that it has a matter regarding
 275.22 the protected person subject to guardianship, person subject to conservatorship, or respondent;
 275.23 and

275.24 (6) a health care agent or proxy appointed pursuant to a health care directive as defined
 275.25 in section 145C.01, subdivision 5a; a living will under chapter 145B; or other similar
 275.26 documentation executed in another state and enforceable under the laws of this state.

275.27 Sec. 8. Minnesota Statutes 2020, section 252A.02, subdivision 12, is amended to read:

275.28 Subd. 12. **Comprehensive evaluation.** (a) "Comprehensive evaluation" shall consist
 275.29 consists of:

276.1 (1) a medical report on the health status and physical condition of the proposed ~~ward,~~
 276.2 person subject to public guardianship prepared under the direction of a licensed physician
 276.3 or advanced practice registered nurse;

276.4 (2) a report on the ~~proposed ward's~~ intellectual capacity and functional abilities, ~~specifying~~
 276.5 of the proposed person subject to public guardianship that specifies the tests and other data
 276.6 used in reaching its conclusions; and is prepared by a psychologist who is qualified in the
 276.7 diagnosis of developmental disability; and

276.8 (3) a report from the case manager that includes:

276.9 (i) the most current assessment of ~~individual service~~ coordinated service and support
 276.10 needs as described in rules of the commissioner;

276.11 (ii) the most current individual service plan under section 256B.092, subdivision 1b;
 276.12 and

276.13 (iii) a description of contacts with and responses of near relatives of the proposed ~~ward~~
 276.14 person subject to public guardianship notifying ~~them~~ the near relatives that a nomination
 276.15 for public guardianship has been made and advising ~~them~~ the near relatives that they may
 276.16 seek private guardianship.

276.17 (b) Each report under paragraph (a), clause (3), shall contain recommendations as to the
 276.18 amount of assistance and supervision required by the proposed ~~ward~~ person subject to public
 276.19 guardianship to function as independently as possible in society. To be considered part of
 276.20 the comprehensive evaluation, the reports must be completed no more than one year before
 276.21 filing the petition under section 252A.05.

276.22 Sec. 9. Minnesota Statutes 2020, section 252A.02, is amended by adding a subdivision to
 276.23 read:

276.24 Subd. 16. **Protected person.** "Protected person" means a person for whom a guardian
 276.25 or conservator has been appointed or other protective order has been sought. A protected
 276.26 person may be a minor.

276.27 Sec. 10. Minnesota Statutes 2020, section 252A.02, is amended by adding a subdivision
 276.28 to read:

276.29 Subd. 17. **Respondent.** "Respondent" means an individual for whom the appointment
 276.30 of a guardian or conservator or other protective order is sought.

277.1 Sec. 11. Minnesota Statutes 2020, section 252A.02, is amended by adding a subdivision
277.2 to read:

277.3 Subd. 18. **Supported decision making.** "Supported decision making" means assistance
277.4 to understand the nature and consequences of personal and financial decisions from one or
277.5 more persons of the individual's choosing to enable the individual to make the personal and
277.6 financial decisions and, when consistent with the individual's wishes, to communicate a
277.7 decision once made.

277.8 Sec. 12. Minnesota Statutes 2020, section 252A.03, subdivision 3, is amended to read:

277.9 Subd. 3. **Standard for acceptance.** The commissioner shall accept the nomination if:
277.10 ~~the comprehensive evaluation concludes that:~~

277.11 ~~(1) the person alleged to have developmental disability is, in fact, developmentally~~
277.12 ~~disabled;~~ (1) the person's assessment confirms that they are a person with a developmental
277.13 disability under section 252A.02, subdivision 2;

277.14 (2) the person is in need of the supervision and protection of a ~~conservator or~~ guardian;
277.15 ~~and~~

277.16 (3) no qualified person is willing to assume guardianship ~~or conservatorship~~ under
277.17 sections 524.5-101 to 524.5-502.; and

277.18 (4) the person subject to public guardianship was included in the process prior to the
277.19 submission of the nomination.

277.20 Sec. 13. Minnesota Statutes 2020, section 252A.03, subdivision 4, is amended to read:

277.21 Subd. 4. **Alternatives.** (a) Public guardianship ~~or conservatorship~~ may be imposed only
277.22 when:

277.23 (1) the person subject to guardianship is impaired to the extent of lacking sufficient
277.24 understanding or capacity to make personal decisions;

277.25 (2) the person subject to guardianship is unable to meet personal needs for medical care,
277.26 nutrition, clothing, shelter, or safety, even with appropriate technological and supported
277.27 decision-making assistance; and

277.28 (3) no acceptable, less restrictive form of guardianship or conservatorship is available.

277.29 (b) The commissioner shall seek parents, near relatives, and other interested persons to
277.30 assume guardianship for persons with developmental disabilities who are currently under
277.31 public guardianship. If a person seeks to become a guardian ~~or conservator~~, costs to the

278.1 person may be reimbursed under section 524.5-502. The commissioner must provide technical
 278.2 assistance to parents, near relatives, and interested persons seeking to become guardians or
 278.3 conservators.

278.4 Sec. 14. Minnesota Statutes 2020, section 252A.04, subdivision 1, is amended to read:

278.5 Subdivision 1. **Local agency.** Upon receipt of a written nomination, the commissioner
 278.6 shall promptly order the local agency of the county in which the proposed ward person
 278.7 subject to public guardianship resides to coordinate or arrange for a comprehensive evaluation
 278.8 of the proposed ward person subject to public guardianship.

278.9 Sec. 15. Minnesota Statutes 2020, section 252A.04, subdivision 2, is amended to read:

278.10 Subd. 2. **Medication; treatment.** A proposed ward person subject to public guardianship
 278.11 who, at the time the comprehensive evaluation is to be performed, has been under medical
 278.12 care shall not be so under the influence or so suffer the effects of drugs, medication, or other
 278.13 treatment as to be hampered in the testing or evaluation process. When in the opinion of
 278.14 the licensed physician or advanced practice registered nurse attending the proposed ward
 278.15 person subject to public guardianship, the discontinuance of medication or other treatment
 278.16 is not in the ~~proposed ward's~~ best interest of the proposed person subject to public
 278.17 guardianship, the physician or advanced practice registered nurse shall record a list of all
 278.18 drugs, medication, or other treatment ~~which~~ that the proposed ward person subject to public
 278.19 guardianship received 48 hours immediately prior to any examination, test, or interview
 278.20 conducted in preparation for the comprehensive evaluation.

278.21 Sec. 16. Minnesota Statutes 2020, section 252A.04, subdivision 4, is amended to read:

278.22 Subd. 4. **File.** The comprehensive evaluation shall be kept on file at the Department of
 278.23 Human Services and shall be open to the inspection of the proposed ward person subject to
 278.24 public guardianship and ~~such~~ other persons ~~as may be given permission~~ permitted by the
 278.25 commissioner.

278.26 Sec. 17. Minnesota Statutes 2020, section 252A.05, is amended to read:

278.27 **252A.05 COMMISSIONER'S PETITION FOR APPOINTMENT AS PUBLIC**
 278.28 **GUARDIAN OR PUBLIC CONSERVATOR.**

278.29 In every case in which the commissioner agrees to accept a nomination, the local agency,
 278.30 within 20 working days of receipt of the commissioner's acceptance, shall petition on behalf
 278.31 of the commissioner in the county or court of the county of residence of the person with a

279.1 developmental disability for appointment to act as ~~public conservator or~~ public guardian of
 279.2 the person with a developmental disability.

279.3 Sec. 18. Minnesota Statutes 2020, section 252A.06, subdivision 1, is amended to read:

279.4 Subdivision 1. **Who may file.** ~~The commissioner, the local agency, a person with a~~
 279.5 ~~developmental disability or any parent, spouse or relative of a person with a developmental~~
 279.6 ~~disability may file~~ A verified petition alleging that the appointment of a ~~public conservator~~
 279.7 ~~or~~ public guardian is required may be filed by: the commissioner; the local agency; a person
 279.8 with a developmental disability; or a parent, stepparent, spouse, or relative of a person with
 279.9 a developmental disability.

279.10 Sec. 19. Minnesota Statutes 2020, section 252A.06, subdivision 2, is amended to read:

279.11 Subd. 2. **Contents.** The petition shall set forth:

279.12 (1) the name and address of the petitioner; and, in the case of a petition brought by a
 279.13 person other than the commissioner, whether the petitioner is a parent, spouse, or relative
 279.14 ~~of the proposed ward~~ of the proposed person subject to guardianship;

279.15 (2) whether the commissioner has accepted a nomination to act as ~~public conservator~~
 279.16 ~~or~~ public guardian;

279.17 (3) the name, address, and date of birth of the proposed ~~ward~~ person subject to public
 279.18 guardianship;

279.19 (4) the names and addresses of the nearest relatives and spouse, if any, of the proposed
 279.20 ~~ward~~ person subject to public guardianship;

279.21 (5) the probable value and general character of the ~~proposed ward's~~ real and personal
 279.22 property of the proposed person subject to public guardianship and the probable amount of
 279.23 ~~the proposed ward's debts~~ of the proposed person subject to public guardianship; and

279.24 (6) the facts supporting the establishment of public ~~conservatorship or~~ guardianship,
 279.25 including that no family member or other qualified individual is willing to assume
 279.26 ~~guardianship or conservatorship~~ responsibilities under sections 524.5-101 to 524.5-502;
 279.27 and.

279.28 ~~(7) if conservatorship is requested, the powers the petitioner believes are necessary to~~
 279.29 ~~protect and supervise the proposed conservatee.~~

280.1 Sec. 20. Minnesota Statutes 2020, section 252A.07, subdivision 1, is amended to read:

280.2 Subdivision 1. **With petition.** When a petition is brought by the commissioner or local
 280.3 agency, a copy of the comprehensive evaluation shall be filed with the petition. If a petition
 280.4 is brought by a person other than the commissioner or local agency and a comprehensive
 280.5 evaluation has been prepared within a year of the filing of the petition, the local agency
 280.6 shall ~~forward~~ send a copy of the comprehensive evaluation to the court upon notice of the
 280.7 filing of the petition. If a comprehensive evaluation has not been prepared within a year of
 280.8 the filing of the petition, the local agency, upon notice of the filing of the petition, shall
 280.9 arrange for a comprehensive evaluation to be prepared and ~~forwarded~~ provided to the court
 280.10 within 90 days.

280.11 Sec. 21. Minnesota Statutes 2020, section 252A.07, subdivision 2, is amended to read:

280.12 Subd. 2. **Copies.** A copy of the comprehensive evaluation shall be made available by
 280.13 the court to the proposed ~~ward~~ person subject to public guardianship, the ~~proposed ward's~~
 280.14 counsel of the proposed person subject to public guardianship, the county attorney, the
 280.15 attorney general, and the petitioner.

280.16 Sec. 22. Minnesota Statutes 2020, section 252A.07, subdivision 3, is amended to read:

280.17 Subd. 3. **Evaluation required; exception.** (a) No action for the appointment of a public
 280.18 guardian may proceed to hearing unless a comprehensive evaluation has been first filed
 280.19 with the court; ~~provided, however, that an action may proceed and a guardian appointed.~~

280.20 (b) Paragraph (a) does not apply if the director of the local agency responsible for
 280.21 conducting the comprehensive evaluation has filed an affidavit that the proposed ~~ward~~
 280.22 person subject to public guardianship refused to participate in the comprehensive evaluation
 280.23 and the court finds on the basis of clear and convincing evidence that the proposed ~~ward~~
 280.24 person subject to public guardianship is developmentally disabled and in need of the
 280.25 supervision and protection of a guardian.

280.26 Sec. 23. Minnesota Statutes 2020, section 252A.081, subdivision 2, is amended to read:

280.27 Subd. 2. **Service of notice.** Service of notice on the ~~ward~~ person subject to public
 280.28 guardianship or proposed ~~ward~~ person subject to public guardianship must be made by a
 280.29 nonuniformed person or nonuniformed visitor. To the extent possible, the ~~process server or~~
 280.30 visitor person or visitor serving the notice shall explain the document's meaning to the
 280.31 proposed ~~ward~~ person subject to public guardianship. In addition to the persons required to

281.1 be served under sections 524.5-113, 524.5-205, and 524.5-304, the mailed notice of the
281.2 hearing must be served on the commissioner, the local agency, and the county attorney.

281.3 Sec. 24. Minnesota Statutes 2020, section 252A.081, subdivision 3, is amended to read:

281.4 Subd. 3. **Attorney.** In place of the notice of attorney provisions in sections 524.5-205
281.5 and 524.5-304, the notice must state that the court will appoint an attorney for the proposed
281.6 ~~ward~~ person subject to public guardianship unless an attorney is provided by other persons.

281.7 Sec. 25. Minnesota Statutes 2020, section 252A.081, subdivision 5, is amended to read:

281.8 Subd. 5. **Defective notice of service.** A defect in the service of notice or process, other
281.9 than personal service upon the proposed ~~ward or conservatee~~ person subject to public
281.10 guardianship or service upon the commissioner and local agency within the time allowed
281.11 and the form prescribed in this section and sections 524.5-113, 524.5-205, and 524.5-304,
281.12 does not invalidate any public guardianship ~~or conservatorship~~ proceedings.

281.13 Sec. 26. Minnesota Statutes 2020, section 252A.09, subdivision 1, is amended to read:

281.14 Subdivision 1. **Attorney appointment.** Upon the filing of the petition, the court shall
281.15 appoint an attorney for the proposed ~~ward~~ person subject to public guardianship, unless
281.16 such counsel is provided by others.

281.17 Sec. 27. Minnesota Statutes 2020, section 252A.09, subdivision 2, is amended to read:

281.18 Subd. 2. **Representation.** Counsel shall visit with and, to the extent possible, consult
281.19 with the proposed ~~ward~~ person subject to public guardianship prior to the hearing and shall
281.20 be given adequate time to prepare ~~therefor~~ for the hearing. Counsel shall be given the full
281.21 right of subpoena and shall be supplied with a copy of all documents filed with or issued
281.22 by the court.

281.23 Sec. 28. Minnesota Statutes 2020, section 252A.101, subdivision 2, is amended to read:

281.24 Subd. 2. **Waiver of presence.** The proposed ~~ward~~ person subject to public guardianship
281.25 may waive the right to be present at the hearing only if the proposed ~~ward~~ person subject
281.26 to public guardianship has met with counsel and specifically waived the right to appear.

281.27 Sec. 29. Minnesota Statutes 2020, section 252A.101, subdivision 3, is amended to read:

281.28 Subd. 3. **Medical care.** If, at the time of the hearing, the proposed ~~ward~~ person subject
281.29 to public guardianship has been under medical care, the ~~ward~~ person subject to public

282.1 guardianship has the same rights regarding limitation on the use of drugs, medication, or
 282.2 other treatment before the hearing that are available under section 252A.04, subdivision 2.

282.3 Sec. 30. Minnesota Statutes 2020, section 252A.101, subdivision 5, is amended to read:

282.4 Subd. 5. **Findings.** (a) In all cases the court shall make specific written findings of fact,
 282.5 conclusions of law, and direct entry of an appropriate judgment or order. The court shall
 282.6 order the appointment of the commissioner as guardian ~~or conservator~~ if it finds that:

282.7 (1) the proposed ~~ward or conservatee~~ person subject to public guardianship is a person
 282.8 with a developmental disability as defined in section 252A.02, subdivision 2;

282.9 (2) the proposed ~~ward or conservatee~~ person subject to public guardianship is incapable
 282.10 of exercising specific legal rights, which must be enumerated in ~~its~~ the court's findings;

282.11 (3) the proposed ~~ward or conservatee~~ person subject to public guardianship is in need
 282.12 of the supervision and protection of a public guardian ~~or conservator~~; and

282.13 (4) no appropriate alternatives to public guardianship ~~or public conservatorship~~ exist
 282.14 that are less restrictive of the person's civil rights and liberties, such as appointing a private
 282.15 guardian, or conservator supported decision maker, or health care agent; or arranging
 282.16 residential or community services under sections 524.5-101 to 524.5-502.

282.17 (b) The court shall grant the specific powers that are necessary for the commissioner to
 282.18 act as public guardian ~~or conservator~~ on behalf of the ~~ward or conservatee~~ person subject
 282.19 to public guardianship.

282.20 Sec. 31. Minnesota Statutes 2020, section 252A.101, subdivision 6, is amended to read:

282.21 Subd. 6. **Notice of order; appeal.** A copy of the order shall be served by mail upon the
 282.22 ~~ward or conservatee~~ person subject to public guardianship and the ~~ward's~~ counsel of the
 282.23 person subject to public guardianship. The order must be accompanied by a notice that
 282.24 advises the ~~ward or conservatee~~ person subject to public guardianship of the right to appeal
 282.25 the guardianship ~~or conservatorship~~ appointment within 30 days.

282.26 Sec. 32. Minnesota Statutes 2020, section 252A.101, subdivision 7, is amended to read:

282.27 Subd. 7. **Letters of guardianship.** (a) Letters of guardianship ~~or conservatorship~~ must
 282.28 be issued by the court and contain:

282.29 (1) the name, address, and telephone number of the ~~ward or conservatee~~ person subject
 282.30 to public guardianship; and

283.1 (2) the powers to be exercised on behalf of the ~~ward or conservatee~~ person subject to
283.2 public guardianship.

283.3 (b) The letters under paragraph (a) must be served by mail upon the ~~ward or conservatee~~
283.4 person subject to public guardianship, the ~~ward's~~ counsel of the person subject to public
283.5 guardianship, the commissioner, and the local agency.

283.6 Sec. 33. Minnesota Statutes 2020, section 252A.101, subdivision 8, is amended to read:

283.7 Subd. 8. **Dismissal.** If upon the completion of the hearing and consideration of the record,
283.8 the court finds that the proposed ~~ward~~ person subject to public guardianship is not
283.9 developmentally disabled or is developmentally disabled but not in need of the supervision
283.10 and protection of a ~~conservator or~~ public guardian, ~~it~~ the court shall dismiss the application
283.11 and shall notify the proposed ~~ward~~ person subject to public guardianship, the ~~ward's~~ counsel
283.12 of the person subject to public guardianship, and the petitioner of the court's findings.

283.13 Sec. 34. Minnesota Statutes 2020, section 252A.111, subdivision 2, is amended to read:

283.14 Subd. 2. **Additional powers.** In addition to the powers contained in sections 524.5-207
283.15 and 524.5-313, the powers of a public guardian that the court may grant include:

283.16 (1) the power to permit or withhold permission for the ~~ward~~ person subject to public
283.17 guardianship to marry;

283.18 (2) the power to begin legal action or defend against legal action in the name of the ~~ward~~
283.19 person subject to public guardianship; and

283.20 (3) the power to consent to the adoption of the ~~ward~~ person subject to public guardianship
283.21 as provided in section 259.24.

283.22 Sec. 35. Minnesota Statutes 2020, section 252A.111, subdivision 4, is amended to read:

283.23 Subd. 4. **Appointment of conservator.** If the ~~ward~~ person subject to public guardianship
283.24 has a personal estate beyond that which is necessary for the ~~ward's~~ personal and immediate
283.25 needs of the person subject to public guardianship, the commissioner shall determine whether
283.26 a conservator should be appointed. The commissioner shall consult with the parents, spouse,
283.27 or nearest relative of the ~~ward~~ person subject to public guardianship. The commissioner
283.28 may petition the court for the appointment of a private conservator of the ~~ward~~ person
283.29 subject to public guardianship. The commissioner cannot act as conservator for public ~~wards~~
283.30 persons subject to public guardianship or public protected persons.

284.1 Sec. 36. Minnesota Statutes 2020, section 252A.111, subdivision 6, is amended to read:

284.2 Subd. 6. **Special duties.** In exercising powers and duties under this chapter, the
284.3 commissioner shall:

284.4 (1) maintain close contact with the ~~ward~~ person subject to public guardianship, visiting
284.5 at least twice a year;

284.6 (2) protect and exercise the legal rights of the ~~ward~~ person subject to public guardianship;

284.7 (3) take actions and make decisions on behalf of the ~~ward~~ person subject to public
284.8 guardianship that encourage and allow the maximum level of independent functioning in a
284.9 manner least restrictive of the ~~ward's~~ personal freedom of the person subject to public
284.10 guardianship consistent with the need for supervision and protection; and

284.11 (4) permit and encourage maximum self-reliance on the part of the ~~ward~~ person subject
284.12 to public guardianship and permit and encourage input by the nearest relative of the ~~ward~~
284.13 person subject to public guardianship in planning and decision making on behalf of the
284.14 ~~ward~~ person subject to public guardianship.

284.15 Sec. 37. Minnesota Statutes 2020, section 252A.12, is amended to read:

284.16 **252A.12 APPOINTMENT OF ~~CONSERVATOR~~ PUBLIC GUARDIAN NOT A**
284.17 **FINDING OF INCOMPETENCY.**

284.18 An appointment of the commissioner as ~~conservator~~ public guardian shall not constitute
284.19 a judicial finding that the person with a developmental disability is legally incompetent
284.20 except for the restrictions ~~which~~ that the conservatorship public guardianship places on the
284.21 ~~conservatee~~ person subject to public guardianship. The appointment of a ~~conservator~~ public
284.22 guardian shall not deprive the ~~conservatee~~ person subject to public guardianship of the right
284.23 to vote.

284.24 Sec. 38. Minnesota Statutes 2020, section 252A.16, is amended to read:

284.25 **252A.16 ANNUAL REVIEW.**

284.26 Subdivision 1. **Review required.** The commissioner shall require an annual review of
284.27 the physical, mental, and social adjustment and progress of every ~~ward and conservatee~~
284.28 person subject to public guardianship. A copy of this review shall be kept on file at the
284.29 Department of Human Services and may be inspected by the ~~ward or conservatee~~ person
284.30 subject to public guardianship, the ~~ward's or conservatee's~~ parents, spouse, or relatives of
284.31 the person subject to public guardianship, and other persons who receive the permission of

285.1 the commissioner. The review shall contain information required under Minnesota Rules,
285.2 part 9525.3065, subpart 1.

285.3 Subd. 2. **Assessment of need for continued guardianship.** The commissioner shall
285.4 annually review the legal status of each ~~ward~~ person subject to public guardianship in light
285.5 of the progress indicated in the annual review. If the commissioner determines the ~~ward~~
285.6 person subject to public guardianship is no longer in need of public guardianship ~~or~~
285.7 ~~conservatorship~~ or is capable of functioning under a less restrictive ~~conservatorship~~
285.8 guardianship, the commissioner or local agency shall petition the court pursuant to section
285.9 252A.19 to restore the ~~ward~~ person subject to public guardianship to capacity or for a
285.10 modification of the court's previous order.

285.11 Sec. 39. Minnesota Statutes 2020, section 252A.17, is amended to read:

285.12 **252A.17 EFFECT OF SUCCESSION IN OFFICE.**

285.13 The appointment by the court of the commissioner ~~of human services~~ as public
285.14 ~~conservator or~~ guardian shall be by the title of the commissioner's office. The authority of
285.15 the commissioner as public ~~conservator or~~ guardian shall cease upon the termination of the
285.16 commissioner's term of office and shall vest in a successor or successors in office without
285.17 further court proceedings.

285.18 Sec. 40. Minnesota Statutes 2020, section 252A.19, subdivision 2, is amended to read:

285.19 Subd. 2. **Petition.** The commissioner, ~~ward~~ person subject to public guardianship, or
285.20 any interested person may petition the appointing court or the court to which venue has
285.21 been transferred ~~for an order to~~ :

285.22 (1) for an order to remove the guardianship ~~or to~~;

285.23 (2) for an order to limit or expand the powers of the guardianship ~~or to~~;

285.24 (3) for an order to appoint a guardian ~~or conservator~~ under sections 524.5-101 to
285.25 524.5-502 ~~or to~~;

285.26 (4) for an order to restore the ~~ward~~ person subject to public guardianship or protected
285.27 person to full legal capacity ~~or to~~;

285.28 (5) to review de novo any decision made by the public guardian ~~or public conservator~~
285.29 for or on behalf of a ~~ward~~ person subject to public guardianship or protected person; or

285.30 (6) for any other order as the court may deem just and equitable.

286.1 Sec. 41. Minnesota Statutes 2020, section 252A.19, subdivision 4, is amended to read:

286.2 Subd. 4. **Comprehensive evaluation.** The commissioner shall, at the court's request,
286.3 arrange for the preparation of a comprehensive evaluation of the ~~ward~~ person subject to
286.4 public guardianship or protected person.

286.5 Sec. 42. Minnesota Statutes 2020, section 252A.19, subdivision 5, is amended to read:

286.6 Subd. 5. **Court order.** Upon proof of the allegations of the petition the court shall enter
286.7 an order removing the guardianship or limiting or expanding the powers of the guardianship
286.8 or restoring the ~~ward~~ person subject to public guardianship or protected person to full legal
286.9 capacity or may enter such other order as the court may deem just and equitable.

286.10 Sec. 43. Minnesota Statutes 2020, section 252A.19, subdivision 7, is amended to read:

286.11 Subd. 7. **Attorney general's role; commissioner's role.** The attorney general may
286.12 appear and represent the commissioner in such proceedings. The commissioner shall support
286.13 or oppose the petition if the commissioner deems such action necessary for the protection
286.14 and supervision of the ~~ward~~ person subject to public guardianship or protected person.

286.15 Sec. 44. Minnesota Statutes 2020, section 252A.19, subdivision 8, is amended to read:

286.16 Subd. 8. ~~Court-appointed~~ **Court-appointed counsel.** In all such proceedings, the
286.17 protected person or ~~ward~~ person subject to public guardianship shall be afforded an
286.18 opportunity to be represented by counsel, and if neither the protected person or ~~ward~~ person
286.19 subject to public guardianship nor others provide counsel the court shall appoint counsel to
286.20 represent the protected person or ~~ward~~ person subject to public guardianship.

286.21 Sec. 45. Minnesota Statutes 2020, section 252A.20, is amended to read:

286.22 **252A.20 COSTS OF HEARINGS.**

286.23 Subdivision 1. **Witness and attorney fees.** In each proceeding under sections 252A.01
286.24 to 252A.21, the court shall allow and order paid to each witness subpoenaed the fees and
286.25 mileage prescribed by law; to each physician, advanced practice registered nurse,
286.26 psychologist, or social worker who assists in the preparation of the comprehensive evaluation
286.27 and who is not ~~in the employ of~~ employed by the local agency or the state Department of
286.28 Human Services, a reasonable sum for services and for travel; and to the ~~ward's~~ counsel of
286.29 the person subject to public guardianship, when appointed by the court, a reasonable sum
286.30 for travel and for each day or portion of a day actually employed in court or actually

287.1 consumed in preparing for the hearing. Upon order the county auditor shall issue a warrant
 287.2 on the county treasurer for payment of the amount allowed.

287.3 Subd. 2. **Expenses.** When the settlement of the ~~ward~~ person subject to public guardianship
 287.4 is found to be in another county, the court shall transmit to the county auditor a statement
 287.5 of the expenses incurred pursuant to subdivision 1. The auditor shall transmit the statement
 287.6 to the auditor of the county of the ~~ward's~~ settlement of the person subject to public
 287.7 guardianship and this claim shall be paid as other claims against that county. If the auditor
 287.8 to whom this claim is transmitted denies the claim, the auditor shall transmit it, together
 287.9 with the objections thereto, to the commissioner, who shall determine the question of
 287.10 settlement and certify findings to each auditor. If the claim is not paid within 30 days after
 287.11 such certification, an action may be maintained thereon in the district court of the claimant
 287.12 county.

287.13 Subd. 3. **Change of venue; cost of proceedings.** Whenever venue of a proceeding has
 287.14 been transferred under sections 252A.01 to 252A.21, the costs of such proceedings shall be
 287.15 reimbursed to the county of the ~~ward's~~ settlement of the person subject to public guardianship
 287.16 by the state.

287.17 Sec. 46. Minnesota Statutes 2020, section 252A.21, subdivision 2, is amended to read:

287.18 Subd. 2. **Rules.** The commissioner shall adopt rules to implement this chapter. The rules
 287.19 must include standards for performance of guardianship ~~or conservatorship~~ duties including;
 287.20 but not limited to: twice a year visits with the ~~ward~~ person subject to public guardianship;
 287.21 a requirement that the duties of guardianship ~~or conservatorship~~ and case management not
 287.22 be performed by the same person; specific standards for action on "do not resuscitate" orders
 287.23 as recommended by a physician, an advanced practice registered nurse, or a physician
 287.24 assistant; sterilization requests; and the use of psychotropic medication and aversive
 287.25 procedures.

287.26 Sec. 47. Minnesota Statutes 2020, section 252A.21, subdivision 4, is amended to read:

287.27 Subd. 4. **Private guardianships ~~and conservatorships~~.** Nothing in sections 252A.01
 287.28 to 252A.21 shall impair the right of individuals to establish private guardianships ~~or~~
 287.29 ~~conservatorships~~ in accordance with applicable law.

287.30 Sec. 48. Minnesota Statutes 2020, section 254B.03, subdivision 2, is amended to read:

287.31 Subd. 2. **Chemical dependency fund payment.** (a) Payment from the chemical
 287.32 dependency fund is limited to payments for services other than detoxification licensed under

288.1 Minnesota Rules, parts 9530.6510 to 9530.6590, ~~that, if located outside of federally~~
288.2 ~~recognized tribal lands, would be required to be licensed by the commissioner as a chemical~~
288.3 ~~dependency treatment or rehabilitation program under sections 245A.01 to 245A.16, services~~
288.4 identified in section 254B.05, and services other than detoxification provided in another
288.5 state that would be required to be licensed as a chemical dependency program if the program
288.6 were in the state. Out of state vendors must also provide the commissioner with assurances
288.7 that the program complies substantially with state licensing requirements and possesses all
288.8 licenses and certifications required by the host state to provide chemical dependency
288.9 treatment. Vendors receiving payments from the chemical dependency fund must not require
288.10 co-payment from a recipient of benefits for services provided under this subdivision. The
288.11 vendor is prohibited from using the client's public benefits to offset the cost of services paid
288.12 under this section. The vendor shall not require the client to use public benefits for room
288.13 or board costs. This includes but is not limited to cash assistance benefits under chapters
288.14 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP benefits is a right of a client
288.15 receiving services through the consolidated chemical dependency treatment fund or through
288.16 state contracted managed care entities. Payment from the chemical dependency fund shall
288.17 be made for necessary room and board costs provided by vendors meeting the criteria under
288.18 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner
288.19 of health according to sections 144.50 to 144.56 to a client who is:

288.20 (1) determined to meet the criteria for placement in a residential chemical dependency
288.21 treatment program according to rules adopted under section 254A.03, subdivision 3; and

288.22 (2) concurrently receiving a chemical dependency treatment service in a program licensed
288.23 by the commissioner and reimbursed by the chemical dependency fund.

288.24 (b) A county may, from its own resources, provide chemical dependency services for
288.25 which state payments are not made. A county may elect to use the same invoice procedures
288.26 and obtain the same state payment services as are used for chemical dependency services
288.27 for which state payments are made under this section if county payments are made to the
288.28 state in advance of state payments to vendors. When a county uses the state system for
288.29 payment, the commissioner shall make monthly billings to the county using the most recent
288.30 available information to determine the anticipated services for which payments will be made
288.31 in the coming month. Adjustment of any overestimate or underestimate based on actual
288.32 expenditures shall be made by the state agency by adjusting the estimate for any succeeding
288.33 month.

288.34 (c) The commissioner shall coordinate chemical dependency services and determine
288.35 whether there is a need for any proposed expansion of chemical dependency treatment

289.1 services. The commissioner shall deny vendor certification to any provider that has not
289.2 received prior approval from the commissioner for the creation of new programs or the
289.3 expansion of existing program capacity. The commissioner shall consider the provider's
289.4 capacity to obtain clients from outside the state based on plans, agreements, and previous
289.5 utilization history, when determining the need for new treatment services.

289.6 Sec. 49. Minnesota Statutes 2020, section 256B.051, subdivision 1, is amended to read:

289.7 Subdivision 1. **Purpose.** Housing ~~support~~ stabilization services are established to provide
289.8 housing ~~support~~ stabilization services to an individual with a disability that limits the
289.9 individual's ability to obtain or maintain stable housing. The services support an individual's
289.10 transition to housing in the community and increase long-term stability in housing, to avoid
289.11 future periods of being at risk of homelessness or institutionalization.

289.12 Sec. 50. Minnesota Statutes 2020, section 256B.051, subdivision 3, is amended to read:

289.13 Subd. 3. **Eligibility.** An individual with a disability is eligible for housing ~~support~~
289.14 stabilization services if the individual:

289.15 (1) is 18 years of age or older;

289.16 (2) is enrolled in medical assistance;

289.17 (3) has an assessment of functional need that determines a need for services due to
289.18 limitations caused by the individual's disability;

289.19 (4) resides in or plans to transition to a community-based setting as defined in Code of
289.20 Federal Regulations, title 42, section 441.301 (c); and

289.21 (5) has housing instability evidenced by:

289.22 (i) being homeless or at-risk of homelessness;

289.23 (ii) being in the process of transitioning from, or having transitioned in the past six
289.24 months from, an institution or licensed or registered setting;

289.25 (iii) being eligible for waiver services under chapter 256S or section 256B.092 or
289.26 256B.49; or

289.27 (iv) having been identified by a long-term care consultation under section 256B.0911
289.28 as at risk of institutionalization.

- 290.1 Sec. 51. Minnesota Statutes 2020, section 256B.051, subdivision 5, is amended to read:
- 290.2 Subd. 5. **Housing ~~support~~ stabilization services.** (a) Housing ~~support~~ stabilization
- 290.3 services include housing transition services and housing and tenancy sustaining services.
- 290.4 (b) Housing transition services are defined as:
- 290.5 (1) tenant screening and housing assessment;
- 290.6 (2) assistance with the housing search and application process;
- 290.7 (3) identifying resources to cover onetime moving expenses;
- 290.8 (4) ensuring a new living arrangement is safe and ready for move-in;
- 290.9 (5) assisting in arranging for and supporting details of a move; and
- 290.10 (6) developing a housing support crisis plan.
- 290.11 (c) Housing and tenancy sustaining services include:
- 290.12 (1) prevention and early identification of behaviors that may jeopardize continued stable
- 290.13 housing;
- 290.14 (2) education and training on roles, rights, and responsibilities of the tenant and the
- 290.15 property manager;
- 290.16 (3) coaching to develop and maintain key relationships with property managers and
- 290.17 neighbors;
- 290.18 (4) advocacy and referral to community resources to prevent eviction when housing is
- 290.19 at risk;
- 290.20 (5) assistance with housing recertification process;
- 290.21 (6) coordination with the tenant to regularly review, update, and modify the housing
- 290.22 support and crisis plan; and
- 290.23 (7) continuing training on being a good tenant, lease compliance, and household
- 290.24 management.
- 290.25 (d) A housing ~~support~~ stabilization service may include person-centered planning for
- 290.26 people who are not eligible to receive person-centered planning through any other service,
- 290.27 if the person-centered planning is provided by a consultation service provider that is under
- 290.28 contract with the department and enrolled as a Minnesota health care program.

291.1 Sec. 52. Minnesota Statutes 2020, section 256B.051, subdivision 6, is amended to read:

291.2 Subd. 6. **Provider qualifications and duties.** A provider eligible for reimbursement
291.3 under this section shall:

291.4 (1) enroll as a medical assistance Minnesota health care program provider and meet all
291.5 applicable provider standards and requirements;

291.6 (2) demonstrate compliance with federal and state laws and policies for housing ~~support~~
291.7 stabilization services as determined by the commissioner;

291.8 (3) comply with background study requirements under chapter 245C and maintain
291.9 documentation of background study requests and results; ~~and~~

291.10 (4) directly provide housing ~~support~~ stabilization services and not use a subcontractor
291.11 or reporting agent; and

291.12 (5) complete annual vulnerable adult training.

291.13 Sec. 53. Minnesota Statutes 2020, section 256B.051, subdivision 7, is amended to read:

291.14 Subd. 7. **Housing support supplemental service rates.** Supplemental service rates for
291.15 individuals in settings according to sections 144D.025, 256I.04, subdivision 3, paragraph
291.16 (a), clause (3), and 256I.05, subdivision 1g, shall be reduced by one-half over a two-year
291.17 period. This reduction only applies to supplemental service rates for individuals eligible for
291.18 housing ~~support~~ stabilization services under this section.

291.19 Sec. 54. Minnesota Statutes 2020, section 256B.051, is amended by adding a subdivision
291.20 to read:

291.21 Subd. 8. **Documentation requirements.** (a) Documentation may be collected and
291.22 maintained electronically or in paper form by providers and must be produced upon request
291.23 by the commissioner.

291.24 (b) Documentation of a delivered service must be in English and must be legible according
291.25 to the standard of a reasonable person.

291.26 (c) If the service is reimbursed at an hourly or specified minute-based rate, each
291.27 documentation of the provision of a service, unless otherwise specified, must include:

291.28 (1) the date the documentation occurred;

291.29 (2) the day, month, and year the service was provided;

292.1 (3) the start and stop times with a.m. and p.m. designations, except for person-centered
292.2 planning services described under subdivision 5, paragraph (d);

292.3 (4) the service name or description of the service provided; and

292.4 (5) the name, signature, and title, if any, of the provider of service. If the service is
292.5 provided by multiple staff members, the provider may designate a staff member responsible
292.6 for verifying services and completing the documentation required by this paragraph.

292.7 Sec. 55. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

292.8 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
292.9 nonresidential rehabilitative mental health services.

292.10 (a) The treatment team must use team treatment, not an individual treatment model.

292.11 (b) Services must be available at times that meet client needs.

292.12 (c) Services must be age-appropriate and meet the specific needs of the client.

292.13 (d) The initial functional assessment must be completed within ten days of intake and
292.14 updated at least every six months or prior to discharge from the service, whichever comes
292.15 first.

292.16 (e) The treatment team must complete an individual treatment plan for each client and
292.17 the individual treatment plan must:

292.18 (1) be based on the information in the client's diagnostic assessment and baselines;

292.19 (2) identify goals and objectives of treatment, a treatment strategy, a schedule for
292.20 accomplishing treatment goals and objectives, and the individuals responsible for providing
292.21 treatment services and supports;

292.22 (3) be developed after completion of the client's diagnostic assessment by a mental health
292.23 professional or clinical trainee and before the provision of children's therapeutic services
292.24 and supports;

292.25 (4) be developed through a child-centered, family-driven, culturally appropriate planning
292.26 process, including allowing parents and guardians to observe or participate in individual
292.27 and family treatment services, assessments, and treatment planning;

292.28 (5) be reviewed at least once every six months and revised to document treatment progress
292.29 on each treatment objective and next goals or, if progress is not documented, to document
292.30 changes in treatment;

293.1 (6) be signed by the clinical supervisor and by the client or by the client's parent or other
293.2 person authorized by statute to consent to mental health services for the client. A client's
293.3 parent may approve the client's individual treatment plan by secure electronic signature or
293.4 by documented oral approval that is later verified by written signature;

293.5 (7) be completed in consultation with the client's current therapist and key providers and
293.6 provide for ongoing consultation with the client's current therapist to ensure therapeutic
293.7 continuity and to facilitate the client's return to the community. For clients under the age of
293.8 18, the treatment team must consult with parents and guardians in developing the treatment
293.9 plan;

293.10 (8) if a need for substance use disorder treatment is indicated by validated assessment:

293.11 (i) identify goals, objectives, and strategies of substance use disorder treatment; develop
293.12 a schedule for accomplishing treatment goals and objectives; and identify the individuals
293.13 responsible for providing treatment services and supports;

293.14 (ii) be reviewed at least once every 90 days and revised, if necessary;

293.15 (9) be signed by the clinical supervisor and by the client and, if the client is a minor, by
293.16 the client's parent or other person authorized by statute to consent to mental health treatment
293.17 and substance use disorder treatment for the client; and

293.18 (10) provide for the client's transition out of intensive nonresidential rehabilitative mental
293.19 health services by defining the team's actions to assist the client and subsequent providers
293.20 in the transition to less intensive or "stepped down" services.

293.21 (f) The treatment team shall actively and assertively engage the client's family members
293.22 and significant others by establishing communication and collaboration with the family and
293.23 significant others and educating the family and significant others about the client's mental
293.24 illness, symptom management, and the family's role in treatment, unless the team knows or
293.25 has reason to suspect that the client has suffered or faces a threat of suffering any physical
293.26 or mental injury, abuse, or neglect from a family member or significant other.

293.27 (g) For a client age 18 or older, the treatment team may disclose to a family member,
293.28 other relative, or a close personal friend of the client, or other person identified by the client,
293.29 the protected health information directly relevant to such person's involvement with the
293.30 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
293.31 client is present, the treatment team shall obtain the client's agreement, provide the client
293.32 with an opportunity to object, or reasonably infer from the circumstances, based on the
293.33 exercise of professional judgment, that the client does not object. If the client is not present

294.1 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
 294.2 team may, in the exercise of professional judgment, determine whether the disclosure is in
 294.3 the best interests of the client and, if so, disclose only the protected health information that
 294.4 is directly relevant to the family member's, relative's, friend's, or client-identified person's
 294.5 involvement with the client's health care. The client may orally agree or object to the
 294.6 disclosure and may prohibit or restrict disclosure to specific individuals.

294.7 (h) The treatment team shall provide interventions to promote positive interpersonal
 294.8 relationships.

294.9 Sec. 56. Minnesota Statutes 2020, section 256B.4912, subdivision 13, is amended to read:

294.10 Subd. 13. **Waiver transportation documentation and billing requirements.** (a) A
 294.11 waiver transportation service must be a waiver transportation service that: (1) is not covered
 294.12 by medical transportation under the Medicaid state plan; and (2) is not included as a
 294.13 component of another waiver service.

294.14 (b) In addition to the documentation requirements in subdivision 12, a waiver
 294.15 transportation service provider must maintain:

294.16 (1) odometer and other records pursuant to section 256B.0625, subdivision 17b, paragraph
 294.17 (b), clause (3), sufficient to distinguish an individual trip with a specific vehicle and driver
 294.18 for a waiver transportation service that is billed directly by the mile. A common carrier as
 294.19 defined by Minnesota Rules, part 9505.0315, subpart 1, item B, or a publicly operated transit
 294.20 system provider are exempt from this clause; and

294.21 (2) documentation demonstrating that a vehicle and a driver meet the ~~standards determined~~
 294.22 ~~by the Department of Human Services on vehicle and driver qualifications in section~~
 294.23 ~~256B.0625, subdivision 17, paragraph (e)~~ transportation waiver service provider standards
 294.24 and qualifications according to the federally approved waiver plan.

294.25 Sec. 57. Minnesota Statutes 2020, section 256B.69, subdivision 5a, is amended to read:

294.26 Subd. 5a. **Managed care contracts.** (a) Managed care contracts under this section and
 294.27 section 256L.12 shall be entered into or renewed on a calendar year basis. The commissioner
 294.28 may issue separate contracts with requirements specific to services to medical assistance
 294.29 recipients age 65 and older.

294.30 (b) A prepaid health plan providing covered health services for eligible persons pursuant
 294.31 to chapters 256B and 256L is responsible for complying with the terms of its contract with
 294.32 the commissioner. Requirements applicable to managed care programs under chapters 256B

295.1 and 256L established after the effective date of a contract with the commissioner take effect
295.2 when the contract is next issued or renewed.

295.3 (c) The commissioner shall withhold five percent of managed care plan payments under
295.4 this section and county-based purchasing plan payments under section 256B.692 for the
295.5 prepaid medical assistance program pending completion of performance targets. Each
295.6 performance target must be quantifiable, objective, measurable, and reasonably attainable,
295.7 except in the case of a performance target based on a federal or state law or rule. Criteria
295.8 for assessment of each performance target must be outlined in writing prior to the contract
295.9 effective date. Clinical or utilization performance targets and their related criteria must
295.10 consider evidence-based research and reasonable interventions when available or applicable
295.11 to the populations served, and must be developed with input from external clinical experts
295.12 and stakeholders, including managed care plans, county-based purchasing plans, and
295.13 providers. The managed care or county-based purchasing plan must demonstrate, to the
295.14 commissioner's satisfaction, that the data submitted regarding attainment of the performance
295.15 target is accurate. The commissioner shall periodically change the administrative measures
295.16 used as performance targets in order to improve plan performance across a broader range
295.17 of administrative services. The performance targets must include measurement of plan
295.18 efforts to contain spending on health care services and administrative activities. The
295.19 commissioner may adopt plan-specific performance targets that take into account factors
295.20 affecting only one plan, including characteristics of the plan's enrollee population. The
295.21 withheld funds must be returned no sooner than July of the following year if performance
295.22 targets in the contract are achieved. The commissioner may exclude special demonstration
295.23 projects under subdivision 23.

295.24 (d) The commissioner shall require that managed care plans use the assessment and
295.25 authorization processes, forms, timelines, standards, documentation, and data reporting
295.26 requirements, protocols, billing processes, and policies consistent with medical assistance
295.27 fee-for-service or the Department of Human Services contract requirements for all personal
295.28 care assistance services under section 256B.0659 and community first services and supports
295.29 under section 256B.85.

295.30 (e) Effective for services rendered on or after January 1, 2012, the commissioner shall
295.31 include as part of the performance targets described in paragraph (c) a reduction in the health
295.32 plan's emergency department utilization rate for medical assistance and MinnesotaCare
295.33 enrollees, as determined by the commissioner. For 2012, the reduction shall be based on
295.34 the health plan's utilization in 2009. To earn the return of the withhold each subsequent
295.35 year, the managed care plan or county-based purchasing plan must achieve a qualifying

296.1 reduction of no less than ten percent of the plan's emergency department utilization rate for
296.2 medical assistance and MinnesotaCare enrollees, excluding enrollees in programs described
296.3 in subdivisions 23 and 28, compared to the previous measurement year until the final
296.4 performance target is reached. When measuring performance, the commissioner must
296.5 consider the difference in health risk in a managed care or county-based purchasing plan's
296.6 membership in the baseline year compared to the measurement year, and work with the
296.7 managed care or county-based purchasing plan to account for differences that they agree
296.8 are significant.

296.9 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
296.10 the following calendar year if the managed care plan or county-based purchasing plan
296.11 demonstrates to the satisfaction of the commissioner that a reduction in the utilization rate
296.12 was achieved. The commissioner shall structure the withhold so that the commissioner
296.13 returns a portion of the withheld funds in amounts commensurate with achieved reductions
296.14 in utilization less than the targeted amount.

296.15 The withhold described in this paragraph shall continue for each consecutive contract
296.16 period until the plan's emergency room utilization rate for state health care program enrollees
296.17 is reduced by 25 percent of the plan's emergency room utilization rate for medical assistance
296.18 and MinnesotaCare enrollees for calendar year 2009. Hospitals shall cooperate with the
296.19 health plans in meeting this performance target and shall accept payment withholds that
296.20 may be returned to the hospitals if the performance target is achieved.

296.21 (f) Effective for services rendered on or after January 1, 2012, the commissioner shall
296.22 include as part of the performance targets described in paragraph (c) a reduction in the plan's
296.23 hospitalization admission rate for medical assistance and MinnesotaCare enrollees, as
296.24 determined by the commissioner. To earn the return of the withhold each year, the managed
296.25 care plan or county-based purchasing plan must achieve a qualifying reduction of no less
296.26 than five percent of the plan's hospital admission rate for medical assistance and
296.27 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and
296.28 28, compared to the previous calendar year until the final performance target is reached.
296.29 When measuring performance, the commissioner must consider the difference in health risk
296.30 in a managed care or county-based purchasing plan's membership in the baseline year
296.31 compared to the measurement year, and work with the managed care or county-based
296.32 purchasing plan to account for differences that they agree are significant.

296.33 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
296.34 the following calendar year if the managed care plan or county-based purchasing plan
296.35 demonstrates to the satisfaction of the commissioner that this reduction in the hospitalization

297.1 rate was achieved. The commissioner shall structure the withhold so that the commissioner
297.2 returns a portion of the withheld funds in amounts commensurate with achieved reductions
297.3 in utilization less than the targeted amount.

297.4 The withhold described in this paragraph shall continue until there is a 25 percent
297.5 reduction in the hospital admission rate compared to the hospital admission rates in calendar
297.6 year 2011, as determined by the commissioner. The hospital admissions in this performance
297.7 target do not include the admissions applicable to the subsequent hospital admission
297.8 performance target under paragraph (g). Hospitals shall cooperate with the plans in meeting
297.9 this performance target and shall accept payment withholds that may be returned to the
297.10 hospitals if the performance target is achieved.

297.11 (g) Effective for services rendered on or after January 1, 2012, the commissioner shall
297.12 include as part of the performance targets described in paragraph (c) a reduction in the plan's
297.13 hospitalization admission rates for subsequent hospitalizations within 30 days of a previous
297.14 hospitalization of a patient regardless of the reason, for medical assistance and MinnesotaCare
297.15 enrollees, as determined by the commissioner. To earn the return of the withhold each year,
297.16 the managed care plan or county-based purchasing plan must achieve a qualifying reduction
297.17 of the subsequent hospitalization rate for medical assistance and MinnesotaCare enrollees,
297.18 excluding enrollees in programs described in subdivisions 23 and 28, of no less than five
297.19 percent compared to the previous calendar year until the final performance target is reached.

297.20 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
297.21 the following calendar year if the managed care plan or county-based purchasing plan
297.22 demonstrates to the satisfaction of the commissioner that a qualifying reduction in the
297.23 subsequent hospitalization rate was achieved. The commissioner shall structure the withhold
297.24 so that the commissioner returns a portion of the withheld funds in amounts commensurate
297.25 with achieved reductions in utilization less than the targeted amount.

297.26 The withhold described in this paragraph must continue for each consecutive contract
297.27 period until the plan's subsequent hospitalization rate for medical assistance and
297.28 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and
297.29 28, is reduced by 25 percent of the plan's subsequent hospitalization rate for calendar year
297.30 2011. Hospitals shall cooperate with the plans in meeting this performance target and shall
297.31 accept payment withholds that must be returned to the hospitals if the performance target
297.32 is achieved.

297.33 (h) Effective for services rendered on or after January 1, 2013, through December 31,
297.34 2013, the commissioner shall withhold 4.5 percent of managed care plan payments under

298.1 this section and county-based purchasing plan payments under section 256B.692 for the
298.2 prepaid medical assistance program. The withheld funds must be returned no sooner than
298.3 July 1 and no later than July 31 of the following year. The commissioner may exclude
298.4 special demonstration projects under subdivision 23.

298.5 (i) Effective for services rendered on or after January 1, 2014, the commissioner shall
298.6 withhold three percent of managed care plan payments under this section and county-based
298.7 purchasing plan payments under section 256B.692 for the prepaid medical assistance
298.8 program. The withheld funds must be returned no sooner than July 1 and no later than July
298.9 31 of the following year. The commissioner may exclude special demonstration projects
298.10 under subdivision 23.

298.11 (j) A managed care plan or a county-based purchasing plan under section 256B.692 may
298.12 include as admitted assets under section 62D.044 any amount withheld under this section
298.13 that is reasonably expected to be returned.

298.14 (k) Contracts between the commissioner and a prepaid health plan are exempt from the
298.15 set-aside and preference provisions of section 16C.16, subdivisions 6, paragraph (a), and
298.16 7.

298.17 (l) The return of the withhold under paragraphs (h) and (i) is not subject to the
298.18 requirements of paragraph (c).

298.19 (m) Managed care plans and county-based purchasing plans shall maintain current and
298.20 fully executed agreements for all subcontractors, including bargaining groups, for
298.21 administrative services that are expensed to the state's public health care programs.
298.22 Subcontractor agreements determined to be material, as defined by the commissioner after
298.23 taking into account state contracting and relevant statutory requirements, must be in the
298.24 form of a written instrument or electronic document containing the elements of offer,
298.25 acceptance, consideration, payment terms, scope, duration of the contract, and how the
298.26 subcontractor services relate to state public health care programs. Upon request, the
298.27 commissioner shall have access to all subcontractor documentation under this paragraph.
298.28 Nothing in this paragraph shall allow release of information that is nonpublic data pursuant
298.29 to section 13.02.

298.30 Sec. 58. Minnesota Statutes 2020, section 256B.85, subdivision 1, is amended to read:

298.31 Subdivision 1. **Basis and scope.** (a) Upon federal approval, the commissioner shall
298.32 establish a state plan option for the provision of home and community-based personal
298.33 assistance service and supports called "community first services and supports (CFSS)."

299.1 (b) CFSS is a participant-controlled method of selecting and providing services and
 299.2 supports that allows the participant maximum control of the services and supports.
 299.3 Participants may choose the degree to which they direct and manage their supports by
 299.4 choosing to have a significant and meaningful role in the management of services and
 299.5 supports including by directly employing support workers with the necessary supports to
 299.6 perform that function.

299.7 (c) CFSS is available statewide to eligible people to assist with accomplishing activities
 299.8 of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related
 299.9 procedures and tasks through hands-on assistance to accomplish the task or constant
 299.10 supervision and cueing to accomplish the task; and to assist with acquiring, maintaining,
 299.11 and enhancing the skills necessary to accomplish ADLs, IADLs, and health-related
 299.12 procedures and tasks. CFSS allows payment for the participant for certain supports and
 299.13 goods such as environmental modifications and technology that are intended to replace or
 299.14 decrease the need for human assistance.

299.15 (d) Upon federal approval, CFSS will replace the personal care assistance program under
 299.16 sections 256.476, 256B.0625, subdivisions 19a and 19c, and 256B.0659.

299.17 (e) For the purposes of this section, notwithstanding the provisions of section 144A.43,
 299.18 subdivision 3, supports purchased under CFSS are not considered home care services.

299.19 Sec. 59. Minnesota Statutes 2020, section 256B.85, subdivision 2, is amended to read:

299.20 Subd. 2. **Definitions.** (a) For the purposes of this section, the terms defined in this
 299.21 subdivision have the meanings given.

299.22 (b) "Activities of daily living" or "ADLs" means ~~eating, toileting, grooming, dressing,~~
 299.23 ~~bathing, mobility, positioning, and transferring.;~~

299.24 (1) dressing, including assistance with choosing, applying, and changing clothing and
 299.25 applying special appliances, wraps, or clothing;

299.26 (2) grooming, including assistance with basic hair care, oral care, shaving, applying
 299.27 cosmetics and deodorant, and care of eyeglasses and hearing aids. Grooming includes nail
 299.28 care, except for recipients who are diabetic or have poor circulation;

299.29 (3) bathing, including assistance with basic personal hygiene and skin care;

299.30 (4) eating, including assistance with hand washing and applying orthotics required for
 299.31 eating, transfers, or feeding;

300.1 (5) transfers, including assistance with transferring the participant from one seating or
300.2 reclining area to another;

300.3 (6) mobility, including assistance with ambulation and use of a wheelchair. Mobility
300.4 does not include providing transportation for a participant;

300.5 (7) positioning, including assistance with positioning or turning a participant for necessary
300.6 care and comfort; and

300.7 (8) toileting, including assistance with bowel or bladder elimination and care, transfers,
300.8 mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing
300.9 the perineal area, inspection of the skin, and adjusting clothing.

300.10 (c) "Agency-provider model" means a method of CFSS under which a qualified agency
300.11 provides services and supports through the agency's own employees and policies. The agency
300.12 must allow the participant to have a significant role in the selection and dismissal of support
300.13 workers of their choice for the delivery of their specific services and supports.

300.14 (d) "Behavior" means a description of a need for services and supports used to determine
300.15 the home care rating and additional service units. The presence of Level I behavior is used
300.16 to determine the home care rating.

300.17 (e) "Budget model" means a service delivery method of CFSS that allows the use of a
300.18 service budget and assistance from a financial management services (FMS) provider for a
300.19 participant to directly employ support workers and purchase supports and goods.

300.20 (f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that
300.21 has been ordered by a physician, advanced practice registered nurse, or physician's assistant
300.22 and is specified in a community support plan, including:

300.23 (1) tube feedings requiring:

300.24 (i) a gastrojejunostomy tube; or

300.25 (ii) continuous tube feeding lasting longer than 12 hours per day;

300.26 (2) wounds described as:

300.27 (i) stage III or stage IV;

300.28 (ii) multiple wounds;

300.29 (iii) requiring sterile or clean dressing changes or a wound vac; or

300.30 (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized
300.31 care;

- 301.1 (3) parenteral therapy described as:
- 301.2 (i) IV therapy more than two times per week lasting longer than four hours for each
- 301.3 treatment; or
- 301.4 (ii) total parenteral nutrition (TPN) daily;
- 301.5 (4) respiratory interventions, including:
- 301.6 (i) oxygen required more than eight hours per day;
- 301.7 (ii) respiratory vest more than one time per day;
- 301.8 (iii) bronchial drainage treatments more than two times per day;
- 301.9 (iv) sterile or clean suctioning more than six times per day;
- 301.10 (v) dependence on another to apply respiratory ventilation augmentation devices such
- 301.11 as BiPAP and CPAP; and
- 301.12 (vi) ventilator dependence under section 256B.0651;
- 301.13 (5) insertion and maintenance of catheter, including:
- 301.14 (i) sterile catheter changes more than one time per month;
- 301.15 (ii) clean intermittent catheterization, and including self-catheterization more than six
- 301.16 times per day; or
- 301.17 (iii) bladder irrigations;
- 301.18 (6) bowel program more than two times per week requiring more than 30 minutes to
- 301.19 perform each time;
- 301.20 (7) neurological intervention, including:
- 301.21 (i) seizures more than two times per week and requiring significant physical assistance
- 301.22 to maintain safety; or
- 301.23 (ii) swallowing disorders diagnosed by a physician, advanced practice registered nurse,
- 301.24 or physician's assistant and requiring specialized assistance from another on a daily basis;
- 301.25 and
- 301.26 (8) other congenital or acquired diseases creating a need for significantly increased direct
- 301.27 hands-on assistance and interventions in six to eight activities of daily living.
- 301.28 (g) "Community first services and supports" or "CFSS" means the assistance and supports
- 301.29 program under this section needed for accomplishing activities of daily living, instrumental
- 301.30 activities of daily living, and health-related tasks through hands-on assistance to accomplish

302.1 the task or constant supervision and cueing to accomplish the task, or the purchase of goods
302.2 as defined in subdivision 7, clause (3), that replace the need for human assistance.

302.3 (h) "Community first services and supports service delivery plan" or "CFSS service
302.4 delivery plan" means a written document detailing the services and supports chosen by the
302.5 participant to meet assessed needs that are within the approved CFSS service authorization,
302.6 as determined in subdivision 8. Services and supports are based on the coordinated service
302.7 and support plan identified in ~~section~~ sections 256B.092, subdivision 1b, and 256S.10.

302.8 (i) "Consultation services" means a Minnesota health care program enrolled provider
302.9 organization that provides assistance to the participant in making informed choices about
302.10 CFSS services in general and self-directed tasks in particular, and in developing a
302.11 person-centered CFSS service delivery plan to achieve quality service outcomes.

302.12 (j) "Critical activities of daily living" means transferring, mobility, eating, and toileting.

302.13 (k) "Dependency" in activities of daily living means a person requires hands-on assistance
302.14 or constant supervision and cueing to accomplish one or more of the activities of daily living
302.15 every day or on the days during the week that the activity is performed; however, a child
302.16 ~~may~~ must not be found to be dependent in an activity of daily living if, because of the child's
302.17 age, an adult would either perform the activity for the child or assist the child with the
302.18 activity and the assistance needed is the assistance appropriate for a typical child of the
302.19 same age.

302.20 (l) "Extended CFSS" means CFSS services and supports provided under CFSS that are
302.21 included in the CFSS service delivery plan through one of the home and community-based
302.22 services waivers and as approved and authorized under chapter 256S and sections 256B.092,
302.23 subdivision 5, and 256B.49, which exceed the amount, duration, and frequency of the state
302.24 plan CFSS services for participants. Extended CFSS excludes the purchase of goods.

302.25 (m) "Financial management services provider" or "FMS provider" means a qualified
302.26 organization required for participants using the budget model under subdivision 13 that is
302.27 an enrolled provider with the department to provide vendor fiscal/employer agent financial
302.28 management services (FMS).

302.29 (n) "Health-related procedures and tasks" means procedures and tasks related to the
302.30 specific assessed health needs of a participant that can be taught or assigned by a
302.31 state-licensed health care or mental health professional and performed by a support worker.

302.32 (o) "Instrumental activities of daily living" means activities related to living independently
302.33 in the community, including but not limited to: meal planning, preparation, and cooking;

303.1 shopping for food, clothing, or other essential items; laundry; housecleaning; assistance
 303.2 with medications; managing finances; communicating needs and preferences during activities;
 303.3 arranging supports; and assistance with traveling around and participating in the community.

303.4 (p) "Lead agency" has the meaning given in section 256B.0911, subdivision 1a, paragraph
 303.5 (e).

303.6 (q) "Legal representative" means parent of a minor, a court-appointed guardian, or
 303.7 another representative with legal authority to make decisions about services and supports
 303.8 for the participant. Other representatives with legal authority to make decisions include but
 303.9 are not limited to a health care agent or an attorney-in-fact authorized through a health care
 303.10 directive or power of attorney.

303.11 (r) "Level I behavior" means physical aggression toward ~~towards~~ self or others or
 303.12 destruction of property that requires the immediate response of another person.

303.13 (s) "Medication assistance" means providing verbal or visual reminders to take regularly
 303.14 scheduled medication, and includes any of the following supports listed in clauses (1) to
 303.15 (3) and other types of assistance, except that a support worker ~~may~~ must not determine
 303.16 medication dose or time for medication or inject medications into veins, muscles, or skin:

303.17 (1) under the direction of the participant or the participant's representative, bringing
 303.18 medications to the participant including medications given through a nebulizer, opening a
 303.19 container of previously set-up medications, emptying the container into the participant's
 303.20 hand, opening and giving the medication in the original container to the participant, or
 303.21 bringing to the participant liquids or food to accompany the medication;

303.22 (2) organizing medications as directed by the participant or the participant's representative;
 303.23 and

303.24 (3) providing verbal or visual reminders to perform regularly scheduled medications.

303.25 (t) "Participant" means a person who is eligible for CFSS.

303.26 (u) "Participant's representative" means a parent, family member, advocate, or other
 303.27 adult authorized by the participant or participant's legal representative, if any, to serve as a
 303.28 representative in connection with the provision of CFSS. ~~This authorization must be in
 303.29 writing or by another method that clearly indicates the participant's free choice and may be
 303.30 withdrawn at any time. The participant's representative must have no financial interest in
 303.31 the provision of any services included in the participant's CFSS service delivery plan and
 303.32 must be capable of providing the support necessary to assist the participant in the use of
 303.33 CFSS. If through the assessment process described in subdivision 5 a participant is~~

304.1 ~~determined to be in need of a participant's representative, one must be selected.~~ If the
304.2 participant is unable to assist in the selection of a participant's representative, the legal
304.3 representative shall appoint one. ~~Two persons may be designated as a participant's~~
304.4 ~~representative for reasons such as divided households and court-ordered custodies. Duties~~
304.5 ~~of a participant's representatives may include:~~

304.6 ~~(1) being available while services are provided in a method agreed upon by the participant~~
304.7 ~~or the participant's legal representative and documented in the participant's CFSS service~~
304.8 ~~delivery plan;~~

304.9 ~~(2) monitoring CFSS services to ensure the participant's CFSS service delivery plan is~~
304.10 ~~being followed; and~~

304.11 ~~(3) reviewing and signing CFSS time sheets after services are provided to provide~~
304.12 ~~verification of the CFSS services.~~

304.13 (v) "Person-centered planning process" means a process that is directed by the participant
304.14 to plan for CFSS services and supports.

304.15 (w) "Service budget" means the authorized dollar amount used for the budget model or
304.16 for the purchase of goods.

304.17 (x) "Shared services" means the provision of CFSS services by the same CFSS support
304.18 worker to two or three participants who voluntarily enter into ~~an~~ a written agreement to
304.19 receive services at the same time ~~and~~₂ in the same setting ~~by, and through~~ the same employer
304.20 agency-provider or FMS provider.

304.21 (y) "Support worker" means a qualified and trained employee of the agency-provider
304.22 as required by subdivision 11b or of the participant employer under the budget model as
304.23 required by subdivision 14 who has direct contact with the participant and provides services
304.24 as specified within the participant's CFSS service delivery plan.

304.25 (z) "Unit" means the increment of service based on hours or minutes identified in the
304.26 service agreement.

304.27 (aa) "Vendor fiscal employer agent" means an agency that provides financial management
304.28 services.

304.29 (bb) "Wages and benefits" means the hourly wages and salaries, the employer's share
304.30 of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation,
304.31 mileage reimbursement, health and dental insurance, life insurance, disability insurance,
304.32 long-term care insurance, uniform allowance, contributions to employee retirement accounts,
304.33 or other forms of employee compensation and benefits.

305.1 (cc) "Worker training and development" means services provided according to subdivision
 305.2 18a for developing workers' skills as required by the participant's individual CFSS service
 305.3 delivery plan that are arranged for or provided by the agency-provider or purchased by the
 305.4 participant employer. These services include training, education, direct observation and
 305.5 supervision, and evaluation and coaching of job skills and tasks, including supervision of
 305.6 health-related tasks or behavioral supports.

305.7 Sec. 60. Minnesota Statutes 2020, section 256B.85, subdivision 3, is amended to read:

305.8 Subd. 3. **Eligibility.** (a) CFSS is available to a person who ~~meets one of the following:~~

305.9 ~~(1) is an enrollee of medical assistance as determined under section 256B.055, 256B.056,~~
 305.10 ~~or 256B.057, subdivisions 5 and 9;~~

305.11 (1) is determined eligible for medical assistance under this chapter, excluding those
 305.12 under section 256B.057, subdivisions 3, 3a, 3b, and 4;

305.13 (2) is a participant in the alternative care program under section 256B.0913;

305.14 (3) is a waiver participant as defined under chapter 256S or section 256B.092, 256B.093,
 305.15 or 256B.49; or

305.16 (4) has medical services identified in a person's individualized education program and
 305.17 is eligible for services as determined in section 256B.0625, subdivision 26.

305.18 (b) In addition to meeting the eligibility criteria in paragraph (a), a person must also
 305.19 meet all of the following:

305.20 (1) require assistance and be determined dependent in one activity of daily living or
 305.21 Level I behavior based on assessment under section 256B.0911; and

305.22 (2) is not a participant under a family support grant under section 252.32.

305.23 (c) A pregnant woman eligible for medical assistance under section 256B.055, subdivision
 305.24 6, is eligible for CFSS without federal financial participation if the woman: (1) is eligible
 305.25 for CFSS under paragraphs (a) and (b); and (2) does not meet institutional level of care, as
 305.26 determined under section 256B.0911.

305.27 Sec. 61. Minnesota Statutes 2020, section 256B.85, subdivision 4, is amended to read:

305.28 Subd. 4. **Eligibility for other services.** Selection of CFSS by a participant must not
 305.29 restrict access to other medically necessary care and services furnished under the state plan
 305.30 benefit or other services available through the alternative care program.

306.1 Sec. 62. Minnesota Statutes 2020, section 256B.85, subdivision 5, is amended to read:

306.2 Subd. 5. **Assessment requirements.** (a) The assessment of functional need must:

306.3 (1) be conducted by a certified assessor according to the criteria established in section
306.4 256B.0911, subdivision 3a;

306.5 (2) be conducted face-to-face, initially and at least annually thereafter, or when there is
306.6 a significant change in the participant's condition or a change in the need for services and
306.7 supports, or at the request of the participant when the participant experiences a change in
306.8 condition or needs a change in the services or supports; and

306.9 (3) be completed using the format established by the commissioner.

306.10 (b) The results of the assessment and any recommendations and authorizations for CFSS
306.11 must be determined and communicated in writing by the lead agency's ~~certified~~ assessor as
306.12 defined in section 256B.0911 to the participant ~~and the agency provider or FMS provider~~
306.13 ~~chosen by the participant~~ or the participant's representative and chosen CFSS providers
306.14 ~~within 40 calendar~~ ten business days and must include the participant's right to appeal the
306.15 assessment under section 256.045, subdivision 3.

306.16 (c) The lead agency assessor may authorize a temporary authorization for CFSS services
306.17 to be provided under the agency-provider model. The lead agency assessor may authorize
306.18 a temporary authorization for CFSS services to be provided under the agency-provider
306.19 model without using the assessment process described in this subdivision. Authorization
306.20 for a temporary level of CFSS services under the agency-provider model is limited to the
306.21 time specified by the commissioner, but shall not exceed 45 days. The level of services
306.22 authorized under this paragraph shall have no bearing on a future authorization. ~~Participants~~
306.23 ~~approved for a temporary authorization shall access the consultation service~~ For CFSS
306.24 services needed beyond the 45-day temporary authorization, the lead agency must conduct
306.25 an assessment as described in this subdivision and participants must use consultation services
306.26 to complete their orientation and selection of a service model.

306.27 Sec. 63. Minnesota Statutes 2020, section 256B.85, subdivision 6, is amended to read:

306.28 Subd. 6. **Community first services and supports service delivery plan.** (a) The CFSS
306.29 service delivery plan must be developed and evaluated through a person-centered planning
306.30 process by the participant, or the participant's representative or legal representative who
306.31 may be assisted by a consultation services provider. The CFSS service delivery plan must
306.32 reflect the services and supports that are important to the participant and for the participant
306.33 to meet the needs assessed by the certified assessor and identified in the coordinated service

307.1 and support plan identified in ~~section~~ sections 256B.092, subdivision 1b, and 256S.10. The
307.2 CFSS service delivery plan must be reviewed by the participant, the consultation services
307.3 provider, and the agency-provider or FMS provider prior to starting services and at least
307.4 annually upon reassessment, or when there is a significant change in the participant's
307.5 condition, or a change in the need for services and supports.

307.6 (b) The commissioner shall establish the format and criteria for the CFSS service delivery
307.7 plan.

307.8 (c) The CFSS service delivery plan must be person-centered and:

307.9 (1) specify the consultation services provider, agency-provider, or FMS provider selected
307.10 by the participant;

307.11 (2) reflect the setting in which the participant resides that is chosen by the participant;

307.12 (3) reflect the participant's strengths and preferences;

307.13 (4) include the methods and supports used to address the needs as identified through an
307.14 assessment of functional needs;

307.15 (5) include the participant's identified goals and desired outcomes;

307.16 (6) reflect the services and supports, paid and unpaid, that will assist the participant to
307.17 achieve identified goals, including the costs of the services and supports, and the providers
307.18 of those services and supports, including natural supports;

307.19 (7) identify the amount and frequency of face-to-face supports and amount and frequency
307.20 of remote supports and technology that will be used;

307.21 (8) identify risk factors and measures in place to minimize them, including individualized
307.22 backup plans;

307.23 (9) be understandable to the participant and the individuals providing support;

307.24 (10) identify the individual or entity responsible for monitoring the plan;

307.25 (11) be finalized and agreed to in writing by the participant and signed by ~~all~~ individuals
307.26 and providers responsible for its implementation;

307.27 (12) be distributed to the participant and other people involved in the plan;

307.28 (13) prevent the provision of unnecessary or inappropriate care;

307.29 (14) include a detailed budget for expenditures for budget model participants or
307.30 participants under the agency-provider model if purchasing goods; and

308.1 (15) include a plan for worker training and development provided according to
308.2 subdivision 18a detailing what service components will be used, when the service components
308.3 will be used, how they will be provided, and how these service components relate to the
308.4 participant's individual needs and CFSS support worker services.

308.5 (d) The CFSS service delivery plan must describe the units or dollar amount available
308.6 to the participant. The total units of agency-provider services or the service budget amount
308.7 for the budget model include both annual totals and a monthly average amount that cover
308.8 the number of months of the service agreement. The amount used each month may vary,
308.9 but additional funds must not be provided above the annual service authorization amount,
308.10 determined according to subdivision 8, unless a change in condition is assessed and
308.11 authorized by the certified assessor and documented in the coordinated service and support
308.12 plan and CFSS service delivery plan.

308.13 (e) In assisting with the development or modification of the CFSS service delivery plan
308.14 during the authorization time period, the consultation services provider shall:

308.15 (1) consult with the FMS provider on the spending budget when applicable; and

308.16 (2) consult with the participant or participant's representative, agency-provider, and case
308.17 manager/ or care coordinator.

308.18 (f) The CFSS service delivery plan must be approved by the consultation services provider
308.19 for participants without a case manager or care coordinator who is responsible for authorizing
308.20 services. A case manager or care coordinator must approve the plan for a waiver or alternative
308.21 care program participant.

308.22 Sec. 64. Minnesota Statutes 2020, section 256B.85, subdivision 7, is amended to read:

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

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

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

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

309.1 (i) relate to a need identified in a participant's CFSS service delivery plan; and
 309.2 (ii) increase independence or substitute for human assistance, to the extent that
 309.3 expenditures would otherwise be made for human assistance for the participant's assessed
 309.4 needs;

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

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

309.9 (6) services provided by a consultation services provider as defined under subdivision
 309.10 17, that is under contract with the department and enrolled as a Minnesota health care
 309.11 program provider;

309.12 (7) services provided by an FMS provider as defined under subdivision 13a, that is an
 309.13 enrolled provider with the department;

309.14 (8) CFSS services provided by a support worker who is a parent, stepparent, or legal
 309.15 guardian of a participant under age 18, or who is the participant's spouse. These support
 309.16 workers shall not:

309.17 (i) provide any medical assistance home and community-based services in excess of 40
 309.18 hours per seven-day period regardless of the number of parents providing services,
 309.19 combination of parents and spouses providing services, or number of children who receive
 309.20 medical assistance services; and

309.21 (ii) have a wage that exceeds the current rate for a CFSS support worker including the
 309.22 wage, benefits, and payroll taxes; and

309.23 (9) worker training and development services as described in subdivision 18a.

309.24 Sec. 65. Minnesota Statutes 2020, section 256B.85, subdivision 8, is amended to read:

309.25 Subd. 8. **Determination of CFSS service authorization amount.** (a) All community
 309.26 first services and supports must be authorized by the commissioner or the commissioner's
 309.27 designee before services begin. The authorization for CFSS must be completed as soon as
 309.28 possible following an assessment but no later than 40 calendar days from the date of the
 309.29 assessment.

309.30 (b) The amount of CFSS authorized must be based on the participant's home care rating
 309.31 described in paragraphs (d) and (e) and any additional service units for which the participant
 309.32 qualifies as described in paragraph (f).

310.1 (c) The home care rating shall be determined by the commissioner or the commissioner's
310.2 designee based on information submitted to the commissioner identifying the following for
310.3 a participant:

310.4 (1) the total number of dependencies of activities of daily living;

310.5 (2) the presence of complex health-related needs; and

310.6 (3) the presence of Level I behavior.

310.7 (d) The methodology to determine the total service units for CFSS for each home care
310.8 rating is based on the median paid units per day for each home care rating from fiscal year
310.9 2007 data for the PCA program.

310.10 (e) Each home care rating is designated by the letters P through Z and EN and has the
310.11 following base number of service units assigned:

310.12 (1) P home care rating requires Level I behavior or one to three dependencies in ADLs
310.13 and qualifies the person for five service units;

310.14 (2) Q home care rating requires Level I behavior and one to three dependencies in ADLs
310.15 and qualifies the person for six service units;

310.16 (3) R home care rating requires a complex health-related need and one to three
310.17 dependencies in ADLs and qualifies the person for seven service units;

310.18 (4) S home care rating requires four to six dependencies in ADLs and qualifies the person
310.19 for ten service units;

310.20 (5) T home care rating requires four to six dependencies in ADLs and Level I behavior
310.21 and qualifies the person for 11 service units;

310.22 (6) U home care rating requires four to six dependencies in ADLs and a complex
310.23 health-related need and qualifies the person for 14 service units;

310.24 (7) V home care rating requires seven to eight dependencies in ADLs and qualifies the
310.25 person for 17 service units;

310.26 (8) W home care rating requires seven to eight dependencies in ADLs and Level I
310.27 behavior and qualifies the person for 20 service units;

310.28 (9) Z home care rating requires seven to eight dependencies in ADLs and a complex
310.29 health-related need and qualifies the person for 30 service units; and

310.30 (10) EN home care rating includes ventilator dependency as defined in section 256B.0651,
310.31 subdivision 1, paragraph (g). A person who meets the definition of ventilator-dependent

311.1 and the EN home care rating and utilize a combination of CFSS and home care nursing
 311.2 services is limited to a total of 96 service units per day for those services in combination.
 311.3 Additional units may be authorized when a person's assessment indicates a need for two
 311.4 staff to perform activities. Additional time is limited to 16 service units per day.

311.5 (f) Additional service units are provided through the assessment and identification of
 311.6 the following:

311.7 (1) 30 additional minutes per day for a dependency in each critical activity of daily
 311.8 living;

311.9 (2) 30 additional minutes per day for each complex health-related need; and

311.10 (3) 30 additional minutes per day ~~when the~~ for each behavior under this clause that
 311.11 requires assistance at least four times per week ~~for one or more of the following behaviors:~~

311.12 (i) level I behavior that requires the immediate response of another person;

311.13 (ii) increased vulnerability due to cognitive deficits or socially inappropriate behavior;
 311.14 or

311.15 (iii) increased need for assistance for participants who are verbally aggressive or resistive
 311.16 to care so that the time needed to perform activities of daily living is increased.

311.17 (g) The service budget for budget model participants shall be based on:

311.18 (1) assessed units as determined by the home care rating; and

311.19 (2) an adjustment needed for administrative expenses.

311.20 Sec. 66. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
 311.21 to read:

311.22 Subd. 8a. **Authorization; exceptions.** All CFSS services must be authorized by the
 311.23 commissioner or the commissioner's designee as described in subdivision 8 except when:

311.24 (1) the lead agency temporarily authorizes services in the agency-provider model as
 311.25 described in subdivision 5, paragraph (c);

311.26 (2) CFSS services in the agency-provider model were required to treat an emergency
 311.27 medical condition that if not immediately treated could cause a participant serious physical
 311.28 or mental disability, continuation of severe pain, or death. The CFSS agency provider must
 311.29 request retroactive authorization from the lead agency no later than five working days after
 311.30 providing the initial emergency service. The CFSS agency provider must be able to
 311.31 substantiate the emergency through documentation such as reports, notes, and admission

312.1 or discharge histories. A lead agency must follow the authorization process in subdivision
 312.2 5 after the lead agency receives the request for authorization from the agency provider;

312.3 (3) the lead agency authorizes a temporary increase to the amount of services authorized
 312.4 in the agency or budget model to accommodate the participant's temporary higher need for
 312.5 services. Authorization for a temporary level of CFSS services is limited to the time specified
 312.6 by the commissioner, but shall not exceed 45 days. The level of services authorized under
 312.7 this clause shall have no bearing on a future authorization;

312.8 (4) a participant's medical assistance eligibility has lapsed, is then retroactively reinstated,
 312.9 and an authorization for CFSS services is completed based on the date of a current
 312.10 assessment, eligibility, and request for authorization;

312.11 (5) a third-party payer for CFSS services has denied or adjusted a payment. Authorization
 312.12 requests must be submitted by the provider within 20 working days of the notice of denial
 312.13 or adjustment. A copy of the notice must be included with the request;

312.14 (6) the commissioner has determined that a lead agency or state human services agency
 312.15 has made an error; or

312.16 (7) a participant enrolled in managed care experiences a temporary disenrollment from
 312.17 a health plan, in which case the commissioner shall accept the current health plan
 312.18 authorization for CFSS services for up to 60 days. The request must be received within the
 312.19 first 30 days of the disenrollment. If the recipient's reenrollment in managed care is after
 312.20 the 60 days and before 90 days, the provider shall request an additional 30-day extension
 312.21 of the current health plan authorization, for a total limit of 90 days from the time of
 312.22 disenrollment.

312.23 Sec. 67. Minnesota Statutes 2020, section 256B.85, subdivision 9, is amended to read:

312.24 Subd. 9. **Noncovered services.** (a) Services or supports that are not eligible for payment
 312.25 under this section include those that:

312.26 (1) are not authorized by the certified assessor or included in the CFSS service delivery
 312.27 plan;

312.28 (2) are provided prior to the authorization of services and the approval of the CFSS
 312.29 service delivery plan;

312.30 (3) are duplicative of other paid services in the CFSS service delivery plan;

- 313.1 (4) supplant natural unpaid supports that appropriately meet a need in the CFSS service
313.2 delivery plan, are provided voluntarily to the participant, and are selected by the participant
313.3 in lieu of other services and supports;
- 313.4 (5) are not effective means to meet the participant's needs; and
- 313.5 (6) are available through other funding sources, including, but not limited to, funding
313.6 through title IV-E of the Social Security Act.
- 313.7 (b) Additional services, goods, or supports that are not covered include:
- 313.8 (1) those that are not for the direct benefit of the participant, except that services for
313.9 caregivers such as training to improve the ability to provide CFSS are considered to directly
313.10 benefit the participant if chosen by the participant and approved in the support plan;
- 313.11 (2) any fees incurred by the participant, such as Minnesota health care programs fees
313.12 and co-pays, legal fees, or costs related to advocate agencies;
- 313.13 (3) insurance, except for insurance costs related to employee coverage;
- 313.14 (4) room and board costs for the participant;
- 313.15 (5) services, supports, or goods that are not related to the assessed needs;
- 313.16 (6) special education and related services provided under the Individuals with Disabilities
313.17 Education Act and vocational rehabilitation services provided under the Rehabilitation Act
313.18 of 1973;
- 313.19 (7) assistive technology devices and assistive technology services other than those for
313.20 back-up systems or mechanisms to ensure continuity of service and supports listed in
313.21 subdivision 7;
- 313.22 (8) medical supplies and equipment covered under medical assistance;
- 313.23 (9) environmental modifications, except as specified in subdivision 7;
- 313.24 (10) expenses for travel, lodging, or meals related to training the participant or the
313.25 participant's representative or legal representative;
- 313.26 (11) experimental treatments;
- 313.27 (12) any service or good covered by other state plan services, including prescription and
313.28 over-the-counter medications, compounds, and solutions and related fees, including premiums
313.29 and co-payments;
- 313.30 (13) membership dues or costs, except when the service is necessary and appropriate to
313.31 treat a health condition or to improve or maintain the adult participant's health condition.

- 314.1 The condition must be identified in the participant's CFSS service delivery plan and
314.2 monitored by a Minnesota health care program enrolled physician, advanced practice
314.3 registered nurse, or physician's assistant;
- 314.4 (14) vacation expenses other than the cost of direct services;
- 314.5 (15) vehicle maintenance or modifications not related to the disability, health condition,
314.6 or physical need;
- 314.7 (16) tickets and related costs to attend sporting or other recreational or entertainment
314.8 events;
- 314.9 (17) services provided and billed by a provider who is not an enrolled CFSS provider;
- 314.10 (18) CFSS provided by a participant's representative or paid legal guardian;
- 314.11 (19) services that are used solely as a child care or babysitting service;
- 314.12 (20) services that are the responsibility or in the daily rate of a residential or program
314.13 license holder under the terms of a service agreement and administrative rules;
- 314.14 (21) sterile procedures;
- 314.15 (22) giving of injections into veins, muscles, or skin;
- 314.16 (23) homemaker services that are not an integral part of the assessed CFSS service;
- 314.17 (24) home maintenance or chore services;
- 314.18 (25) home care services, including hospice services if elected by the participant, covered
314.19 by Medicare or any other insurance held by the participant;
- 314.20 (26) services to other members of the participant's household;
- 314.21 (27) services not specified as covered under medical assistance as CFSS;
- 314.22 (28) application of restraints or implementation of deprivation procedures;
- 314.23 (29) assessments by CFSS provider organizations or by independently enrolled registered
314.24 nurses;
- 314.25 (30) services provided in lieu of legally required staffing in a residential or child care
314.26 setting; ~~and~~
- 314.27 (31) services provided by ~~the residential or program~~ a foster care license holder ~~in a~~
314.28 ~~residence for more than four participants.~~ except when the home of the person receiving
314.29 services is the licensed foster care provider's primary residence;

315.1 (32) services that are the responsibility of the foster care provider under the terms of the
315.2 foster care placement agreement, assessment under sections 256N.24 and 260C.4411, and
315.3 administrative rules under sections 256N.24 and 260C.4411;

315.4 (33) services in a setting that has a licensed capacity greater than six, unless all conditions
315.5 for a variance under section 245A.04, subdivision 9a, are satisfied for a sibling, as defined
315.6 in section 260C.007, subdivision 32;

315.7 (34) services from a provider who owns or otherwise controls the living arrangement,
315.8 except when the provider of services is related by blood, marriage, or adoption or when the
315.9 provider is a licensed foster care provider who is not prohibited from providing services
315.10 under clauses (31) to (33);

315.11 (35) instrumental activities of daily living for children younger than 18 years of age,
315.12 except when immediate attention is needed for health or hygiene reasons integral to an
315.13 assessed need for assistance with activities of daily living, health-related procedures, and
315.14 tasks or behaviors; or

315.15 (36) services provided to a resident of a nursing facility, hospital, intermediate care
315.16 facility, or health care facility licensed by the commissioner of health.

315.17 Sec. 68. Minnesota Statutes 2020, section 256B.85, subdivision 10, is amended to read:

315.18 Subd. 10. **Agency-provider and FMS provider qualifications and duties.** (a)

315.19 Agency-providers identified in subdivision 11 and FMS providers identified in subdivision
315.20 13a shall:

315.21 (1) enroll as a medical assistance Minnesota health care programs provider and meet all
315.22 applicable provider standards and requirements including completion of required provider
315.23 training as determined by the commissioner;

315.24 (2) demonstrate compliance with federal and state laws and policies for CFSS as
315.25 determined by the commissioner;

315.26 (3) comply with background study requirements under chapter 245C and maintain
315.27 documentation of background study requests and results;

315.28 (4) verify and maintain records of all services and expenditures by the participant,
315.29 including hours worked by support workers;

315.30 (5) not engage in any agency-initiated direct contact or marketing in person, by telephone,
315.31 or other electronic means to potential participants, guardians, family members, or participants'
315.32 representatives;

- 316.1 (6) directly provide services and not use a subcontractor or reporting agent;
- 316.2 (7) meet the financial requirements established by the commissioner for financial
316.3 solvency;
- 316.4 (8) have never had a lead agency contract or provider agreement discontinued due to
316.5 fraud, or have never had an owner, board member, or manager fail a state or FBI-based
316.6 criminal background check while enrolled or seeking enrollment as a Minnesota health care
316.7 programs provider; and
- 316.8 (9) have an office located in Minnesota.
- 316.9 (b) In conducting general duties, agency-providers and FMS providers shall:
- 316.10 (1) pay support workers based upon actual hours of services provided;
- 316.11 (2) pay for worker training and development services based upon actual hours of services
316.12 provided or the unit cost of the training session purchased;
- 316.13 (3) withhold and pay all applicable federal and state payroll taxes;
- 316.14 (4) make arrangements and pay unemployment insurance, taxes, workers' compensation,
316.15 liability insurance, and other benefits, if any;
- 316.16 (5) enter into a written agreement with the participant, participant's representative, or
316.17 legal representative that assigns roles and responsibilities to be performed before services,
316.18 supports, or goods are provided and that meets the requirements of subdivisions 20a, 20b,
316.19 and 20c for agency-providers;
- 316.20 (6) report maltreatment as required under section 626.557 and chapter 260E;
- 316.21 (7) comply with the labor market reporting requirements described in section 256B.4912,
316.22 subdivision 1a;
- 316.23 (8) comply with any data requests from the department consistent with the Minnesota
316.24 Government Data Practices Act under chapter 13; ~~and~~
- 316.25 (9) maintain documentation for the requirements under subdivision 16, paragraph (e),
316.26 clause (2), to qualify for an enhanced rate under this section; and
- 316.27 (10) request reassessments 60 days before the end of the current authorization for CFSS
316.28 on forms provided by the commissioner.

317.1 Sec. 69. Minnesota Statutes 2020, section 256B.85, subdivision 11, is amended to read:

317.2 Subd. 11. **Agency-provider model.** (a) The agency-provider model includes services
317.3 provided by support workers and staff providing worker training and development services
317.4 who are employed by an agency-provider that meets the criteria established by the
317.5 commissioner, including required training.

317.6 (b) The agency-provider shall allow the participant to have a significant role in the
317.7 selection and dismissal of the support workers for the delivery of the services and supports
317.8 specified in the participant's CFSS service delivery plan. The agency must make a reasonable
317.9 effort to fulfill the participant's request for the participant's preferred support worker.

317.10 (c) A participant may use authorized units of CFSS services as needed within a service
317.11 agreement that is not greater than 12 months. Using authorized units in a flexible manner
317.12 in either the agency-provider model or the budget model does not increase the total amount
317.13 of services and supports authorized for a participant or included in the participant's CFSS
317.14 service delivery plan.

317.15 (d) A participant may share CFSS services. Two or three CFSS participants may share
317.16 services at the same time provided by the same support worker.

317.17 (e) The agency-provider must use a minimum of 72.5 percent of the revenue generated
317.18 by the medical assistance payment for CFSS for support worker wages and benefits, except
317.19 all of the revenue generated by a medical assistance rate increase due to a collective
317.20 bargaining agreement under section 179A.54 must be used for support worker wages and
317.21 benefits. The agency-provider must document how this requirement is being met. The
317.22 revenue generated by the worker training and development services and the reasonable costs
317.23 associated with the worker training and development services must not be used in making
317.24 this calculation.

317.25 (f) The agency-provider model must be used by ~~individuals~~ participants who are restricted
317.26 by the Minnesota restricted recipient program under Minnesota Rules, parts 9505.2160 to
317.27 9505.2245.

317.28 (g) Participants purchasing goods under this model, along with support worker services,
317.29 must:

317.30 (1) specify the goods in the CFSS service delivery plan and detailed budget for
317.31 expenditures that must be approved by the consultation services provider, case manager, or
317.32 care coordinator; and

317.33 (2) use the FMS provider for the billing and payment of such goods.

318.1 Sec. 70. Minnesota Statutes 2020, section 256B.85, subdivision 11b, is amended to read:

318.2 Subd. 11b. **Agency-provider model; support worker competency.** (a) The
318.3 agency-provider must ensure that support workers are competent to meet the participant's
318.4 assessed needs, goals, and additional requirements as written in the CFSS service delivery
318.5 plan. ~~Within 30 days of any support worker beginning to provide services for a participant,~~
318.6 The agency-provider must evaluate the competency of the support worker through direct
318.7 observation of the support worker's performance of the job functions in a setting where the
318.8 participant is using CFSS: within 30 days of:

318.9 (1) any support worker beginning to provide services for a participant; or

318.10 (2) any support worker beginning to provide shared services.

318.11 (b) The agency-provider must verify and maintain evidence of support worker
318.12 competency, including documentation of the support worker's:

318.13 (1) education and experience relevant to the job responsibilities assigned to the support
318.14 worker and the needs of the participant;

318.15 (2) relevant training received from sources other than the agency-provider;

318.16 (3) orientation and instruction to implement services and supports to participant needs
318.17 and preferences as identified in the CFSS service delivery plan; ~~and~~

318.18 (4) orientation and instruction delivered by an individual competent to perform, teach,
318.19 or assign the health-related tasks for tracheostomy suctioning and services to participants
318.20 on ventilator support, including equipment operation and maintenance; and

318.21 ~~(4)~~ (5) periodic performance reviews completed by the agency-provider at least annually,
318.22 including any evaluations required under subdivision 11a, paragraph (a). If a support worker
318.23 is a minor, all evaluations of worker competency must be completed in person and in a
318.24 setting where the participant is using CFSS.

318.25 (c) The agency-provider must develop a worker training and development plan with the
318.26 participant to ensure support worker competency. The worker training and development
318.27 plan must be updated when:

318.28 (1) the support worker begins providing services;

318.29 (2) the support worker begins providing shared services;

318.30 ~~(2)~~ (3) there is any change in condition or a modification to the CFSS service delivery
318.31 plan; or

319.1 ~~(3)~~ (4) a performance review indicates that additional training is needed.

319.2 Sec. 71. Minnesota Statutes 2020, section 256B.85, subdivision 12, is amended to read:

319.3 Subd. 12. **Requirements for enrollment of CFSS agency-providers.** (a) All CFSS
319.4 agency-providers must provide, at the time of enrollment, reenrollment, and revalidation
319.5 as a CFSS agency-provider in a format determined by the commissioner, information and
319.6 documentation that includes, but is not limited to, the following:

319.7 (1) the CFSS agency-provider's current contact information including address, telephone
319.8 number, and e-mail address;

319.9 (2) proof of surety bond coverage. Upon new enrollment, or if the agency-provider's
319.10 Medicaid revenue in the previous calendar year is less than or equal to \$300,000, the
319.11 agency-provider must purchase a surety bond of \$50,000. If the agency-provider's Medicaid
319.12 revenue in the previous calendar year is greater than \$300,000, the agency-provider must
319.13 purchase a surety bond of \$100,000. The surety bond must be in a form approved by the
319.14 commissioner, must be renewed annually, and must allow for recovery of costs and fees in
319.15 pursuing a claim on the bond;

319.16 (3) proof of fidelity bond coverage in the amount of \$20,000 per provider location;

319.17 (4) proof of workers' compensation insurance coverage;

319.18 (5) proof of liability insurance;

319.19 (6) a ~~description~~ copy of the CFSS agency-provider's ~~organization~~ organizational chart
319.20 identifying the names and roles of all owners, managing employees, staff, board of directors,
319.21 and ~~the~~ additional documentation reporting any affiliations of the directors and owners to
319.22 other service providers;

319.23 (7) a ~~copy of~~ proof that the CFSS ~~agency-provider's~~ agency-provider has written policies
319.24 and procedures including: hiring of employees; training requirements; service delivery; and
319.25 employee and consumer safety, including the process for notification and resolution of
319.26 participant grievances, incident response, identification and prevention of communicable
319.27 diseases, and employee misconduct;

319.28 (8) ~~copies of all other forms~~ proof that the CFSS agency-provider ~~uses in the course of~~
319.29 ~~daily business including, but not limited to~~ has all of the following forms and documents:

319.30 (i) a copy of the CFSS agency-provider's time sheet; and

319.31 (ii) a copy of the participant's individual CFSS service delivery plan;

320.1 (9) a list of all training and classes that the CFSS agency-provider requires of its staff
320.2 providing CFSS services;

320.3 (10) documentation that the CFSS agency-provider and staff have successfully completed
320.4 all the training required by this section;

320.5 (11) documentation of the agency-provider's marketing practices;

320.6 (12) disclosure of ownership, leasing, or management of all residential properties that
320.7 are used or could be used for providing home care services;

320.8 (13) documentation that the agency-provider will use at least the following percentages
320.9 of revenue generated from the medical assistance rate paid for CFSS services for CFSS
320.10 support worker wages and benefits: 72.5 percent of revenue from CFSS providers, except
320.11 100 percent of the revenue generated by a medical assistance rate increase due to a collective
320.12 bargaining agreement under section 179A.54 must be used for support worker wages and
320.13 benefits. The revenue generated by the worker training and development services and the
320.14 reasonable costs associated with the worker training and development services shall not be
320.15 used in making this calculation; and

320.16 (14) documentation that the agency-provider does not burden participants' free exercise
320.17 of their right to choose service providers by requiring CFSS support workers to sign an
320.18 agreement not to work with any particular CFSS participant or for another CFSS
320.19 agency-provider after leaving the agency and that the agency is not taking action on any
320.20 such agreements or requirements regardless of the date signed.

320.21 (b) CFSS agency-providers shall provide to the commissioner the information specified
320.22 in paragraph (a).

320.23 (c) All CFSS agency-providers shall require all employees in management and
320.24 supervisory positions and owners of the agency who are active in the day-to-day management
320.25 and operations of the agency to complete mandatory training as determined by the
320.26 commissioner. Employees in management and supervisory positions and owners who are
320.27 active in the day-to-day operations of an agency who have completed the required training
320.28 as an employee with a CFSS agency-provider do not need to repeat the required training if
320.29 they are hired by another agency, ~~if~~ and they have completed the training within the past
320.30 three years. CFSS agency-provider billing staff shall complete training about CFSS program
320.31 financial management. Any new owners or employees in management and supervisory
320.32 positions involved in the day-to-day operations are required to complete mandatory training
320.33 as a requisite of working for the agency.

321.1 ~~(d) The commissioner shall send annual review notifications to agency providers 30~~
 321.2 ~~days prior to renewal. The notification must:~~

321.3 ~~(1) list the materials and information the agency provider is required to submit;~~

321.4 ~~(2) provide instructions on submitting information to the commissioner; and~~

321.5 ~~(3) provide a due date by which the commissioner must receive the requested information.~~

321.6 ~~Agency providers shall submit all required documentation for annual review within 30 days~~
 321.7 ~~of notification from the commissioner. If an agency provider fails to submit all the required~~
 321.8 ~~documentation, the commissioner may take action under subdivision 23a.~~

321.9 (d) Agency providers shall submit all required documentation in this section within 30
 321.10 days of notification from the commissioner. If an agency provider fails to submit all the
 321.11 required documentation, the commissioner may take action under subdivision 23a.

321.12 Sec. 72. Minnesota Statutes 2020, section 256B.85, subdivision 12b, is amended to read:

321.13 Subd. 12b. **CFSS agency-provider requirements; notice regarding termination of**
 321.14 **services.** (a) An agency-provider must provide written notice when it intends to terminate
 321.15 services with a participant at least ~~ten~~ 30 calendar days before the proposed service
 321.16 termination is to become effective, except in cases where:

321.17 (1) the participant engages in conduct that significantly alters the terms of the CFSS
 321.18 service delivery plan with the agency-provider;

321.19 (2) the participant or other persons at the setting where services are being provided
 321.20 engage in conduct that creates an imminent risk of harm to the support worker or other
 321.21 agency-provider staff; or

321.22 (3) an emergency or a significant change in the participant's condition occurs within a
 321.23 24-hour period that results in the participant's service needs exceeding the participant's
 321.24 identified needs in the current CFSS service delivery plan so that the agency-provider cannot
 321.25 safely meet the participant's needs.

321.26 (b) When a participant initiates a request to terminate CFSS services with the
 321.27 agency-provider, the agency-provider must give the participant a written ~~acknowledgement~~
 321.28 acknowledgment of the participant's service termination request that includes the date the
 321.29 request was received by the agency-provider and the requested date of termination.

321.30 (c) The agency-provider must participate in a coordinated transfer of the participant to
 321.31 a new agency-provider to ensure continuity of care.

322.1 Sec. 73. Minnesota Statutes 2020, section 256B.85, subdivision 13, is amended to read:

322.2 Subd. 13. **Budget model.** (a) Under the budget model participants exercise responsibility
322.3 and control over the services and supports described and budgeted within the CFSS service
322.4 delivery plan. Participants must use services specified in subdivision 13a provided by an
322.5 FMS provider. Under this model, participants may use their approved service budget
322.6 allocation to:

322.7 (1) directly employ support workers, and pay wages, federal and state payroll taxes, and
322.8 premiums for workers' compensation, liability, and health insurance coverage; and

322.9 (2) obtain supports and goods as defined in subdivision 7.

322.10 (b) Participants who are unable to fulfill any of the functions listed in paragraph (a) may
322.11 authorize a legal representative or participant's representative to do so on their behalf.

322.12 (c) If two or more participants using the budget model live in the same household and
322.13 have the same support worker, the participants must use the same FMS provider.

322.14 (d) If the FMS provider advises that there is a joint employer in the budget model, all
322.15 participants associated with that joint employer must use the same FMS provider.

322.16 ~~(e)~~ (e) The commissioner shall disenroll or exclude participants from the budget model
322.17 and transfer them to the agency-provider model under, but not limited to, the following
322.18 circumstances:

322.19 (1) when a participant has been restricted by the Minnesota restricted recipient program,
322.20 in which case the participant may be excluded for a specified time period under Minnesota
322.21 Rules, parts 9505.2160 to 9505.2245;

322.22 (2) when a participant exits the budget model during the participant's service plan year.
322.23 Upon transfer, the participant shall not access the budget model for the remainder of that
322.24 service plan year; or

322.25 (3) when the department determines that the participant or participant's representative
322.26 or legal representative is unable to fulfill the responsibilities under the budget model, as
322.27 specified in subdivision 14.

322.28 ~~(d)~~ (f) A participant may appeal in writing to the department under section 256.045,
322.29 subdivision 3, to contest the department's decision under paragraph ~~(e)~~ (e), clause (3), to
322.30 disenroll or exclude the participant from the budget model.

- 323.1 Sec. 74. Minnesota Statutes 2020, section 256B.85, subdivision 13a, is amended to read:
- 323.2 Subd. 13a. **Financial management services.** (a) Services provided by an FMS provider
- 323.3 include but are not limited to: filing and payment of federal and state payroll taxes on behalf
- 323.4 of the participant; initiating and complying with background study requirements under
- 323.5 chapter 245C and maintaining documentation of background study requests and results;
- 323.6 billing for approved CFSS services with authorized funds; monitoring expenditures;
- 323.7 accounting for and disbursing CFSS funds; providing assistance in obtaining and filing for
- 323.8 liability, workers' compensation, and unemployment coverage; and providing participant
- 323.9 instruction and technical assistance to the participant in fulfilling employer-related
- 323.10 requirements in accordance with section 3504 of the Internal Revenue Code and related
- 323.11 regulations and interpretations, including Code of Federal Regulations, title 26, section
- 323.12 31.3504-1.
- 323.13 (b) Agency-provider services shall not be provided by the FMS provider.
- 323.14 (c) The FMS provider shall provide service functions as determined by the commissioner
- 323.15 for budget model participants that include but are not limited to:
- 323.16 (1) assistance with the development of the detailed budget for expenditures portion of
- 323.17 the CFSS service delivery plan as requested by the consultation services provider or
- 323.18 participant;
- 323.19 (2) data recording and reporting of participant spending;
- 323.20 (3) other duties established by the department, including with respect to providing
- 323.21 assistance to the participant, participant's representative, or legal representative in performing
- 323.22 employer responsibilities regarding support workers. The support worker shall not be
- 323.23 considered the employee of the FMS provider; and
- 323.24 (4) billing, payment, and accounting of approved expenditures for goods.
- 323.25 (d) The FMS provider shall obtain an assurance statement from the participant employer
- 323.26 agreeing to follow state and federal regulations and CFSS policies regarding employment
- 323.27 of support workers.
- 323.28 (e) The FMS provider shall:
- 323.29 (1) not limit or restrict the participant's choice of service or support providers or service
- 323.30 delivery models consistent with any applicable state and federal requirements;

324.1 (2) provide the participant, consultation services provider, and case manager or care
 324.2 coordinator, if applicable, with a monthly written summary of the spending for services and
 324.3 supports that were billed against the spending budget;

324.4 (3) be knowledgeable of state and federal employment regulations, including those under
 324.5 the Fair Labor Standards Act of 1938, and comply with the requirements under section 3504
 324.6 of the Internal Revenue Code and related regulations and interpretations, including Code
 324.7 of Federal Regulations, title 26, section 31.3504-1, regarding agency employer tax liability
 324.8 for vendor fiscal/employer agent, and any requirements necessary to process employer and
 324.9 employee deductions, provide appropriate and timely submission of employer tax liabilities,
 324.10 and maintain documentation to support medical assistance claims;

324.11 (4) have current and adequate liability insurance and bonding and sufficient cash flow
 324.12 as determined by the commissioner and have on staff or under contract a certified public
 324.13 accountant or an individual with a baccalaureate degree in accounting;

324.14 (5) assume fiscal accountability for state funds designated for the program and be held
 324.15 liable for any overpayments or violations of applicable statutes or rules, including but not
 324.16 limited to the Minnesota False Claims Act, chapter 15C; ~~and~~

324.17 (6) maintain documentation of receipts, invoices, and bills to track all services and
 324.18 supports expenditures for any goods purchased and maintain time records of support workers.
 324.19 The documentation and time records must be maintained for a minimum of five years from
 324.20 the claim date and be available for audit or review upon request by the commissioner. Claims
 324.21 submitted by the FMS provider to the commissioner for payment must correspond with
 324.22 services, amounts, and time periods as authorized in the participant's service budget and
 324.23 service plan and must contain specific identifying information as determined by the
 324.24 commissioner; and

324.25 (7) provide written notice to the participant or the participant's representative at least 30
 324.26 calendar days before a proposed service termination becomes effective.

324.27 (f) The commissioner ~~of human services~~ shall:

324.28 (1) establish rates and payment methodology for the FMS provider;

324.29 (2) identify a process to ensure quality and performance standards for the FMS provider
 324.30 and ensure statewide access to FMS providers; and

324.31 (3) establish a uniform protocol for delivering and administering CFSS services to be
 324.32 used by eligible FMS providers.

325.1 Sec. 75. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
325.2 to read:

325.3 Subd. 14a. **Participant's representative responsibilities.** (a) If a participant is unable
325.4 to direct the participant's own care, the participant must use a participant's representative
325.5 to receive CFSS services. A participant's representative is required if:

325.6 (1) the person is under 18 years of age;

325.7 (2) the person has a court-appointed guardian; or

325.8 (3) an assessment according to section 256B.0659, subdivision 3a, determines that the
325.9 participant is in need of a participant's representative.

325.10 (b) A participant's representative must:

325.11 (1) be at least 18 years of age;

325.12 (2) actively participate in planning and directing CFSS services;

325.13 (3) have sufficient knowledge of the participant's circumstances to use CFSS services
325.14 consistent with the participant's health and safety needs identified in the participant's service
325.15 delivery plan;

325.16 (4) not have a financial interest in the provision of any services included in the
325.17 participant's CFSS service delivery plan; and

325.18 (5) be capable of providing the support necessary to assist the participant in the use of
325.19 CFSS services.

325.20 (c) A participant's representative must not be the:

325.21 (1) support worker;

325.22 (2) worker training and development service provider;

325.23 (3) agency-provider staff, unless related to the participant by blood, marriage, or adoption;

325.24 (4) consultation service provider, unless related to the participant by blood, marriage,
325.25 or adoption;

325.26 (5) FMS staff, unless related to the participant by blood, marriage, or adoption;

325.27 (6) FMS owner or manager; or

325.28 (7) lead agency staff acting as part of employment.

326.1 (d) A licensed family foster parent who lives with the participant may be the participant's
326.2 representative if the family foster parent meets the other participant's representative
326.3 requirements.

326.4 (e) There may be two persons designated as the participant's representative, including
326.5 instances of divided households and court-ordered custodies. Each person named as the
326.6 participant's representative must meet the program criteria and responsibilities.

326.7 (f) The participant or the participant's legal representative shall appoint a participant's
326.8 representative. The participant's representative must be identified at the time of assessment
326.9 and listed on the participant's service agreement and CFSS service delivery plan.

326.10 (g) A participant's representative must enter into a written agreement with an
326.11 agency-provider or FMS on a form determined by the commissioner and maintained in the
326.12 participant's file, to:

326.13 (1) be available while care is provided using a method agreed upon by the participant
326.14 or the participant's legal representative and documented in the participant's service delivery
326.15 plan;

326.16 (2) monitor CFSS services to ensure the participant's service delivery plan is followed;

326.17 (3) review and sign support worker time sheets after services are provided to verify the
326.18 provision of services;

326.19 (4) review and sign vendor paperwork to verify receipt of goods; and

326.20 (5) in the budget model, review and sign documentation to verify worker training and
326.21 development expenditures.

326.22 (h) A participant's representative may delegate responsibility to another adult who is not
326.23 the support worker during a temporary absence of at least 24 hours but not more than six
326.24 months. To delegate responsibility, the participant's representative must:

326.25 (1) ensure that the delegate serving as the participant's representative satisfies the
326.26 requirements of the participant's representative;

326.27 (2) ensure that the delegate performs the functions of the participant's representative;

326.28 (3) communicate to the CFSS agency-provider or FMS provider about the need for a
326.29 delegate by updating the written agreement to include the name of the delegate and the
326.30 delegate's contact information; and

326.31 (4) ensure that the delegate protects the participant's privacy according to federal and
326.32 state data privacy laws.

- 327.1 (i) The designation of a participant's representative remains in place until:
- 327.2 (1) the participant revokes the designation;
- 327.3 (2) the participant's representative withdraws the designation or becomes unable to fulfill
- 327.4 the duties;
- 327.5 (3) the legal authority to act as a participant's representative changes; or
- 327.6 (4) the participant's representative is disqualified.
- 327.7 (j) A lead agency may disqualify a participant's representative who engages in conduct
- 327.8 that creates an imminent risk of harm to the participant, the support workers, or other staff.
- 327.9 A participant's representative who fails to provide support required by the participant must
- 327.10 be referred to the common entry point.

327.11 Sec. 76. Minnesota Statutes 2020, section 256B.85, subdivision 15, is amended to read:

327.12 Subd. 15. **Documentation of support services provided; time sheets.** (a) CFSS services

327.13 provided to a participant by a support worker employed by either an agency-provider or the

327.14 participant employer must be documented daily by each support worker, on a time sheet.

327.15 Time sheets may be created, submitted, and maintained electronically. Time sheets must

327.16 be submitted by the support worker at least once per month to the:

327.17 (1) agency-provider when the participant is using the agency-provider model. The

327.18 agency-provider must maintain a record of the time sheet and provide a copy of the time

327.19 sheet to the participant; or

327.20 (2) participant and the participant's FMS provider when the participant is using the

327.21 budget model. The participant and the FMS provider must maintain a record of the time

327.22 sheet.

327.23 (b) The documentation on the time sheet must correspond to the participant's assessed

327.24 needs within the scope of CFSS covered services. The accuracy of the time sheets must be

327.25 verified by the:

327.26 (1) agency-provider when the participant is using the agency-provider model; or

327.27 (2) participant employer and the participant's FMS provider when the participant is using

327.28 the budget model.

327.29 (c) The time sheet must document the time the support worker provides services to the

327.30 participant. The following elements must be included in the time sheet:

327.31 (1) the support worker's full name and individual provider number;

- 328.1 (2) the agency-provider's name and telephone numbers, when responsible for the CFSS
 328.2 service delivery plan;
- 328.3 (3) the participant's full name;
- 328.4 (4) the dates within the pay period established by the agency-provider or FMS provider,
 328.5 including month, day, and year, and arrival and departure times with a.m. or p.m. notations
 328.6 for days worked within the established pay period;
- 328.7 (5) the covered services provided to the participant on each date of service;
- 328.8 (6) ~~a~~ the signature line for of the participant or the participant's representative and a
 328.9 statement that the participant's or participant's representative's signature is verification of
 328.10 the time sheet's accuracy;
- 328.11 (7) the ~~personal~~ signature of the support worker;
- 328.12 (8) any shared care provided, if applicable;
- 328.13 (9) a statement that it is a federal crime to provide false information on CFSS billings
 328.14 for medical assistance payments; and
- 328.15 (10) dates and location of participant stays in a hospital, care facility, or incarceration
 328.16 occurring within the established pay period.

328.17 Sec. 77. Minnesota Statutes 2020, section 256B.85, subdivision 17a, is amended to read:

328.18 Subd. 17a. **Consultation services provider qualifications and**
 328.19 **requirements.** Consultation services providers must meet the following qualifications and
 328.20 requirements:

- 328.21 (1) meet the requirements under subdivision 10, paragraph (a), excluding clauses (4)
 328.22 and (5);
- 328.23 (2) are under contract with the department;
- 328.24 (3) are not the FMS provider, the lead agency, or the CFSS or home and community-based
 328.25 services waiver vendor or agency-provider to the participant;
- 328.26 (4) meet the service standards as established by the commissioner;
- 328.27 (5) have proof of surety bond coverage. Upon new enrollment, or if the consultation
 328.28 service provider's Medicaid revenue in the previous calendar year is less than or equal to
 328.29 \$300,000, the consultation service provider must purchase a surety bond of \$50,000. If the
 328.30 agency-provider's Medicaid revenue in the previous calendar year is greater than \$300,000,
 328.31 the consultation service provider must purchase a surety bond of \$100,000. The surety bond

329.1 must be in a form approved by the commissioner, must be renewed annually, and must
 329.2 allow for recovery of costs and fees in pursuing a claim on the bond;

329.3 ~~(5)~~ (6) employ lead professional staff with a minimum of ~~three~~ two years of experience
 329.4 in providing services such as support planning, support broker, case management or care
 329.5 coordination, or consultation services and consumer education to participants using a
 329.6 self-directed program using FMS under medical assistance;

329.7 (7) report maltreatment as required under chapter 260E and section 626.557;

329.8 ~~(6)~~ (8) comply with medical assistance provider requirements;

329.9 ~~(7)~~ (9) understand the CFSS program and its policies;

329.10 ~~(8)~~ (10) are knowledgeable about self-directed principles and the application of the
 329.11 person-centered planning process;

329.12 ~~(9)~~ (11) have general knowledge of the FMS provider duties and the vendor
 329.13 fiscal/employer agent model, including all applicable federal, state, and local laws and
 329.14 regulations regarding tax, labor, employment, and liability and workers' compensation
 329.15 coverage for household workers; and

329.16 ~~(10)~~ (12) have all employees, including lead professional staff, staff in management and
 329.17 supervisory positions, and owners of the agency who are active in the day-to-day management
 329.18 and operations of the agency, complete training as specified in the contract with the
 329.19 department.

329.20 Sec. 78. Minnesota Statutes 2020, section 256B.85, subdivision 18a, is amended to read:

329.21 Subd. 18a. **Worker training and development services.** (a) The commissioner shall
 329.22 develop the scope of tasks and functions, service standards, and service limits for worker
 329.23 training and development services.

329.24 (b) Worker training and development costs are in addition to the participant's assessed
 329.25 service units or service budget. Services provided according to this subdivision must:

329.26 (1) help support workers obtain and expand the skills and knowledge necessary to ensure
 329.27 competency in providing quality services as needed and defined in the participant's CFSS
 329.28 service delivery plan and as required under subdivisions 11b and 14;

329.29 (2) be provided or arranged for by the agency-provider under subdivision 11, or purchased
 329.30 by the participant employer under the budget model as identified in subdivision 13; ~~and~~

330.1 (3) be delivered by an individual competent to perform, teach, or assign the tasks,
 330.2 including health-related tasks, identified in the plan through education, training, and work
 330.3 experience relevant to the person's assessed needs; and

330.4 ~~(3)~~ (4) be described in the participant's CFSS service delivery plan and documented in
 330.5 the participant's file.

330.6 (c) Services covered under worker training and development shall include:

330.7 (1) support worker training on the participant's individual assessed needs and condition,
 330.8 provided individually or in a group setting by a skilled and knowledgeable trainer beyond
 330.9 any training the participant or participant's representative provides;

330.10 (2) tuition for professional classes and workshops for the participant's support workers
 330.11 that relate to the participant's assessed needs and condition;

330.12 (3) direct observation, monitoring, coaching, and documentation of support worker job
 330.13 skills and tasks, beyond any training the participant or participant's representative provides,
 330.14 including supervision of health-related tasks or behavioral supports that is conducted by an
 330.15 appropriate professional based on the participant's assessed needs. These services must be
 330.16 provided at the start of services or the start of a new support worker except as provided in
 330.17 paragraph (d) and must be specified in the participant's CFSS service delivery plan; and

330.18 (4) the activities to evaluate CFSS services and ensure support worker competency
 330.19 described in subdivisions 11a and 11b.

330.20 (d) The services in paragraph (c), clause (3), are not required to be provided for a new
 330.21 support worker providing services for a participant due to staffing failures, unless the support
 330.22 worker is expected to provide ongoing backup staffing coverage.

330.23 (e) Worker training and development services shall not include:

330.24 (1) general agency training, worker orientation, or training on CFSS self-directed models;

330.25 (2) payment for preparation or development time for the trainer or presenter;

330.26 (3) payment of the support worker's salary or compensation during the training;

330.27 (4) training or supervision provided by the participant, the participant's support worker,
 330.28 or the participant's informal supports, including the participant's representative; or

330.29 (5) services in excess of ~~96 units~~ the limit set by the commissioner per annual service
 330.30 agreement, unless approved by the department.

331.1 Sec. 79. Minnesota Statutes 2020, section 256B.85, subdivision 20b, is amended to read:

331.2 Subd. 20b. **Service-related rights under an agency-provider.** A participant receiving
331.3 CFSS from an agency-provider has service-related rights to:

331.4 (1) participate in and approve the initial development and ongoing modification and
331.5 evaluation of CFSS services provided to the participant;

331.6 (2) refuse or terminate services and be informed of the consequences of refusing or
331.7 terminating services;

331.8 (3) before services are initiated, be told the limits to the services available from the
331.9 agency-provider, including the agency-provider's knowledge, skill, and ability to meet the
331.10 participant's needs identified in the CFSS service delivery plan;

331.11 (4) a coordinated transfer of services when there will be a change in the agency-provider;

331.12 (5) before services are initiated, be told what the agency-provider charges for the services;

331.13 (6) before services are initiated, be told to what extent payment may be expected from
331.14 health insurance, public programs, or other sources, if known; and what charges the
331.15 participant may be responsible for paying;

331.16 (7) receive services from an individual who is competent and trained, who has
331.17 professional certification or licensure, as required, and who meets additional qualifications
331.18 identified in the participant's CFSS service delivery plan;

331.19 (8) have the participant's preferences for support workers identified and documented,
331.20 and have those preferences met when possible; and

331.21 (9) before services are initiated, be told the choices that are available from the
331.22 agency-provider for meeting the participant's assessed needs identified in the CFSS service
331.23 delivery plan, including but not limited to which support worker staff will be providing
331.24 services ~~and~~, the proposed frequency and schedule of visits, and any agreements for shared
331.25 services.

331.26 Sec. 80. Minnesota Statutes 2020, section 256B.85, subdivision 23, is amended to read:

331.27 Subd. 23. **Commissioner's access.** (a) When the commissioner is investigating a possible
331.28 overpayment of Medicaid funds, the commissioner must be given immediate access without
331.29 prior notice to the agency-provider, consultation services provider, or FMS provider's office
331.30 during regular business hours and to documentation and records related to services provided
331.31 and submission of claims for services provided. ~~Denying the commissioner access to records~~
331.32 ~~is cause for immediate suspension of payment and terminating~~ If the agency-provider's

332.1 ~~enrollment or agency-provider, FMS provider's enrollment~~ provider, or consultation services
 332.2 provider denies the commissioner access to records, the provider's payment may be
 332.3 immediately suspended or the provider's enrollment may be terminated according to section
 332.4 256B.064 ~~or terminating the consultation services provider contract.~~

332.5 (b) The commissioner has the authority to request proof of compliance with laws, rules,
 332.6 and policies from agency-providers, consultation services providers, FMS providers, and
 332.7 participants.

332.8 (c) When relevant to an investigation conducted by the commissioner, the commissioner
 332.9 must be given access to the business office, documents, and records of the agency-provider,
 332.10 consultation services provider, or FMS provider, including records maintained in electronic
 332.11 format; participants served by the program; and staff during regular business hours. The
 332.12 commissioner must be given access without prior notice and as often as the commissioner
 332.13 considers necessary if the commissioner is investigating an alleged violation of applicable
 332.14 laws or rules. The commissioner may request and shall receive assistance from lead agencies
 332.15 and other state, county, and municipal agencies and departments. The commissioner's access
 332.16 includes being allowed to photocopy, photograph, and make audio and video recordings at
 332.17 the commissioner's expense.

332.18 Sec. 81. Minnesota Statutes 2020, section 256B.85, subdivision 23a, is amended to read:

332.19 Subd. 23a. **Sanctions; information for participants upon termination of services.** (a)
 332.20 The commissioner may withhold payment from the provider or suspend or terminate the
 332.21 provider enrollment number if the provider fails to comply fully with applicable laws or
 332.22 rules. The provider has the right to appeal the decision of the commissioner under section
 332.23 256B.064.

332.24 (b) Notwithstanding subdivision 13, paragraph (c), if a participant employer fails to
 332.25 comply fully with applicable laws or rules, the commissioner may disenroll the participant
 332.26 from the budget model. A participant may appeal in writing to the department under section
 332.27 256.045, subdivision 3, to contest the department's decision to disenroll the participant from
 332.28 the budget model.

332.29 (c) Agency-providers of CFSS services or FMS providers must provide each participant
 332.30 with a copy of participant protections in subdivision 20c at least 30 days prior to terminating
 332.31 services to a participant, if the termination results from sanctions under this subdivision or
 332.32 section 256B.064, such as a payment withhold or a suspension or termination of the provider
 332.33 enrollment number. If a CFSS agency-provider ~~or~~, FMS provider, or consultation services
 332.34 provider determines it is unable to continue providing services to a participant because of

333.1 an action under this subdivision or section 256B.064, the agency-provider ~~or~~₂ FMS provider,
333.2 or consultation services provider must notify the participant, the participant's representative,
333.3 and the commissioner 30 days prior to terminating services to the participant, and must
333.4 assist the commissioner and lead agency in supporting the participant in transitioning to
333.5 another CFSS agency-provider ~~or~~₂ FMS provider, or consultation services provider of the
333.6 participant's choice.

333.7 (d) In the event the commissioner withholds payment from a CFSS agency-provider ~~or~~₂
333.8 FMS provider, or consultation services provider, or suspends or terminates a provider
333.9 enrollment number of a CFSS agency-provider ~~or~~₂ FMS provider, or consultation services
333.10 provider under this subdivision or section 256B.064, the commissioner may inform the
333.11 Office of Ombudsman for Long-Term Care and the lead agencies for all participants with
333.12 active service agreements with the agency-provider ~~or~~₂ FMS provider, or consultation
333.13 services provider. At the commissioner's request, the lead agencies must contact participants
333.14 to ensure that the participants are continuing to receive needed care, and that the participants
333.15 have been given free choice of agency-provider ~~or~~₂ FMS provider, or consultation services
333.16 provider if they transfer to another CFSS agency-provider ~~or~~₂ FMS provider, or consultation
333.17 services provider. In addition, the commissioner or the commissioner's delegate may directly
333.18 notify participants who receive care from the agency-provider ~~or~~₂ FMS provider, or
333.19 consultation services provider that payments have been or will be withheld or that the
333.20 provider's participation in medical assistance has been or will be suspended or terminated,
333.21 if the commissioner determines that the notification is necessary to protect the welfare of
333.22 the participants.

333.23 Sec. 82. Minnesota Statutes 2020, section 256L.03, subdivision 1, is amended to read:

333.24 Subdivision 1. **Covered health services.** (a) "Covered health services" means the health
333.25 services reimbursed under chapter 256B, with the exception of special education services,
333.26 home care nursing services, adult dental care services other than services covered under
333.27 section 256B.0625, subdivision 9, orthodontic services, nonemergency medical transportation
333.28 services, personal care assistance and case management services, community first services
333.29 and supports under Minnesota Statutes, section 256B.85, behavioral health home services
333.30 under section 256B.0757, housing stabilization services under section 256B.051, and nursing
333.31 home or intermediate care facilities services.

333.32 (b) No public funds shall be used for coverage of abortion under MinnesotaCare except
333.33 where the life of the female would be endangered or substantial and irreversible impairment

334.1 of a major bodily function would result if the fetus were carried to term; or where the
334.2 pregnancy is the result of rape or incest.

334.3 (c) Covered health services shall be expanded as provided in this section.

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

334.6 **Sec. 83. REVISOR INSTRUCTION.**

334.7 (a) In Minnesota Statutes, sections 245A.191, paragraph (a); 245G.02, subdivision 3;
334.8 246.18, subdivision 2; 246.23, subdivision 2; 246.64, subdivision 3; 254A.03, subdivision
334.9 3; 254A.19, subdivision 4; 254B.03, subdivision 2; 254B.04, subdivision 1; 254B.05,
334.10 subdivisions 1a and 4; 254B.051; 254B.06, subdivision 1; 254B.12, subdivisions 1 and 2;
334.11 254B.13, subdivisions 2a and 5; 254B.14, subdivision 5; 256L.03, subdivision 2; and 295.53,
334.12 subdivision 1, the revisor of statutes must change the term "consolidated chemical
334.13 dependency treatment fund" or similar terms to "behavioral health fund." The revisor may
334.14 make grammatical changes related to the term change.

334.15 (b) In Minnesota Statutes, sections 245C.03, subdivision 13, and 256B.051, the revisor
334.16 of statutes must change the term "housing support services" or similar terms to "housing
334.17 stabilization services." The revisor may make grammatical changes related to the term
334.18 change.

334.19 (c) In Minnesota Statutes, section 245C.03, subdivision 10, the revisor of statutes must
334.20 change the term "group residential housing" to "housing support." The revisor may make
334.21 grammatical changes related to the term change.

334.22 **Sec. 84. REPEALER.**

334.23 (a) Minnesota Statutes 2020, section 252.28, subdivisions 1 and 5, are repealed.

334.24 (b) Minnesota Statutes 2020, sections 252A.02, subdivisions 8 and 10; and 252A.21,
334.25 subdivision 3, are repealed.

334.26 **EFFECTIVE DATE.** Paragraph (a) is effective the day following final enactment.

334.27 Paragraph (b) is effective August 1, 2021.

ARTICLE 7

MISCELLANEOUS

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Section 1. Minnesota Statutes 2020, section 62V.05, is amended by adding a subdivision to read:

Subd. 4a. **Background study required.** (a) The board must initiate background studies under section 245C.03 of:

(1) each navigator;

(2) each in-person assister; and

(3) each certified application counselor.

(b) The board may initiate the background studies required by paragraph (a) using the online NETStudy 2.0 system operated by the commissioner of human services.

(c) The board shall not permit any individual to provide any service or function listed in paragraph (a) until the board has received notification from the commissioner of human services indicating that the individual:

(1) is not disqualified under chapter 245C; or

(2) is disqualified, but has received a set aside from the board of that disqualification according to sections 245C.22 and 245C.23.

(d) The board or its delegate shall review a reconsideration request of an individual in paragraph (a), including granting a set aside, according to the procedures and criteria in chapter 245C. The board shall notify the individual and the Department of Human Services of the board's decision.

Sec. 2. Minnesota Statutes 2020, section 119B.11, subdivision 2a, is amended to read:

Subd. 2a. **Recovery of overpayments.** (a) An amount of child care assistance paid to a recipient or provider in excess of the payment due is recoverable by the county agency under paragraphs (b) and (c), even when the overpayment was caused by ~~agency error or~~ circumstances outside the responsibility and control of the family or provider. Overpayments designated solely as agency error, and not the result of acts or omissions on the part of a provider or recipient, must not be established or collected.

(b) An overpayment must be recouped or recovered from the family if the overpayment benefited the family by causing the family to pay less for child care expenses than the family otherwise would have been required to pay under child care assistance program requirements.

336.1 If the family remains eligible for child care assistance, the overpayment must be recovered
336.2 through recoupment as identified in Minnesota Rules, part 3400.0187, except that the
336.3 overpayments must be calculated and collected on a service period basis. If the family no
336.4 longer remains eligible for child care assistance, the county may choose to initiate efforts
336.5 to recover overpayments from the family for overpayment less than \$50. If the overpayment
336.6 is greater than or equal to \$50, the county shall seek voluntary repayment of the overpayment
336.7 from the family. If the county is unable to recoup the overpayment through voluntary
336.8 repayment, the county shall initiate civil court proceedings to recover the overpayment
336.9 unless the county's costs to recover the overpayment will exceed the amount of the
336.10 overpayment. A family with an outstanding debt under this subdivision is not eligible for
336.11 child care assistance until: (1) the debt is paid in full; or (2) satisfactory arrangements are
336.12 made with the county to retire the debt consistent with the requirements of this chapter and
336.13 Minnesota Rules, chapter 3400, and the family is in compliance with the arrangements.

336.14 (c) The county must recover an overpayment from a provider if the overpayment did
336.15 not benefit the family by causing it to receive more child care assistance or to pay less for
336.16 child care expenses than the family otherwise would have been eligible to receive or required
336.17 to pay under child care assistance program requirements, and benefited the provider by
336.18 causing the provider to receive more child care assistance than otherwise would have been
336.19 paid on the family's behalf under child care assistance program requirements. If the provider
336.20 continues to care for children receiving child care assistance, the overpayment must be
336.21 recovered through reductions in child care assistance payments for services as described in
336.22 an agreement with the county. The provider may not charge families using that provider
336.23 more to cover the cost of recouping the overpayment. If the provider no longer cares for
336.24 children receiving child care assistance, the county may choose to initiate efforts to recover
336.25 overpayments of less than \$50 from the provider. If the overpayment is greater than or equal
336.26 to \$50, the county shall seek voluntary repayment of the overpayment from the provider.
336.27 If the county is unable to recoup the overpayment through voluntary repayment, the county
336.28 shall initiate civil court proceedings to recover the overpayment unless the county's costs
336.29 to recover the overpayment will exceed the amount of the overpayment. A provider with
336.30 an outstanding debt under this subdivision is not eligible to care for children receiving child
336.31 care assistance until:

336.32 (1) the debt is paid in full; or

336.33 (2) satisfactory arrangements are made with the county to retire the debt consistent with
336.34 the requirements of this chapter and Minnesota Rules, chapter 3400, and the provider is in
336.35 compliance with the arrangements.

337.1 (d) When both the family and the provider acted together to intentionally cause the
 337.2 overpayment, both the family and the provider are jointly liable for the overpayment
 337.3 regardless of who benefited from the overpayment. The county must recover the overpayment
 337.4 as provided in paragraphs (b) and (c). When the family or the provider is in compliance
 337.5 with a repayment agreement, the party in compliance is eligible to receive child care
 337.6 assistance or to care for children receiving child care assistance despite the other party's
 337.7 noncompliance with repayment arrangements.

337.8 **EFFECTIVE DATE.** This section is effective July 1, 2021.

337.9 Sec. 3. **[119B.195] RETAINING EARLY EDUCATORS THROUGH ATTAINING**
 337.10 **INCENTIVES NOW (REETAIN) GRANT PROGRAM.**

337.11 Subdivision 1. **Establishment; purpose.** The retaining early educators through attaining
 337.12 incentives now (REETAIN) grant program is established to provide competitive grants to
 337.13 incentivize well-trained child care professionals to remain in the workforce. The overall
 337.14 goal of the REETAIN grant program is to create more consistent care for children over time.

337.15 Subd. 2. **Administration.** The commissioner shall administer the REETAIN grant
 337.16 program through a grant to a nonprofit with the demonstrated ability to manage benefit
 337.17 programs for child care professionals. Up to ten percent of grant money may be used for
 337.18 administration of the grant program.

337.19 Subd. 3. **Application.** Applicants must apply for the REETAIN grant program using
 337.20 the forms and according to timelines established by the commissioner.

337.21 Subd. 4. **Eligibility.** (a) To be eligible for a grant, an applicant must:

337.22 (1) be licensed to provide child care or work for a licensed child care program;

337.23 (2) work directly with children at least 30 hours per week;

337.24 (3) have worked in the applicant's current position for at least 12 months;

337.25 (4) agree to work in the early childhood care and education field for at least 12 months
 337.26 upon receiving a grant under this section;

337.27 (5) have a career lattice step of five or higher;

337.28 (6) not be a current teacher education and compensation helps scholarship recipient; and

337.29 (7) meet any other requirements determined by the commissioner.

337.30 (b) Grant recipients must sign a contract agreeing to remain in the early childhood care
 337.31 and education field for 12 months.

338.1 Subd. 5. **Grant awards.** Grant awards must be made annually and may be made up to
338.2 an amount per recipient determined by the commissioner. Grant recipients may use grant
338.3 money for program supplies, training, or personal expenses.

338.4 Subd. 6. **Report.** By January 1 each year, the commissioner must report to the legislative
338.5 committees with jurisdiction over child care about the number of grants awarded to recipients
338.6 and outcomes of the grant program since the last report.

338.7 Sec. 4. **[119B.27] OMBUDSPERSON FOR CHILD CARE PROVIDERS.**

338.8 Subdivision 1. **Appointment.** The commissioner of human services shall appoint two
338.9 ombudspersons in the classified service to assist child care providers, including family child
338.10 care providers and legal nonlicensed child care providers, with licensing, compliance, and
338.11 other issues facing child care providers. Each ombudsperson must be selected without regard
338.12 to the person's political affiliation, and at least one ombudsperson must have been a licensed
338.13 family child care provider for at least three years. Each ombudsperson shall serve a term of
338.14 four years and may be removed prior to the end of the term for just cause.

338.15 Subd. 2. **Duties.** (a) Each ombudsperson's duties shall include:

338.16 (1) advocating on behalf of a child care provider to address all areas of concern related
338.17 to the provision of child care services, including licensing actions, correction orders, penalty
338.18 assessments, complaint investigations, and other interactions with state and county staff;

338.19 (2) providing recommendations to the commissioner or providers for child care program
338.20 improvement or child care provider education;

338.21 (3) operating a telephone line to answer questions, receive complaints, and discuss
338.22 agency actions when a child care provider believes that the provider's rights or program
338.23 may have been adversely affected; and

338.24 (4) assisting child care license applicants with the license application process.

338.25 (b) The ombudspersons must report annually by December 31 to the commissioner and
338.26 the chairs and ranking minority members of the legislative committees with jurisdiction
338.27 over child care on the services provided by each ombudsperson to child care providers,
338.28 including the number, types, and locations of child care providers served, and the activities
338.29 of each ombudsperson to carry out the duties under this section. The commissioner shall
338.30 determine the form of the report.

338.31 Subd. 3. **Staff.** The ombudspersons may appoint and compensate from available funds
338.32 a deputy, confidential secretary, and other employees in the unclassified service as authorized

339.1 by law. Each ombudsperson and the full-time staff are members of the Minnesota State
 339.2 Retirement Association. The ombudspersons may delegate to members of the staff any
 339.3 authority or duties of the office except the duty to provide reports to the governor,
 339.4 commissioner, or legislature.

339.5 Subd. 4. **Access to records.** (a) Each ombudsperson or designee, excluding volunteers,
 339.6 must have access to data of a state agency necessary for the discharge of the ombudsperson's
 339.7 duties, including records classified as confidential data on individuals or private data on
 339.8 individuals under chapter 13, or any other law. An ombudsperson's data request must relate
 339.9 to a specific case. If the data concerns an individual, the ombudsperson or designee shall
 339.10 first obtain the individual's consent. If the individual cannot consent and has no parent or
 339.11 legal guardian, then the ombudsperson's access to the data is authorized by this section.

339.12 (b) Each ombudsperson and all designees must adhere to the Minnesota Government
 339.13 Data Practices Act and may not disseminate any private or confidential data on individuals
 339.14 unless specifically authorized by state, local, or federal law or pursuant to a court order.

339.15 (c) The commissioner of human services and county agencies must provide
 339.16 ombudspersons with copies of all correction orders, fix-it tickets, and licensing actions
 339.17 issued to child care providers.

339.18 Subd. 5. **Independence of action.** When carrying out duties under this section,
 339.19 ombudspersons must act independently of the department to provide testimony to the
 339.20 legislature, make periodic reports to the legislature, and address areas of concern to child
 339.21 care providers.

339.22 Subd. 6. **Civil actions.** Each ombudsperson and designee is not civilly liable for any
 339.23 action taken under this section if the action was taken in good faith, was within the scope
 339.24 of the ombudsperson's authority, and did not constitute willful or reckless misconduct.

339.25 Subd. 7. **Qualifications.** Each ombudsperson must be a person who has knowledge and
 339.26 experience concerning the provision of child care. Each ombudsperson must be experienced
 339.27 in dealing with governmental entities, interpretation of laws and regulations, investigations,
 339.28 record keeping, report writing, public speaking, and management. A person is not eligible
 339.29 to serve as an ombudsperson while running for or holding public office, or while holding
 339.30 an active child care license.

339.31 Subd. 8. **Office support.** The commissioner shall provide ombudspersons with the
 339.32 necessary office space, supplies, equipment, and clerical support to effectively perform
 339.33 duties under this section.

340.1 Subd. 9. Posting. (a) The commissioner shall post on the department's website the
 340.2 mailing address, e-mail address, and telephone number for the office of the ombudsperson.
 340.3 The commissioner shall provide all licensed child care providers and legal nonlicensed child
 340.4 care providers with the mailing address, e-mail address, and telephone number of the office
 340.5 on the department's child care licensing website or upon request from a child care license
 340.6 applicant or provider. Counties must provide child care license applicants and providers
 340.7 with the name, mailing address, e-mail address, and telephone number of the office.

340.8 (b) Ombudspersons must approve of all posting and notice required by the department
 340.9 and counties under this subdivision.

340.10 Sec. 5. Minnesota Statutes 2020, section 122A.18, subdivision 8, is amended to read:

340.11 Subd. 8. Background ~~checks~~ studies. (a) The Professional Educator Licensing and
 340.12 Standards Board and the Board of School Administrators must ~~obtain a~~ initiate criminal
 340.13 history background ~~check on~~ studies of all first-time ~~teaching~~ applicants for educator licenses
 340.14 under their jurisdiction. Applicants must include with their licensure applications:

340.15 (1) an executed criminal history consent form, including fingerprints; and

340.16 (2) payment to conduct the background ~~check~~ study. The Professional Educator Licensing
 340.17 and Standards Board must deposit payments received under this subdivision in an account
 340.18 in the special revenue fund. Amounts in the account are annually appropriated to the
 340.19 Professional Educator Licensing and Standards Board to pay for the costs of background
 340.20 ~~checks~~ studies on applicants for licensure.

340.21 (b) The background ~~check~~ study for all first-time teaching applicants for licenses must
 340.22 include a review of information from the Bureau of Criminal Apprehension, including
 340.23 criminal history data as defined in section 13.87, and must also include a review of the
 340.24 national criminal records repository. The superintendent of the Bureau of Criminal
 340.25 Apprehension is authorized to exchange fingerprints with the Federal Bureau of Investigation
 340.26 for purposes of the criminal history check. ~~The superintendent shall recover the cost to the~~
 340.27 ~~bureau of a background check through the fee charged to the applicant under paragraph (a).~~

340.28 (c) The Professional Educator Licensing and Standards Board ~~must contract with~~ may
 340.29 initiate criminal history background studies through the commissioner of human services
 340.30 according to section 245C.03 to ~~conduct background checks and~~ obtain background ~~check~~
 340.31 study data required under this chapter.

341.1 Sec. 6. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
341.2 read:

341.3 Subd. 23. **Family or group family child care program.** "Family or group family child
341.4 care program" means a licensed child care program operated in the residence in which the
341.5 license holder lives. The license holder is the primary provider of care and may only hold
341.6 one family child care license.

341.7 Sec. 7. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
341.8 read:

341.9 Subd. 24. **Special family child care program.** "Special family child care program"
341.10 means a licensed child care program operated in a residence in which the license holder
341.11 does not live. The license holder is the primary provider of care.

341.12 Sec. 8. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
341.13 read:

341.14 Subd. 25. **Nonresidential family child care program.** "Nonresidential family child
341.15 care program" means a licensed child care program operated in a location other than the
341.16 license holder's own residence, excluding licensed child care centers. The license holder is
341.17 one of the individuals or entities listed in section 245A.141, subdivision 1, paragraph (a).

341.18 Sec. 9. Minnesota Statutes 2020, section 245A.03, is amended by adding a subdivision to
341.19 read:

341.20 Subd. 10. **Group family day care licensed capacity; child-to-adult capacity ratios;**
341.21 **age distribution restrictions.** (a) Notwithstanding Minnesota Rules, parts 9502.0365,
341.22 subpart 1, and 9502.0367, item C, the commissioner shall issue licenses for group family
341.23 day care according to the capacity limits, child-to-adult ratios, and age distribution restrictions
341.24 in this subdivision.

341.25 (b) For purposes of this subdivision, "group family day care" means day care for no
341.26 more than 16 children at any one time. The licensed capacity of a group family day care
341.27 must include all children of any caregiver when the children are present in the residence,
341.28 except notwithstanding Minnesota Rules, part 9502.0365, subpart 1, item A, the licensed
341.29 capacity does not include the license holder's biological or adopted children who are nine
341.30 years old or older.

341.31 (c) Notwithstanding Minnesota Rules, part 9502.0367, item C, subitem (1), for a group
341.32 family day care program with a licensed capacity of ten children, one adult caregiver shall

342.1 serve no more than ten children younger than 11 years of age. Of those ten, no more than
342.2 seven may be younger than four years of age. Of those seven, no more than three may be
342.3 younger than 18 months of age. Of those three, no more than two may be infants.

342.4 (d) Notwithstanding Minnesota Rules, part 9502.0367, item C, subitem (2), for a group
342.5 family day care program with a licensed capacity of 12 children, one adult caregiver shall
342.6 serve no more than 12 children younger than 11 years of age. Of those 12, no more than
342.7 nine may be younger than four years of age. Of those nine, no more than two may be younger
342.8 than 18 months of age.

342.9 (e) Notwithstanding Minnesota Rules, part 9502.0367, item C, subitem (3), for a group
342.10 family day care program with a licensed capacity of 16 children, two adult caregivers shall
342.11 serve no more than 16 children younger than 11 years of age. Of those 16, no more than 11
342.12 may be younger than four years of age. Of those 11, no more than four may be younger
342.13 than 18 months of age. Of those four, no more than three may be infants. A helper may be
342.14 used in place of a second adult caregiver when there is no more than one child younger than
342.15 18 months of age present.

342.16 Sec. 10. Minnesota Statutes 2020, section 245A.05, is amended to read:

342.17 **245A.05 DENIAL OF APPLICATION.**

342.18 (a) The commissioner may deny a license if an applicant or controlling individual:

342.19 (1) fails to submit a substantially complete application after receiving notice from the
342.20 commissioner under section 245A.04, subdivision 1;

342.21 (2) fails to comply with applicable laws or rules;

342.22 (3) knowingly withholds relevant information from or gives false or misleading
342.23 information to the commissioner in connection with an application for a license or during
342.24 an investigation;

342.25 (4) has a disqualification that has not been set aside under section 245C.22 and no
342.26 variance has been granted;

342.27 (5) has an individual living in the household who received a background study under
342.28 section 245C.03, subdivision 1, paragraph (a), clause (2), who has a disqualification that
342.29 has not been set aside under section 245C.22, and no variance has been granted;

342.30 (6) is associated with an individual who received a background study under section
342.31 245C.03, subdivision 1, paragraph (a), clause (6), who may have unsupervised access to

343.1 children or vulnerable adults, and who has a disqualification that has not been set aside
 343.2 under section 245C.22, and no variance has been granted;

343.3 (7) fails to comply with section 245A.04, subdivision 1, paragraph (f) or (g);

343.4 (8) fails to demonstrate competent knowledge as required by section 245A.04, subdivision
 343.5 6;

343.6 (9) has a history of noncompliance as a license holder or controlling individual with
 343.7 applicable laws or rules, including but not limited to this chapter and chapters 119B and
 343.8 245C; ~~or~~

343.9 (10) is prohibited from holding a license according to section 245.095; or

343.10 (11) for a family foster setting, has nondisqualifying background study information, as
 343.11 described in section 245C.05, subdivision 4, that reflects on the individual's ability to safely
 343.12 provide care to foster children.

343.13 (b) An applicant whose application has been denied by the commissioner must be given
 343.14 notice of the denial, which must state the reasons for the denial in plain language. Notice
 343.15 must be given by certified mail or personal service. The notice must state the reasons the
 343.16 application was denied and must inform the applicant of the right to a contested case hearing
 343.17 under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The applicant may
 343.18 appeal the denial by notifying the commissioner in writing by certified mail or personal
 343.19 service. If mailed, the appeal must be postmarked and sent to the commissioner within 20
 343.20 calendar days after the applicant received the notice of denial. If an appeal request is made
 343.21 by personal service, it must be received by the commissioner within 20 calendar days after
 343.22 the applicant received the notice of denial. Section 245A.08 applies to hearings held to
 343.23 appeal the commissioner's denial of an application.

343.24 **EFFECTIVE DATE.** This section is effective July 1, 2022.

343.25 Sec. 11. Minnesota Statutes 2020, section 245A.07, subdivision 1, is amended to read:

343.26 Subdivision 1. **Sanctions; appeals; license.** (a) In addition to making a license conditional
 343.27 under section 245A.06, the commissioner may suspend or revoke the license, impose a fine,
 343.28 or secure an injunction against the continuing operation of the program of a license holder
 343.29 who does not comply with applicable law or rule, or who has nondisqualifying background
 343.30 study information, as described in section 245C.05, subdivision 4, that reflects on the license
 343.31 holder's ability to safely provide care to foster children. When applying sanctions authorized
 343.32 under this section, the commissioner shall consider the nature, chronicity, or severity of the

344.1 violation of law or rule and the effect of the violation on the health, safety, or rights of
 344.2 persons served by the program.

344.3 (b) If a license holder appeals the suspension or revocation of a license and the license
 344.4 holder continues to operate the program pending a final order on the appeal, the commissioner
 344.5 shall issue the license holder a temporary provisional license. Unless otherwise specified
 344.6 by the commissioner, variances in effect on the date of the license sanction under appeal
 344.7 continue under the temporary provisional license. If a license holder fails to comply with
 344.8 applicable law or rule while operating under a temporary provisional license, the
 344.9 commissioner may impose additional sanctions under this section and section 245A.06, and
 344.10 may terminate any prior variance. If a temporary provisional license is set to expire, a new
 344.11 temporary provisional license shall be issued to the license holder upon payment of any fee
 344.12 required under section 245A.10. The temporary provisional license shall expire on the date
 344.13 the final order is issued. If the license holder prevails on the appeal, a new nonprovisional
 344.14 license shall be issued for the remainder of the current license period.

344.15 (c) If a license holder is under investigation and the license issued under this chapter is
 344.16 due to expire before completion of the investigation, the program shall be issued a new
 344.17 license upon completion of the reapplication requirements and payment of any applicable
 344.18 license fee. Upon completion of the investigation, a licensing sanction may be imposed
 344.19 against the new license under this section, section 245A.06, or 245A.08.

344.20 (d) Failure to reapply or closure of a license issued under this chapter by the license
 344.21 holder prior to the completion of any investigation shall not preclude the commissioner
 344.22 from issuing a licensing sanction under this section or section 245A.06 at the conclusion
 344.23 of the investigation.

344.24 **EFFECTIVE DATE.** This section is effective July 1, 2022.

344.25 Sec. 12. Minnesota Statutes 2020, section 245A.08, subdivision 4, is amended to read:

344.26 Subd. 4. **Recommendation or decision of administrative law judge.** (a) Except as
 344.27 provided in paragraph (b), the administrative law judge shall recommend whether or not
 344.28 the commissioner's order should be affirmed. The recommendations must be consistent with
 344.29 this chapter and the rules of the commissioner. The recommendations must be in writing
 344.30 and accompanied by findings of fact and conclusions and must be mailed to the parties by
 344.31 certified mail to their last known addresses as shown on the license or application.

344.32 (b) Following a hearing relating to the license of a family child care provider or group
 344.33 family child care provider, the administrative law judge shall decide whether the

345.1 commissioner's order should be affirmed. The decision of the administrative law judge is
345.2 binding on both parties to the proceeding and is the final decision of the commissioner. The
345.3 decision of the administrative law judge must be:

345.4 (1) consistent with this chapter and the applicable licensing rules;

345.5 (2) in writing and accompanied by findings of fact and conclusions of law;

345.6 (3) mailed to the family child care provider or group family child care provider by
345.7 certified mail to the last known address shown on the license or application, or, if service
345.8 by certified mail is waived by the provider, served in accordance with Minnesota Rules,
345.9 part 1400.8610; and

345.10 (4) served in accordance with Minnesota Rules, part 1400.8610, on the Department of
345.11 Human Services and any other party.

345.12 Any person aggrieved by a final decision under this paragraph is entitled to seek judicial
345.13 review of the decision under the provisions of sections 14.63 to 14.68.

345.14 Sec. 13. Minnesota Statutes 2020, section 245A.08, subdivision 5, is amended to read:

345.15 Subd. 5. **Notice of commissioner's final order.** After considering the findings of fact,
345.16 conclusions, and recommendations of the administrative law judge, the commissioner shall
345.17 issue a final order. The commissioner shall consider, but shall not be bound by, the
345.18 recommendations of the administrative law judge. The appellant must be notified of the
345.19 commissioner's final order as required by chapter 14 and Minnesota Rules, parts 1400.8505
345.20 to 1400.8612. The notice must also contain information about the appellant's rights under
345.21 chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The institution of
345.22 proceedings for judicial review of the commissioner's final order shall not stay the
345.23 enforcement of the final order except as provided in section 14.65. This subdivision does
345.24 not apply to hearings relating to the license of a family child care provider or group family
345.25 child care provider.

345.26 Sec. 14. Minnesota Statutes 2020, section 245A.14, subdivision 1, is amended to read:

345.27 Subdivision 1. **Permitted single-family residential use.** A licensed nonresidential
345.28 program with a licensed capacity of 12 or fewer persons and a group family day care facility
345.29 licensed under Minnesota Rules, parts 9502.0315 to 9502.0445, to serve ~~14~~ 16 or fewer
345.30 children shall be considered a permitted single-family residential use of property for the
345.31 purposes of zoning and other land use regulations.

346.1 Sec. 15. Minnesota Statutes 2020, section 245A.14, subdivision 4, is amended to read:

346.2 Subd. 4. **Special family day child care homes.** ~~(a) Nonresidential child~~ Child care
 346.3 programs serving ~~14~~ 16 or fewer children that are conducted at a location other than the
 346.4 license holder's own residence shall be licensed under this section and the rules governing
 346.5 family day care or group family day care if:

346.6 ~~(a) the license holder is the primary provider of care and the nonresidential child care~~
 346.7 ~~program is conducted in a dwelling other than the license holder's own residence that is~~
 346.8 ~~located on a residential lot;~~

346.9 ~~(b) the license holder is an employer who may or may not be the primary provider of~~
 346.10 ~~care, and the purpose for the child care program is to provide child care services to children~~
 346.11 ~~of the license holder's employees;~~

346.12 ~~(c) the license holder is a church or religious organization;~~

346.13 ~~(d) the license holder is a community collaborative child care provider. For purposes of~~
 346.14 ~~this subdivision, a community collaborative child care provider is a provider participating~~
 346.15 ~~in a cooperative agreement with a community action agency as defined in section 256E.31;~~

346.16 ~~(e) the license holder is a not-for-profit agency that provides child care in a dwelling~~
 346.17 ~~located on a residential lot and the license holder maintains two or more contracts with~~
 346.18 ~~community employers or other community organizations to provide child care services.~~
 346.19 ~~The county licensing agency may grant a capacity variance to a license holder licensed~~
 346.20 ~~under this paragraph to exceed the licensed capacity of 14 children by no more than five~~
 346.21 ~~children during transition periods related to the work schedules of parents, if the license~~
 346.22 ~~holder meets the following requirements:~~

346.23 ~~(1) the program does not exceed a capacity of 14 children more than a cumulative total~~
 346.24 ~~of four hours per day;~~

346.25 ~~(2) the program meets a one to seven staff to child ratio during the variance period;~~

346.26 ~~(3) all employees receive at least an extra four hours of training per year than required~~
 346.27 ~~in the rules governing family child care each year;~~

346.28 ~~(4) the facility has square footage required per child under Minnesota Rules, part~~
 346.29 ~~9502.0425;~~

346.30 ~~(5) the program is in compliance with local zoning regulations;~~

346.31 ~~(6) the program is in compliance with the applicable fire code as follows:~~

347.1 ~~(i) if the program serves more than five children older than 2-1/2 years of age, but no~~
347.2 ~~more than five children 2-1/2 years of age or less, the applicable fire code is educational~~
347.3 ~~occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,~~
347.4 ~~Section 202; or~~

347.5 ~~(ii) if the program serves more than five children 2-1/2 years of age or less, the applicable~~
347.6 ~~fire code is Group I-4 Occupancies, as provided in the Minnesota State Fire Code 2015,~~
347.7 ~~Section 202, unless the rooms in which the children are cared for are located on a level of~~
347.8 ~~exit discharge and each of these child care rooms has an exit door directly to the exterior,~~
347.9 ~~then the applicable fire code is Group E occupancies, as provided in the Minnesota State~~
347.10 ~~Fire Code 2015, Section 202; and~~

347.11 ~~(7) any age and capacity limitations required by the fire code inspection and square~~
347.12 ~~footage determinations shall be printed on the license; or~~

347.13 ~~(f) the license holder is the primary provider of care and has located the licensed child~~
347.14 ~~care program in a commercial space, if the license holder meets the following requirements:~~

347.15 ~~(1) the program is in compliance with local zoning regulations;~~

347.16 ~~(2) the program is in compliance with the applicable fire code as follows:~~

347.17 ~~(i) if the program serves more than five children older than 2-1/2 years of age, but no~~
347.18 ~~more than five children 2-1/2 years of age or less, the applicable fire code is educational~~
347.19 ~~occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,~~
347.20 ~~Section 202; or~~

347.21 ~~(ii) if the program serves more than five children 2-1/2 years of age or less, the applicable~~
347.22 ~~fire code is Group I-4 Occupancies, as provided under the Minnesota State Fire Code 2015,~~
347.23 ~~Section 202;~~

347.24 ~~(3) any age and capacity limitations required by the fire code inspection and square~~
347.25 ~~footage determinations are printed on the license; and~~

347.26 ~~(4) the license holder prominently displays the license issued by the commissioner which~~
347.27 ~~contains the statement "This special family child care provider is not licensed as a child~~
347.28 ~~care center."~~

347.29 ~~(g) The commissioner may approve two or more licenses under paragraphs (a) to (f) to~~
347.30 ~~be issued at the same location or under one contiguous roof, if each license holder is able~~
347.31 ~~to demonstrate compliance with all applicable rules and laws. Each license holder must~~
347.32 ~~operate the license holder's respective licensed program as a distinct program and within~~
347.33 ~~the capacity, age, and ratio distributions of each license.~~

348.1 ~~(h)~~ (b) The commissioner may grant variances to this section to allow a primary provider
 348.2 of care, ~~a not-for-profit organization, a church or religious organization, an employer, or a~~
 348.3 ~~community collaborative~~ to be licensed to provide child care under ~~paragraphs (e) and (f)~~
 348.4 section 245A.141, subdivision 1, paragraph (a), clauses (4) and (5), if the license holder
 348.5 meets the other requirements of the statute.

348.6 Sec. 16. [245A.141] NONRESIDENTIAL FAMILY CHILD CARE PROGRAM
 348.7 LICENSING.

348.8 Subdivision 1. Nonresidential family child care programs. (a) The following child
 348.9 care programs serving 16 or fewer children that are conducted at a location other than the
 348.10 license holder's own residence shall be licensed under this section:

348.11 (1) the license holder is an employer who may or may not be the primary provider of
 348.12 care, and the purpose for the child care program is to provide child care services to children
 348.13 of the license holder's employees;

348.14 (2) the license holder is a church or religious organization;

348.15 (3) the license holder is a community collaborative child care provider. For purposes of
 348.16 this subdivision, a community collaborative child care provider is a provider participating
 348.17 in a cooperative agreement with a community action agency as defined in section 256E.31;

348.18 (4) the license holder is a not-for-profit agency that provides child care in a dwelling
 348.19 located on a residential lot and the license holder maintains two or more contracts with
 348.20 community employers or other community organizations to provide child care services.
 348.21 The county licensing agency may grant a capacity variance to a license holder licensed
 348.22 under this paragraph to exceed the licensed capacity of 16 children by no more than five
 348.23 children during transition periods related to the work schedules of parents, if the license
 348.24 holder meets the following requirements:

348.25 (i) the program does not exceed a capacity of 16 children more than a cumulative total
 348.26 of four hours per day;

348.27 (ii) the program meets a one-to-eight staff-to-child ratio during the variance period;

348.28 (iii) all employees receive at least an extra four hours of training per year than are required
 348.29 in the rules governing family child care each year;

348.30 (iv) the facility has square footage required per child under Minnesota Rules, part
 348.31 9502.0425;

348.32 (v) the program is in compliance with local zoning regulations;

349.1 (vi) the program is in compliance with the applicable fire code as follows:

349.2 (A) if the program serves more than five children older than 2-1/2 years of age, but no
349.3 more than five children 2-1/2 years of age or younger, the applicable fire code is educational
349.4 occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,
349.5 Section 202; or

349.6 (B) if the program serves more than five children 2-1/2 years of age or younger, the
349.7 applicable fire code is Group I-4 Occupancies, as provided in the Minnesota State Fire Code
349.8 2015, Section 202, unless the rooms in which the children are cared for are located on a
349.9 level of exit discharge and each of these child care rooms has an exit door directly to the
349.10 exterior, then the applicable fire code is Group E Occupancies, as provided in the Minnesota
349.11 State Fire Code 2015, Section 202; and

349.12 (vii) any age and capacity limitations required by the fire code inspection and square
349.13 footage determinations shall be printed on the license; or

349.14 (5) the license holder is the primary provider of care and has located the licensed child
349.15 care program in a commercial space, if the license holder meets the following requirements:

349.16 (i) the program is in compliance with local zoning regulations;

349.17 (ii) the program is in compliance with the applicable fire code as follows:

349.18 (A) if the program serves more than five children older than 2-1/2 years of age, but no
349.19 more than five children 2-1/2 years of age or younger, the applicable fire code is educational
349.20 occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,
349.21 Section 202; or

349.22 (B) if the program serves more than five children 2-1/2 years of age or younger, the
349.23 applicable fire code is Group I-4 Occupancies, as provided under the Minnesota State Fire
349.24 Code 2015, Section 202;

349.25 (iii) any age and capacity limitations required by the fire code inspection and square
349.26 footage determinations are printed on the license; and

349.27 (iv) the license holder prominently displays the license issued by the commissioner that
349.28 contains the statement "This special family child care provider is not licensed as a child
349.29 care center."

349.30 (b) Programs licensed under this section shall be subject to the rules governing family
349.31 day care or group family day care.

350.1 (c) Programs licensed under this section shall be monitored by county licensing agencies
350.2 under section 245A.16.

350.3 Subd. 2. **Multiple license approval.** The commissioner may approve up to four licenses
350.4 under subdivision 1, paragraph (a), clause (1) or (2), to be issued at the same location or
350.5 under one contiguous roof, if each license holder is able to demonstrate compliance with
350.6 all applicable rules and laws. Each license holder must operate the license holder's respective
350.7 licensed program as a distinct program and within the capacity, age, and ratio distributions
350.8 of each license.

350.9 Subd. 3. **Variances.** The commissioner may grant variances to this section to allow a
350.10 primary provider of care, a not-for-profit organization, a church or religious organization,
350.11 an employer, or a community collaborative to be licensed to provide child care under
350.12 subdivision 1, paragraph (a), clauses (4) and (5), if the license holder meets the other
350.13 requirements of the statute.

350.14 Sec. 17. Minnesota Statutes 2020, section 245A.16, subdivision 1, is amended to read:

350.15 Subdivision 1. **Delegation of authority to agencies.** (a) County agencies and private
350.16 agencies that have been designated or licensed by the commissioner to perform licensing
350.17 functions and activities under section 245A.04 and background studies for family child care
350.18 under chapter 245C; to recommend denial of applicants under section 245A.05; to issue
350.19 correction orders, to issue variances, and recommend a conditional license under section
350.20 245A.06; or to recommend suspending or revoking a license or issuing a fine under section
350.21 245A.07, shall comply with rules and directives of the commissioner governing those
350.22 functions and with this section. The following variances are excluded from the delegation
350.23 of variance authority and may be issued only by the commissioner:

350.24 (1) dual licensure of family child care and child foster care, dual licensure of child and
350.25 adult foster care, and adult foster care and family child care;

350.26 (2) adult foster care maximum capacity;

350.27 (3) adult foster care minimum age requirement;

350.28 (4) child foster care maximum age requirement;

350.29 (5) variances regarding disqualified individuals except that, before the implementation
350.30 of NETStudy 2.0, county agencies may issue variances under section 245C.30 regarding
350.31 disqualified individuals when the county is responsible for conducting a consolidated
350.32 reconsideration according to sections 245C.25 and 245C.27, subdivision 2, clauses (a) and

351.1 (b), of a county maltreatment determination and a disqualification based on serious or
351.2 recurring maltreatment;

351.3 (6) the required presence of a caregiver in the adult foster care residence during normal
351.4 sleeping hours;

351.5 (7) variances to requirements relating to chemical use problems of a license holder or a
351.6 household member of a license holder; and

351.7 (8) variances to section 245A.53 for a time-limited period. If the commissioner grants
351.8 a variance under this clause, the license holder must provide notice of the variance to all
351.9 parents and guardians of the children in care.

351.10 Except as provided in section ~~245A.14, subdivision 4, paragraph (e)~~ 245A.141, subdivision
351.11 1, paragraph (a), clause (4), a county agency must not grant a license holder a variance to
351.12 exceed the maximum allowable family child care license capacity of ~~14~~ 16 children.

351.13 (b) A county agency that has been designated by the commissioner to issue family child
351.14 care variances must:

351.15 (1) publish the county agency's policies and criteria for issuing variances on the county's
351.16 public website and update the policies as necessary; and

351.17 (2) annually distribute the county agency's policies and criteria for issuing variances to
351.18 all family child care license holders in the county.

351.19 (c) Before the implementation of NETStudy 2.0, county agencies must report information
351.20 about disqualification reconsiderations under sections 245C.25 and 245C.27, subdivision
351.21 2, paragraphs (a) and (b), and variances granted under paragraph (a), clause (5), to the
351.22 commissioner at least monthly in a format prescribed by the commissioner.

351.23 (d) For family child care programs, the commissioner shall require a county agency to
351.24 conduct one unannounced licensing review at least annually.

351.25 (e) For family adult day services programs, the commissioner may authorize licensing
351.26 reviews every two years after a licensee has had at least one annual review.

351.27 (f) A license issued under this section may be issued for up to two years.

351.28 (g) During implementation of chapter 245D, the commissioner shall consider:

351.29 (1) the role of counties in quality assurance;

351.30 (2) the duties of county licensing staff; and

352.1 (3) the possible use of joint powers agreements, according to section 471.59, with counties
352.2 through which some licensing duties under chapter 245D may be delegated by the
352.3 commissioner to the counties.

352.4 Any consideration related to this paragraph must meet all of the requirements of the corrective
352.5 action plan ordered by the federal Centers for Medicare and Medicaid Services.

352.6 (h) Licensing authority specific to section 245D.06, subdivisions 5, 6, 7, and 8, or
352.7 successor provisions; and section 245D.061 or successor provisions, for family child foster
352.8 care programs providing out-of-home respite, as identified in section 245D.03, subdivision
352.9 1, paragraph (b), clause (1), is excluded from the delegation of authority to county and
352.10 private agencies.

352.11 (i) A county agency shall report to the commissioner, in a manner prescribed by the
352.12 commissioner, the following information for a licensed family child care program:

352.13 (1) the results of each licensing review completed, including the date of the review, and
352.14 any licensing correction order issued;

352.15 (2) any death, serious injury, or determination of substantiated maltreatment; and

352.16 (3) any fires that require the service of a fire department within 48 hours of the fire. The
352.17 information under this clause must also be reported to the state fire marshal within two
352.18 business days of receiving notice from a licensed family child care provider.

352.19 (j) A county agency must forward all communications from the Department of Human
352.20 Services about family child care to family child care providers in the county. Additional
352.21 comments by the county agency may be included if labeled as county agency comments.

352.22 Sec. 18. Minnesota Statutes 2020, section 245A.16, is amended by adding a subdivision
352.23 to read:

352.24 Subd. 9. Licensed family foster settings. (a) Before recommending to grant a license,
352.25 deny a license under section 245A.05, or revoke a license under section 245A.07 for
352.26 nondisqualifying background study information received under section 245C.05, subdivision
352.27 4, paragraph (a), clause (3), for a licensed family foster setting, a county agency or private
352.28 agency that has been designated or licensed by the commissioner must review the following:

352.29 (1) the type of offenses;

352.30 (2) the number of offenses;

352.31 (3) the nature of the offenses;

- 353.1 (4) the age of the individual at the time of the offenses;
- 353.2 (5) the length of time that has elapsed since the last offense;
- 353.3 (6) the relationship of the offenses and the capacity to care for a child;
- 353.4 (7) evidence of rehabilitation;
- 353.5 (8) information or knowledge from community members regarding the individual's
- 353.6 capacity to provide foster care;
- 353.7 (9) any available information regarding child maltreatment reports or child in need of
- 353.8 protection or services petitions, or related cases, in which the individual has been involved
- 353.9 or implicated, and documentation that the individual has remedied issues or conditions
- 353.10 identified in child protection or court records that are relevant to safely caring for a child;
- 353.11 (10) a statement from the study subject;
- 353.12 (11) a statement from the license holder; and
- 353.13 (12) other aggravating and mitigating factors.
- 353.14 (b) For purposes of this section, "evidence of rehabilitation" includes but is not limited
- 353.15 to the following:
- 353.16 (1) maintaining a safe and stable residence;
- 353.17 (2) continuous, regular, or stable employment;
- 353.18 (3) successful participation in an education or job training program;
- 353.19 (4) positive involvement with the community or extended family;
- 353.20 (5) compliance with the terms and conditions of probation or parole following the
- 353.21 individual's most recent conviction;
- 353.22 (6) if the individual has had a substance use disorder, successful completion of a substance
- 353.23 use disorder assessment, substance use disorder treatment, and recommended continuing
- 353.24 care, if applicable, demonstrated abstinence from controlled substances, as defined in section
- 353.25 152.01, subdivision 4, or the establishment of a sober network;
- 353.26 (7) if the individual has had a mental illness or documented mental health issues,
- 353.27 demonstrated completion of a mental health evaluation, participation in therapy or other
- 353.28 recommended mental health treatment, or appropriate medication management, if applicable;
- 353.29 (8) if the individual's offense or conduct involved domestic violence, demonstrated
- 353.30 completion of a domestic violence or anger management program, and the absence of any

354.1 orders for protection or harassment restraining orders against the individual since the previous
354.2 offense or conduct;

354.3 (9) written letters of support from individuals of good repute, including but not limited
354.4 to employers, members of the clergy, probation or parole officers, volunteer supervisors,
354.5 or social services workers;

354.6 (10) demonstrated remorse for convictions or conduct, or demonstrated positive behavior
354.7 changes; and

354.8 (11) absence of convictions or arrests since the previous offense or conduct, including
354.9 any convictions that were expunged or pardoned.

354.10 (c) An applicant for a family foster setting license must sign all releases of information
354.11 requested by the county or private licensing agency.

354.12 (d) When licensing a relative for a family foster setting, the commissioner shall also
354.13 consider the importance of maintaining the child's relationship with relatives as an additional
354.14 significant factor in determining whether an application will be denied.

354.15 (e) When recommending that the commissioner deny or revoke a license, the county or
354.16 private licensing agency must send a summary of the review completed according to
354.17 paragraph (a), on a form developed by the commissioner, to the commissioner and include
354.18 any recommendation for licensing action.

354.19 **EFFECTIVE DATE.** This section is effective July 1, 2022.

354.20 Sec. 19. Minnesota Statutes 2020, section 245A.50, subdivision 1a, is amended to read:

354.21 Subd. 1a. **Definitions and general provisions.** For the purposes of this section, the
354.22 following terms have the meanings given:

354.23 (1) "second adult caregiver" means an adult who cares for children in the licensed
354.24 program along with the license holder for a cumulative total of more than 500 hours annually;

354.25 (2) "helper" means a minor, ages 13 to 17, who assists in caring for children; ~~and~~

354.26 (3) "substitute" means an adult who assumes responsibility for a license holder for a
354.27 cumulative total of not more than 500 hours annually; and

354.28 (4) "adult assistant" means an adult who assists in caring for children exclusively under
354.29 the direct supervision of the license holder. An adult assistant may not serve as a second
354.30 adult caregiver and has the same training requirements as helpers.

355.1 An adult, except for an adult assistant, who cares for children in the licensed program along
355.2 with the license holder for a cumulative total of not more than 500 hours annually has the
355.3 same training requirements as a substitute.

355.4 Sec. 20. Minnesota Statutes 2020, section 245A.50, subdivision 7, is amended to read:

355.5 Subd. 7. **Training requirements for family and group family child care.** (a) For
355.6 purposes of family and group family child care, the license holder and each second adult
355.7 caregiver must complete 16 hours of ongoing training each year. Repeat of topical training
355.8 requirements in subdivisions 2 to 8 shall count toward the annual 16-hour training
355.9 requirement. Additional ongoing training subjects to meet the annual 16-hour training
355.10 requirement must be selected from the following areas:

355.11 (1) child development and learning training in understanding how a child develops
355.12 physically, cognitively, emotionally, and socially, and how a child learns as part of the
355.13 child's family, culture, and community;

355.14 (2) developmentally appropriate learning experiences, including training in creating
355.15 positive learning experiences, promoting cognitive development, promoting social and
355.16 emotional development, promoting physical development, promoting creative development;
355.17 and behavior guidance;

355.18 (3) relationships with families, including training in building a positive, respectful
355.19 relationship with the child's family;

355.20 (4) assessment, evaluation, and individualization, including training in observing,
355.21 recording, and assessing development; assessing and using information to plan; and assessing
355.22 and using information to enhance and maintain program quality;

355.23 (5) historical and contemporary development of early childhood education, including
355.24 training in past and current practices in early childhood education and how current events
355.25 and issues affect children, families, and programs;

355.26 (6) professionalism, including training in knowledge, skills, and abilities that promote
355.27 ongoing professional development; and

355.28 (7) health, safety, and nutrition, including training in establishing healthy practices;
355.29 ensuring safety; and providing healthy nutrition.

355.30 (b) A provider who is approved as a trainer through the Develop data system may count
355.31 up to two hours of training instruction toward the annual 16-hour training requirement in
355.32 paragraph (a). The provider may only count training instruction hours for the first instance

356.1 in which they deliver a particular content-specific training during each licensing year. Hours
356.2 counted as training instruction must be approved through the Develop data system with
356.3 attendance verified on the trainer's individual learning record.

356.4 Sec. 21. Minnesota Statutes 2020, section 245C.03, is amended by adding a subdivision
356.5 to read:

356.6 Subd. 14. **First-time applicants for educator licenses with the Professional Educator**
356.7 **Licensing and Standards Board.** The Professional Educator Licensing and Standards
356.8 Board shall make all eligibility determinations for background studies conducted under this
356.9 section for the Professional Educator Licensing and Standards Board. The commissioner
356.10 may conduct a background study of all first-time applicants for educator licenses pursuant
356.11 to section 122A.18, subdivision 8. The background study of all first-time applicants for
356.12 educator licenses must include a review of information from the Bureau of Criminal
356.13 Apprehension, including criminal history data as defined in section 13.87, and must also
356.14 include a review of the national criminal records repository.

356.15 Sec. 22. Minnesota Statutes 2020, section 245C.03, is amended by adding a subdivision
356.16 to read:

356.17 Subd. 15. **First-time applicants for administrator licenses with the Board of School**
356.18 **Administrators.** The Board of School Administrators shall make all eligibility determinations
356.19 for background studies conducted under this section for the Board of School Administrators.
356.20 The commissioner may conduct a background study of all first-time applicants for
356.21 administrator licenses pursuant to section 122A.18, subdivision 8. The background study
356.22 of all first-time applicants for administrator licenses must include a review of information
356.23 from the Bureau of Criminal Apprehension, including criminal history data as defined in
356.24 section 13.87, and must also include a review of the national criminal records repository.

356.25 Sec. 23. Minnesota Statutes 2020, section 245C.03, is amended by adding a subdivision
356.26 to read:

356.27 Subd. 16. **Occupations regulated by MNsure.** (a) The commissioner shall conduct a
356.28 background study of any individual required under section 62V.05 to have a background
356.29 study completed under this chapter. The commissioner shall conduct a background study
356.30 only based on Minnesota criminal records of:

356.31 (1) each navigator;

356.32 (2) each in-person assister; and

357.1 (3) each certified application counselor.

357.2 (b) The MNsure board of directors may initiate background studies required by paragraph
357.3 (a) using the online NETStudy 2.0 system operated by the commissioner.

357.4 (c) The commissioner shall review information that the commissioner receives to
357.5 determine if the study subject has potentially disqualifying offenses. The commissioner
357.6 shall send a letter to the subject indicating any of the subject's potential disqualifications as
357.7 well as any relevant records. The commissioner shall send a copy of the letter indicating
357.8 any of the subject's potential disqualifications to the MNsure board.

357.9 (d) The MNsure board or the board's delegate shall review a reconsideration request of
357.10 an individual in paragraph (a), including granting a set-aside, according to the procedures
357.11 and criteria in chapter 245C. The board shall notify the individual and the Department of
357.12 Human Services of the board's decision.

357.13 Sec. 24. Minnesota Statutes 2020, section 245C.05, subdivision 2c, is amended to read:

357.14 Subd. 2c. **Privacy notice to background study subject.** (a) Prior to initiating each
357.15 background study, the entity initiating the study must provide the commissioner's privacy
357.16 notice to the background study subject required under section 13.04, subdivision 2. The
357.17 notice must be available through the commissioner's electronic NETStudy and NETStudy
357.18 2.0 systems and shall include the information in paragraphs (b) and (c).

357.19 (b) The background study subject shall be informed that any previous background studies
357.20 that received a set-aside will be reviewed, and without further contact with the background
357.21 study subject, the commissioner may notify the agency that initiated the subsequent
357.22 background study:

357.23 (1) that the individual has a disqualification that has been set aside for the program or
357.24 agency that initiated the study;

357.25 (2) the reason for the disqualification; and

357.26 (3) that information about the decision to set aside the disqualification will be available
357.27 to the license holder upon request without the consent of the background study subject.

357.28 (c) The background study subject must also be informed that:

357.29 (1) the subject's fingerprints collected for purposes of completing the background study
357.30 under this chapter must not be retained by the Department of Public Safety, Bureau of
357.31 Criminal Apprehension, or by the commissioner. The Federal Bureau of Investigation will

358.1 ~~only retain fingerprints of subjects with a criminal history~~ not retain background study
358.2 subjects' fingerprints;

358.3 (2) effective upon implementation of NETStudy 2.0, the subject's photographic image
358.4 will be retained by the commissioner, and if the subject has provided the subject's Social
358.5 Security number for purposes of the background study, the photographic image will be
358.6 available to prospective employers and agencies initiating background studies under this
358.7 chapter to verify the identity of the subject of the background study;

358.8 (3) the commissioner's authorized fingerprint collection vendor shall, for purposes of
358.9 verifying the identity of the background study subject, be able to view the identifying
358.10 information entered into NETStudy 2.0 by the entity that initiated the background study,
358.11 but shall not retain the subject's fingerprints, photograph, or information from NETStudy
358.12 2.0. The authorized fingerprint collection vendor shall retain no more than the subject's
358.13 name and the date and time the subject's fingerprints were recorded and sent, only as
358.14 necessary for auditing and billing activities;

358.15 (4) the commissioner shall provide the subject notice, as required in section 245C.17,
358.16 subdivision 1, paragraph (a), when an entity initiates a background study on the individual;

358.17 (5) the subject may request in writing a report listing the entities that initiated a
358.18 background study on the individual as provided in section 245C.17, subdivision 1, paragraph
358.19 (b);

358.20 (6) the subject may request in writing that information used to complete the individual's
358.21 background study in NETStudy 2.0 be destroyed if the requirements of section 245C.051,
358.22 paragraph (a), are met; and

358.23 (7) notwithstanding clause (6), the commissioner shall destroy:

358.24 (i) the subject's photograph after a period of two years when the requirements of section
358.25 245C.051, paragraph (c), are met; and

358.26 (ii) any data collected on a subject under this chapter after a period of two years following
358.27 the individual's death as provided in section 245C.051, paragraph (d).

358.28 Sec. 25. Minnesota Statutes 2020, section 245C.05, subdivision 2d, is amended to read:

358.29 Subd. 2d. **Fingerprint data notification.** The commissioner of human services shall
358.30 notify all background study subjects under this chapter that the Department of Human
358.31 Services, Department of Public Safety, and the Bureau of Criminal Apprehension do not
358.32 retain fingerprint data after a background study is completed, and that the Federal Bureau

359.1 of Investigation ~~only retains the fingerprints of subjects who have a criminal history~~ does
359.2 not retain background study subjects' fingerprints.

359.3 Sec. 26. Minnesota Statutes 2020, section 245C.05, subdivision 4, is amended to read:

359.4 Subd. 4. **Electronic transmission.** (a) For background studies conducted by the
359.5 Department of Human Services, the commissioner shall implement a secure system for the
359.6 electronic transmission of:

359.7 (1) background study information to the commissioner;

359.8 (2) background study results to the license holder;

359.9 (3) background study results to counties for background studies conducted by the
359.10 commissioner for child foster care, including a summary of nondisqualifying results, except
359.11 as prohibited by law; and

359.12 (4) background study results to county agencies for background studies conducted by
359.13 the commissioner for adult foster care and family adult day services and, upon
359.14 implementation of NETStudy 2.0, family child care and legal nonlicensed child care
359.15 authorized under chapter 119B.

359.16 (b) Unless the commissioner has granted a hardship variance under paragraph (c), a
359.17 license holder or an applicant must use the electronic transmission system known as
359.18 NETStudy or NETStudy 2.0 to submit all requests for background studies to the
359.19 commissioner as required by this chapter.

359.20 (c) A license holder or applicant whose program is located in an area in which high-speed
359.21 Internet is inaccessible may request the commissioner to grant a variance to the electronic
359.22 transmission requirement.

359.23 (d) Section 245C.08, subdivision 3, paragraph (c), applies to results transmitted under
359.24 this subdivision.

359.25 **EFFECTIVE DATE.** This section is effective July 1, 2022.

359.26 Sec. 27. Minnesota Statutes 2020, section 245C.08, subdivision 3, is amended to read:

359.27 Subd. 3. **Arrest and investigative information.** (a) For any background study completed
359.28 under this section, if the commissioner has reasonable cause to believe the information is
359.29 pertinent to the disqualification of an individual, the commissioner also may review arrest
359.30 and investigative information from:

359.31 (1) the Bureau of Criminal Apprehension;

360.1 (2) the commissioners of health and human services;

360.2 (3) a county attorney;

360.3 (4) a county sheriff;

360.4 (5) a county agency;

360.5 (6) a local chief of police;

360.6 (7) other states;

360.7 (8) the courts;

360.8 (9) the Federal Bureau of Investigation;

360.9 (10) the National Criminal Records Repository; and

360.10 (11) criminal records from other states.

360.11 (b) Except when specifically required by law, the commissioner is not required to conduct
360.12 more than one review of a subject's records from the Federal Bureau of Investigation if a
360.13 review of the subject's criminal history with the Federal Bureau of Investigation has already
360.14 been completed by the commissioner and there has been no break in the subject's affiliation
360.15 with the entity that initiated the background study.

360.16 (c) If the commissioner conducts a national criminal history record check when required
360.17 by law and uses the information from the national criminal history record check to make a
360.18 disqualification determination, the data obtained is private data and cannot be shared with
360.19 ~~county agencies~~, private agencies, or prospective employers of the background study subject.

360.20 (d) If the commissioner conducts a national criminal history record check when required
360.21 by law and uses the information from the national criminal history record check to make a
360.22 disqualification determination, the license holder or entity that submitted the study is not
360.23 required to obtain a copy of the background study subject's disqualification letter under
360.24 section 245C.17, subdivision 3.

360.25 **EFFECTIVE DATE.** This section is effective July 1, 2021.

360.26 Sec. 28. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision
360.27 to read:

360.28 **Subd. 18. Occupations regulated by MNsure.** The commissioner shall set fees to
360.29 recover the cost of background studies and criminal background checks initiated by MNsure
360.30 under sections 62V.05 and 245C.03. The fee amount shall be established through interagency
360.31 agreement between the commissioner and the board of MNsure or its designee. The fees

361.1 collected under this subdivision shall be deposited in the special revenue fund and are
361.2 appropriated to the commissioner for the purpose of conducting background studies and
361.3 criminal background checks.

361.4 Sec. 29. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision
361.5 to read:

361.6 Subd. 19. **Professional Educators Licensing Standards Board.** The commissioner
361.7 shall recover the cost of background studies initiated by the Professional Educators Licensing
361.8 Standards Board through a fee of no more than \$51 per study. Fees collected under this
361.9 subdivision are appropriated to the commissioner for purposes of conducting background
361.10 studies.

361.11 Sec. 30. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision
361.12 to read:

361.13 Subd. 20. **Board of School Administrators.** The commissioner shall recover the cost
361.14 of background studies initiated by the Board of School Administrators through a fee of no
361.15 more than \$51 per study. Fees collected under this subdivision are appropriated to the
361.16 commissioner for purposes of conducting background studies.

361.17 Sec. 31. Minnesota Statutes 2020, section 245C.14, subdivision 1, is amended to read:

361.18 Subdivision 1. **Disqualification from direct contact.** (a) The commissioner shall
361.19 disqualify an individual who is the subject of a background study from any position allowing
361.20 direct contact with persons receiving services from the license holder or entity identified in
361.21 section 245C.03, upon receipt of information showing, or when a background study
361.22 completed under this chapter shows any of the following:

361.23 (1) a conviction of, admission to, or Alford plea to one or more crimes listed in section
361.24 245C.15, regardless of whether the conviction or admission is a felony, gross misdemeanor,
361.25 or misdemeanor level crime;

361.26 (2) a preponderance of the evidence indicates the individual has committed an act or
361.27 acts that meet the definition of any of the crimes listed in section 245C.15, regardless of
361.28 whether the preponderance of the evidence is for a felony, gross misdemeanor, or
361.29 misdemeanor level crime; or

361.30 (3) an investigation results in an administrative determination listed under section
361.31 245C.15, subdivision 4, paragraph (b).

362.1 (b) No individual who is disqualified following a background study under section
 362.2 245C.03, subdivisions 1 and 2, may be retained in a position involving direct contact with
 362.3 persons served by a program or entity identified in section 245C.03, unless the commissioner
 362.4 has provided written notice under section 245C.17 stating that:

362.5 (1) the individual may remain in direct contact during the period in which the individual
 362.6 may request reconsideration as provided in section 245C.21, subdivision 2;

362.7 (2) the commissioner has set aside the individual's disqualification for that program or
 362.8 entity identified in section 245C.03, as provided in section 245C.22, subdivision 4; or

362.9 (3) the license holder has been granted a variance for the disqualified individual under
 362.10 section 245C.30.

362.11 (c) Notwithstanding paragraph (a), for the purposes of a background study affiliated
 362.12 with a licensed family foster setting, the commissioner shall disqualify an individual who
 362.13 is the subject of a background study from any position allowing direct contact with persons
 362.14 receiving services from the license holder or entity identified in section 245C.03, upon
 362.15 receipt of information showing or when a background study completed under this chapter
 362.16 shows reason for disqualification under section 245C.15, subdivision 4a.

362.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

362.18 Sec. 32. Minnesota Statutes 2020, section 245C.15, is amended by adding a subdivision
 362.19 to read:

362.20 **Subd. 4a. Licensed family foster setting disqualifications.** (a) Notwithstanding
 362.21 subdivisions 1 to 4, for a background study affiliated with a licensed family foster setting,
 362.22 regardless of how much time has passed, an individual is disqualified under section 245C.14
 362.23 if the individual committed an act that resulted in a felony-level conviction for sections:
 362.24 609.185 (murder in the first degree); 609.19 (murder in the second degree); 609.195 (murder
 362.25 in the third degree); 609.20 (manslaughter in the first degree); 609.205 (manslaughter in
 362.26 the second degree); 609.2112 (criminal vehicular homicide); 609.221 (assault in the first
 362.27 degree); 609.223, subdivision 2 (assault in the third degree, past pattern of child abuse);
 362.28 609.223, subdivision 3 (assault in the third degree, victim under four); a felony offense
 362.29 under sections 609.2242 and 609.2243 (domestic assault, spousal abuse, child abuse or
 362.30 neglect, or a crime against children); 609.2247 (domestic assault by strangulation); 609.2325
 362.31 (criminal abuse of a vulnerable adult resulting in the death of a vulnerable adult); 609.245
 362.32 (aggravated robbery); 609.25 (kidnapping); 609.255 (false imprisonment); 609.2661 (murder
 362.33 of an unborn child in the first degree); 609.2662 (murder of an unborn child in the second

363.1 degree); 609.2663 (murder of an unborn child in the third degree); 609.2664 (manslaughter
 363.2 of an unborn child in the first degree); 609.2665 (manslaughter of an unborn child in the
 363.3 second degree); 609.267 (assault of an unborn child in the first degree); 609.2671 (assault
 363.4 of an unborn child in the second degree); 609.268 (injury or death of an unborn child in the
 363.5 commission of a crime); 609.322, subdivision 1 (solicitation, inducement, and promotion
 363.6 of prostitution; sex trafficking in the first degree); 609.324, subdivision 1 (other prohibited
 363.7 acts; engaging in, hiring, or agreeing to hire minor to engage in prostitution); 609.342
 363.8 (criminal sexual conduct in the first degree); 609.343 (criminal sexual conduct in the second
 363.9 degree); 609.344 (criminal sexual conduct in the third degree); 609.345 (criminal sexual
 363.10 conduct in the fourth degree); 609.3451 (criminal sexual conduct in the fifth degree);
 363.11 609.3453 (criminal sexual predatory conduct); 609.352 (solicitation of children to engage
 363.12 in sexual conduct); 609.377 (malicious punishment of a child); 609.378 (neglect or
 363.13 endangerment of a child); 609.561 (arson in the first degree); 609.582, subdivision 1 (burglary
 363.14 in the first degree); 609.746 (interference with privacy); 617.23 (indecent exposure); 617.246
 363.15 (use of minors in sexual performance prohibited); or 617.247 (possession of pictorial
 363.16 representations of minors).

363.17 (b) Notwithstanding subdivisions 1 to 4, for the purposes of a background study affiliated
 363.18 with a licensed family foster setting, an individual is disqualified under section 245C.14,
 363.19 regardless of how much time has passed, if the individual:

363.20 (1) committed an action under paragraph (d) that resulted in death or involved sexual
 363.21 abuse, as defined in section 260E.03, subdivision 20;

363.22 (2) committed an act that resulted in a gross misdemeanor-level conviction for section
 363.23 609.3451 (criminal sexual conduct in the fifth degree);

363.24 (3) committed an act against or involving a minor that resulted in a felony-level conviction
 363.25 for: section 609.222 (assault in the second degree); 609.223, subdivision 1 (assault in the
 363.26 third degree); 609.2231 (assault in the fourth degree); or 609.224 (assault in the fifth degree);
 363.27 or

363.28 (4) committed an act that resulted in a misdemeanor or gross misdemeanor-level
 363.29 conviction for section 617.293 (dissemination and display of harmful materials to minors).

363.30 (c) Notwithstanding subdivisions 1 to 4, for a background study affiliated with a licensed
 363.31 family foster setting, an individual is disqualified under section 245C.14 if less than 20
 363.32 years have passed since the termination of the individual's parental rights under section
 363.33 260C.301, subdivision 1, paragraph (b), or if the individual consented to a termination of
 363.34 parental rights under section 260C.301, subdivision 1, paragraph (a), to settle a petition to

364.1 involuntarily terminate parental rights. An individual is disqualified under section 245C.14
364.2 if less than 20 years have passed since the termination of the individual's parental rights in
364.3 any other state or country, where the conditions for the individual's termination of parental
364.4 rights are substantially similar to the conditions in section 260C.301, subdivision 1, paragraph
364.5 (b).

364.6 (d) Notwithstanding subdivisions 1 to 4, for a background study affiliated with a licensed
364.7 family foster setting, an individual is disqualified under section 245C.14 if less than five
364.8 years have passed since a felony-level violation for sections: 152.021 (controlled substance
364.9 crime in the first degree); 152.022 (controlled substance crime in the second degree); 152.023
364.10 (controlled substance crime in the third degree); 152.024 (controlled substance crime in the
364.11 fourth degree); 152.025 (controlled substance crime in the fifth degree); 152.0261 (importing
364.12 controlled substances across state borders); 152.0262, subdivision 1, paragraph (b)
364.13 (possession of substance with intent to manufacture methamphetamine); 152.027, subdivision
364.14 6, paragraph (c) (sale or possession of synthetic cannabinoids); 152.096 (conspiracies
364.15 prohibited); 152.097 (simulated controlled substances); 152.136 (anhydrous ammonia;
364.16 prohibited conduct; criminal penalties; civil liabilities); 152.137 (methamphetamine-related
364.17 crimes involving children or vulnerable adults); 169A.24 (felony first-degree driving while
364.18 impaired); 243.166 (violation of predatory offender registration requirements); 609.2113
364.19 (criminal vehicular operation; bodily harm); 609.2114 (criminal vehicular operation; unborn
364.20 child); 609.228 (great bodily harm caused by distribution of drugs); 609.2325 (criminal
364.21 abuse of a vulnerable adult not resulting in the death of a vulnerable adult); 609.233 (criminal
364.22 neglect); 609.235 (use of drugs to injure or facilitate a crime); 609.24 (simple robbery);
364.23 609.322, subdivision 1a (solicitation, inducement, and promotion of prostitution; sex
364.24 trafficking in the second degree); 609.498, subdivision 1 (tampering with a witness in the
364.25 first degree); 609.498, subdivision 1b (aggravated first-degree witness tampering); 609.562
364.26 (arson in the second degree); 609.563 (arson in the third degree); 609.582, subdivision 2
364.27 (burglary in the second degree); 609.66 (felony dangerous weapons); 609.687 (adulteration);
364.28 609.713 (terroristic threats); 609.749, subdivision 3, 4, or 5 (felony-level harassment or
364.29 stalking); 609.855, subdivision 5 (shooting at or in a public transit vehicle or facility); or
364.30 624.713 (certain people not to possess firearms).

364.31 (e) Notwithstanding subdivisions 1 to 4, except as provided in paragraph (a), for a
364.32 background study affiliated with a licensed family child foster care license, an individual
364.33 is disqualified under section 245C.14 if less than five years have passed since:

364.34 (1) a felony-level violation for an act not against or involving a minor that constitutes:
364.35 section 609.222 (assault in the second degree); 609.223, subdivision 1 (assault in the third

365.1 degree); 609.2231 (assault in the fourth degree); or 609.224, subdivision 4 (assault in the
365.2 fifth degree);

365.3 (2) a violation of an order for protection under section 518B.01, subdivision 14;

365.4 (3) a determination or disposition of the individual's failure to make required reports
365.5 under section 260E.06 or 626.557, subdivision 3, for incidents in which the final disposition
365.6 under chapter 260E or section 626.557 was substantiated maltreatment and the maltreatment
365.7 was recurring or serious;

365.8 (4) a determination or disposition of the individual's substantiated serious or recurring
365.9 maltreatment of a minor under chapter 260E, a vulnerable adult under section 626.557, or
365.10 serious or recurring maltreatment in any other state, the elements of which are substantially
365.11 similar to the elements of maltreatment under chapter 260E or section 626.557 and meet
365.12 the definition of serious maltreatment or recurring maltreatment;

365.13 (5) a gross misdemeanor-level violation for sections: 609.224, subdivision 2 (assault in
365.14 the fifth degree); 609.2242 and 609.2243 (domestic assault); 609.233 (criminal neglect);
365.15 609.377 (malicious punishment of a child); 609.378 (neglect or endangerment of a child);
365.16 609.746 (interference with privacy); 609.749 (stalking); or 617.23 (indecent exposure); or

365.17 (6) committing an act against or involving a minor that resulted in a misdemeanor-level
365.18 violation of section 609.224, subdivision 1 (assault in the fifth degree).

365.19 (f) For purposes of this subdivision, the disqualification begins from:

365.20 (1) the date of the alleged violation, if the individual was not convicted;

365.21 (2) the date of conviction, if the individual was convicted of the violation but not
365.22 committed to the custody of the commissioner of corrections; or

365.23 (3) the date of release from prison, if the individual was convicted of the violation and
365.24 committed to the custody of the commissioner of corrections.

365.25 Notwithstanding clause (3), if the individual is subsequently reincarcerated for a violation
365.26 of the individual's supervised release, the disqualification begins from the date of release
365.27 from the subsequent incarceration.

365.28 (g) An individual's aiding and abetting, attempt, or conspiracy to commit any of the
365.29 offenses listed in paragraphs (a) and (b), as each of these offenses is defined in Minnesota
365.30 Statutes, permanently disqualifies the individual under section 245C.14. An individual is
365.31 disqualified under section 245C.14 if less than five years have passed since the individual's

366.1 aiding and abetting, attempt, or conspiracy to commit any of the offenses listed in paragraphs
366.2 (d) and (e).

366.3 (h) An individual's offense in any other state or country, where the elements of the
366.4 offense are substantially similar to any of the offenses listed in paragraphs (a) and (b),
366.5 permanently disqualifies the individual under section 245C.14. An individual is disqualified
366.6 under section 245C.14 if less than five years have passed since an offense in any other state
366.7 or country, the elements of which are substantially similar to the elements of any offense
366.8 listed in paragraphs (d) and (e).

366.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

366.10 Sec. 33. Minnesota Statutes 2020, section 245C.24, subdivision 2, is amended to read:

366.11 Subd. 2. **Permanent bar to set aside a disqualification.** (a) Except as provided in
366.12 paragraphs (b) to ~~(e)~~ (f), the commissioner may not set aside the disqualification of any
366.13 individual disqualified pursuant to this chapter, regardless of how much time has passed,
366.14 if the individual was disqualified for a crime or conduct listed in section 245C.15, subdivision
366.15 1.

366.16 (b) For an individual in the chemical dependency or corrections field who was disqualified
366.17 for a crime or conduct listed under section 245C.15, subdivision 1, and whose disqualification
366.18 was set aside prior to July 1, 2005, the commissioner must consider granting a variance
366.19 pursuant to section 245C.30 for the license holder for a program dealing primarily with
366.20 adults. A request for reconsideration evaluated under this paragraph must include a letter
366.21 of recommendation from the license holder that was subject to the prior set-aside decision
366.22 addressing the individual's quality of care to children or vulnerable adults and the
366.23 circumstances of the individual's departure from that service.

366.24 (c) If an individual who requires a background study for nonemergency medical
366.25 transportation services under section 245C.03, subdivision 12, was disqualified for a crime
366.26 or conduct listed under section 245C.15, subdivision 1, and if more than 40 years have
366.27 passed since the discharge of the sentence imposed, the commissioner may consider granting
366.28 a set-aside pursuant to section 245C.22. A request for reconsideration evaluated under this
366.29 paragraph must include a letter of recommendation from the employer. This paragraph does
366.30 not apply to a person disqualified based on a violation of sections 243.166; 609.185 to
366.31 609.205; 609.25; 609.342 to 609.3453; 609.352; 617.23, subdivision 2, clause (1), or 3,
366.32 clause (1); 617.246; or 617.247.

367.1 (d) When a licensed foster care provider adopts an individual who had received foster
 367.2 care services from the provider for over six months, and the adopted individual is required
 367.3 to receive a background study under section 245C.03, subdivision 1, paragraph (a), clause
 367.4 (2) or (6), the commissioner may grant a variance to the license holder under section 245C.30
 367.5 to permit the adopted individual with a permanent disqualification to remain affiliated with
 367.6 the license holder under the conditions of the variance when the variance is recommended
 367.7 by the county of responsibility for each of the remaining individuals in placement in the
 367.8 home and the licensing agency for the home.

367.9 (e) For an individual 18 years of age or older affiliated with a licensed family foster
 367.10 setting, the commissioner must not set aside or grant a variance for the disqualification of
 367.11 any individual disqualified pursuant to this chapter, regardless of how much time has passed,
 367.12 if the individual was disqualified for a crime or conduct listed in section 245C.15, subdivision
 367.13 4a, paragraphs (a) and (b).

367.14 (f) In connection with a family foster setting license, the commissioner may grant a
 367.15 variance to the disqualification for an individual who is under 18 years of age at the time
 367.16 the background study is submitted.

367.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

367.18 Sec. 34. Minnesota Statutes 2020, section 245C.24, subdivision 3, is amended to read:

367.19 Subd. 3. **Ten-year bar to set aside disqualification.** (a) The commissioner may not set
 367.20 aside the disqualification of an individual in connection with a license to provide family
 367.21 child care for children, ~~foster care for children in the provider's home,~~ or foster care or day
 367.22 care services for adults in the provider's home if: (1) less than ten years has passed since
 367.23 the discharge of the sentence imposed, if any, for the offense; or (2) when disqualified based
 367.24 on a preponderance of evidence determination under section 245C.14, subdivision 1,
 367.25 paragraph (a), clause (2), or an admission under section 245C.14, subdivision 1, paragraph
 367.26 (a), clause (1), and less than ten years has passed since the individual committed the act or
 367.27 admitted to committing the act, whichever is later; and (3) the individual has committed a
 367.28 violation of any of the following offenses: sections 609.165 (felon ineligible to possess
 367.29 firearm); criminal vehicular homicide or criminal vehicular operation causing death under
 367.30 609.2112, 609.2113, or 609.2114 (criminal vehicular homicide or injury); 609.215 (aiding
 367.31 suicide or aiding attempted suicide); felony violations under 609.223 or 609.2231 (assault
 367.32 in the third or fourth degree); 609.229 (crimes committed for benefit of a gang); 609.713
 367.33 (terroristic threats); 609.235 (use of drugs to injure or to facilitate crime); 609.24 (simple
 367.34 robbery); 609.255 (false imprisonment); 609.562 (arson in the second degree); 609.71 (riot);

368.1 609.498, subdivision 1 or 1b (aggravated first-degree or first-degree tampering with a
368.2 witness); burglary in the first or second degree under 609.582 (burglary); 609.66 (dangerous
368.3 weapon); 609.665 (spring guns); 609.67 (machine guns and short-barreled shotguns);
368.4 609.749, subdivision 2 (gross misdemeanor harassment); 152.021 or 152.022 (controlled
368.5 substance crime in the first or second degree); 152.023, subdivision 1, clause (3) or (4) or
368.6 subdivision 2, clause (4) (controlled substance crime in the third degree); 152.024,
368.7 subdivision 1, clause (2), (3), or (4) (controlled substance crime in the fourth degree);
368.8 609.224, subdivision 2, paragraph (c) (fifth-degree assault by a caregiver against a vulnerable
368.9 adult); 609.23 (mistreatment of persons confined); 609.231 (mistreatment of residents or
368.10 patients); 609.2325 (criminal abuse of a vulnerable adult); 609.233 (criminal neglect of a
368.11 vulnerable adult); 609.2335 (financial exploitation of a vulnerable adult); 609.234 (failure
368.12 to report); 609.265 (abduction); 609.2664 to 609.2665 (manslaughter of an unborn child in
368.13 the first or second degree); 609.267 to 609.2672 (assault of an unborn child in the first,
368.14 second, or third degree); 609.268 (injury or death of an unborn child in the commission of
368.15 a crime); repeat offenses under 617.23 (indecent exposure); 617.293 (disseminating or
368.16 displaying harmful material to minors); a felony-level conviction involving alcohol or drug
368.17 use, a gross misdemeanor offense under 609.324, subdivision 1 (other prohibited acts); a
368.18 gross misdemeanor offense under 609.378 (neglect or endangerment of a child); a gross
368.19 misdemeanor offense under 609.377 (malicious punishment of a child); 609.72, subdivision
368.20 3 (disorderly conduct against a vulnerable adult); or 624.713 (certain persons not to possess
368.21 firearms); or Minnesota Statutes 2012, section 609.21.

368.22 (b) The commissioner may not set aside the disqualification of an individual if less than
368.23 ten years have passed since the individual's aiding and abetting, attempt, or conspiracy to
368.24 commit any of the offenses listed in paragraph (a) as each of these offenses is defined in
368.25 Minnesota Statutes.

368.26 (c) The commissioner may not set aside the disqualification of an individual if less than
368.27 ten years have passed since the discharge of the sentence imposed for an offense in any
368.28 other state or country, the elements of which are substantially similar to the elements of any
368.29 of the offenses listed in paragraph (a).

368.30 **EFFECTIVE DATE.** This section is effective July 1, 2022.

368.31 Sec. 35. Minnesota Statutes 2020, section 245C.24, subdivision 4, is amended to read:

368.32 Subd. 4. **Seven-year bar to set aside disqualification.** The commissioner may not set
368.33 aside the disqualification of an individual in connection with a license to provide family

369.1 child care for children, ~~foster care for children in the provider's home~~, or foster care or day
369.2 care services for adults in the provider's home if within seven years preceding the study:

369.3 (1) the individual committed an act that constitutes maltreatment of a child under sections
369.4 260E.24, subdivisions 1, 2, and 3, and 260E.30, subdivisions 1, 2, and 4, and the maltreatment
369.5 resulted in substantial bodily harm as defined in section 609.02, subdivision 7a, or substantial
369.6 mental or emotional harm as supported by competent psychological or psychiatric evidence;
369.7 or

369.8 (2) the individual was determined under section 626.557 to be the perpetrator of a
369.9 substantiated incident of maltreatment of a vulnerable adult that resulted in substantial
369.10 bodily harm as defined in section 609.02, subdivision 7a, or substantial mental or emotional
369.11 harm as supported by competent psychological or psychiatric evidence.

369.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

369.13 Sec. 36. Minnesota Statutes 2020, section 245C.24, is amended by adding a subdivision
369.14 to read:

369.15 **Subd. 6. Five-year bar to set aside disqualification; family foster setting.** (a) The
369.16 commissioner shall not set aside or grant a variance for the disqualification of an individual
369.17 18 years of age or older in connection with a foster family setting license if within five years
369.18 preceding the study the individual is convicted of a felony in section 245C.15, subdivision
369.19 4a, paragraph (d).

369.20 (b) In connection with a foster family setting license, the commissioner may set aside
369.21 or grant a variance to the disqualification for an individual who is under 18 years of age at
369.22 the time the background study is submitted.

369.23 **EFFECTIVE DATE.** This section is effective July 1, 2022.

369.24 Sec. 37. Minnesota Statutes 2020, section 245E.07, subdivision 1, is amended to read:

369.25 Subdivision 1. **Grounds for and methods of monetary recovery.** (a) The department
369.26 may obtain monetary recovery from a provider who has been improperly paid by the child
369.27 care assistance program, regardless of whether the error was intentional ~~or county error~~.
369.28 Overpayments designated solely as agency error, and not the result of acts or omissions on
369.29 the part of a provider or recipient, must not be established or collected. The department
369.30 does not need to establish a pattern as a precondition of monetary recovery of erroneous or
369.31 false billing claims, duplicate billing claims, or billing claims based on false statements or
369.32 financial misconduct.

370.1 (b) The department shall obtain monetary recovery from providers by the following
370.2 means:

370.3 (1) permitting voluntary repayment of money, either in lump-sum payment or installment
370.4 payments;

370.5 (2) using any legal collection process;

370.6 (3) deducting or withholding program payments; or

370.7 (4) utilizing the means set forth in chapter 16D.

370.8 **EFFECTIVE DATE.** This section is effective July 1, 2021.

370.9 Sec. 38. Minnesota Statutes 2020, section 260C.215, subdivision 4, is amended to read:

370.10 Subd. 4. **Duties of commissioner.** The commissioner of human services shall:

370.11 (1) provide practice guidance to responsible social services agencies and licensed
370.12 child-placing agencies that reflect federal and state laws and policy direction on placement
370.13 of children;

370.14 (2) develop criteria for determining whether a prospective adoptive or foster family has
370.15 the ability to understand and validate the child's cultural background;

370.16 (3) provide a standardized training curriculum for adoption and foster care workers and
370.17 administrators who work with children. Training must address the following objectives:

370.18 (i) developing and maintaining sensitivity to all cultures;

370.19 (ii) assessing values and their cultural implications;

370.20 (iii) making individualized placement decisions that advance the best interests of a
370.21 particular child under section 260C.212, subdivision 2; and

370.22 (iv) issues related to cross-cultural placement;

370.23 (4) provide a training curriculum for all prospective adoptive and foster families that
370.24 prepares them to care for the needs of adoptive and foster children taking into consideration
370.25 the needs of children outlined in section 260C.212, subdivision 2, paragraph (b), and, as
370.26 necessary, preparation is continued after placement of the child and includes the knowledge
370.27 and skills related to reasonable and prudent parenting standards for the participation of the
370.28 child in age or developmentally appropriate activities, according to section 260C.212,
370.29 subdivision 14;

371.1 (5) develop and provide to responsible social services agencies and licensed child-placing
 371.2 agencies a home study format to assess the capacities and needs of prospective adoptive
 371.3 and foster families. The format must address problem-solving skills; parenting skills; evaluate
 371.4 the degree to which the prospective family has the ability to understand and validate the
 371.5 child's cultural background, and other issues needed to provide sufficient information for
 371.6 agencies to make an individualized placement decision consistent with section 260C.212,
 371.7 subdivision 2. For a study of a prospective foster parent, the format must also address the
 371.8 capacity of the prospective foster parent to provide a safe, healthy, smoke-free home
 371.9 environment. If a prospective adoptive parent has also been a foster parent, any update
 371.10 necessary to a home study for the purpose of adoption may be completed by the licensing
 371.11 authority responsible for the foster parent's license. If a prospective adoptive parent with
 371.12 an approved adoptive home study also applies for a foster care license, the license application
 371.13 may be made with the same agency which provided the adoptive home study; ~~and~~

371.14 (6) consult with representatives reflecting diverse populations from the councils
 371.15 established under sections 3.922 and 15.0145, and other state, local, and community
 371.16 organizations; and

371.17 (7) establish family foster setting licensing guidelines for county agencies and private
 371.18 agencies designated or licensed by the commissioner to perform licensing functions and
 371.19 activities under section 245A.04. Guidelines that the commissioner establishes under this
 371.20 paragraph shall be considered directives of the commissioner under section 245A.16.

371.21 **EFFECTIVE DATE.** This section is effective July 1, 2023.

371.22 Sec. 39. Minnesota Statutes 2020, section 466.03, subdivision 6d, is amended to read:

371.23 Subd. 6d. **Licensing of providers.** (a) A claim against a municipality based on the failure
 371.24 of a provider to meet the standards needed for a license to operate a day care facility under
 371.25 chapter 245A for children, unless the municipality had actual knowledge of a failure to meet
 371.26 licensing standards that resulted in a dangerous condition that foreseeably threatened the
 371.27 plaintiff. A municipality shall be immune from liability for a claim arising out of a provider's
 371.28 use of a swimming pool located at a family day care or group family day care home under
 371.29 section 245A.14, subdivision ~~40~~ 11, unless the municipality had actual knowledge of a
 371.30 provider's failure to meet the licensing standards under section 245A.14, subdivision ~~40~~ 11,
 371.31 paragraph (a), clauses (1) to (3), that resulted in a dangerous condition that foreseeably
 371.32 threatened the plaintiff.

371.33 (b) For purposes of paragraph (a), the fact that a licensing variance had been granted for
 371.34 a day care facility for children under chapter 245A shall not constitute actual knowledge

372.1 by the municipality that granted the variance of a failure to meet licensing standards that
372.2 resulted in a dangerous condition that foreseeably threatened the plaintiff.

372.3 Sec. 40. Laws 2020, First Special Session chapter 7, section 1, as amended by Laws 2020,
372.4 Third Special Session chapter 1, section 3, is amended by adding a subdivision to read:

372.5 Subd. 5. **Waiver extension; 180-day transition period.** When the peacetime emergency
372.6 declared by the governor in response to the COVID-19 outbreak expires, is terminated, or
372.7 is rescinded by the proper authority, the modification in CV23: modifying certain background
372.8 study requirements, issued by the commissioner of human services pursuant to Executive
372.9 Orders 20-11 and 20-12, and including any amendments to the modification issued before
372.10 the peacetime emergency expires, shall remain in effect for no more than 180 days.

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

372.12 Sec. 41. Laws 2020, First Special Session chapter 7, section 1, subdivision 3, is amended
372.13 to read:

372.14 Subd. 3. **Waivers and modifications; 60-day transition period.** When the peacetime
372.15 emergency declared by the governor in response to the COVID-19 outbreak expires, is
372.16 terminated, or is rescinded by the proper authority, all waivers or modifications issued by
372.17 the commissioner of human services in response to the COVID-19 outbreak that have not
372.18 been extended as provided in subdivisions 1, 2, ~~and~~ 4, and 5 of this section may remain in
372.19 effect for no more than 60 days, only for purposes of transitioning affected programs back
372.20 to operating without the waivers or modifications in place.

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

372.22 Sec. 42. **COVID-19 PUBLIC HEALTH SUPPORT FUNDS FOR CHILD CARE**
372.23 **PROGRAMS.**

372.24 Subdivision 1. **Public health support funds.** (a) The commissioner of human services
372.25 shall distribute COVID-19 public health support funds to eligible child care programs to
372.26 support the higher costs to operate safely as defined by state and federal public health
372.27 guidance, including but not limited to efforts to create smaller and consistent child groupings,
372.28 screening procedures, quarantine periods, cleaning and sanitation, additional sick leave,
372.29 substitute teachers, supports for distance learning and incentive pay, and other public health
372.30 measures that prevent transmission of COVID-19 and protect families and staff.

372.31 (b) The commissioner shall distribute monthly base grant awards under subdivision 4
372.32 for a distribution period beginning June 2021 through May 2023. Any funds remaining as

373.1 of June 1, 2023, may be distributed as monthly base grant awards in the same amount
373.2 distributed for May 2023 until either September 30, 2023, or until the funds expire, whichever
373.3 is sooner.

373.4 Subd. 2. **Eligible programs.** (a) The following programs are eligible to receive public
373.5 health support funds under this section:

373.6 (1) family and group family day care homes licensed under Minnesota Rules, chapter
373.7 9502;

373.8 (2) child care centers licensed under Minnesota Rules, chapter 9503;

373.9 (3) certified license-exempt child care centers under Minnesota Statutes, chapter 245H;
373.10 and

373.11 (4) Tribally licensed child care programs.

373.12 (b) Programs must not be:

373.13 (1) the subject of a finding of fraud;

373.14 (2) prohibited from receiving public funds under Minnesota Statutes, section 245.095;

373.15 or

373.16 (3) under revocation, suspension, temporary immediate suspension, or decertification,
373.17 regardless of whether the action is under appeal.

373.18 (c) Public health support funds under this section must be made available to all eligible
373.19 programs on a noncompetitive basis.

373.20 Subd. 3. **Requirements to receive public health support funds.** (a) To receive funds
373.21 under this section, an eligible program must complete a monthly application for COVID-19
373.22 public health support funds, attesting and agreeing in writing that the program has been
373.23 operating and serving children during each month's funding period. An applicant program
373.24 must further attest and agree in writing that the program intends to remain operating and
373.25 serving children through the remainder of each month's funding period. Exceptions to this
373.26 operating requirement are:

373.27 (1) service disruptions that are necessary due to public health guidance to protect the
373.28 safety and health of children and child care programs issued by the Centers for Disease
373.29 Control and Prevention, commissioner of health, commissioner of human services, or a
373.30 local public health agency; and

373.31 (2) planned temporary closures for provider vacation and holidays for up to three weeks
373.32 over the duration of the funding months beginning June 1, 2021, but not sequentially.

374.1 Temporary closures must be reported to the Department of Human Services using a form
374.2 prescribed by the commissioner. For licensed and certified centers, only temporary closures
374.3 of the entire program need to be reported; classroom closures or other operating adjustments
374.4 do not need to be reported.

374.5 (b) Providers who close permanently for any reason are subject to recovery of funds for
374.6 any period of time after program closure. Permanent closures must be reported to the
374.7 Department of Human Services using a form prescribed by the commissioner.

374.8 (c) Notwithstanding paragraphs (a) and (b), if the commissioner determines that the
374.9 temporary or permanent closure of one program is undertaken to ensure the continued
374.10 availability of services to children by another program, the commissioner may issue the
374.11 closed program's public health support funds to the program that has agreed to accept the
374.12 children previously cared for by the closed program whether or not all the children choose
374.13 to go to the remaining program and whether or not the remaining program is already receiving
374.14 public health support funds.

374.15 (d) To receive funds under this section, an eligible program must:

374.16 (1) continue to comply with all other requirements listed in the application for 2021
374.17 COVID-19 public health support funds; and

374.18 (2) prioritize use of these funds during the monthly award periods, and must use the
374.19 funds to cover costs incurred during the peacetime emergency declared by the governor
374.20 relating to COVID-19. At least 72.5 percent of funds must be used for payroll salaries or
374.21 employee benefits.

374.22 Subd. 4. **Maximum base payment to programs.** (a) An eligible family child care
374.23 program may receive up to \$1,200 in monthly public health support funds.

374.24 (b) An eligible licensed child care center may receive up to \$8,500 in monthly public
374.25 health support funds.

374.26 (c) An eligible certified child care center may receive up to \$3,000 in monthly public
374.27 health support funds.

374.28 (d) The commissioner of human services shall calculate monthly base payment amounts
374.29 that are proportionate to the amount of funds available for a given funding period.

374.30 Sec. 43. **CHILD CARE FACILITY REVITALIZATION GRANT PROGRAM.**

374.31 Subdivision 1. **Child care facility revitalization grants.** (a) The commissioner of human
374.32 services shall distribute child care facility revitalization grant funds to county human services

375.1 agencies for grant awards to eligible child care providers to be used to reopen a closed child
375.2 care program facility or to maintain or improve an operating child care program facility.
375.3 The commissioner shall distribute grant funds to counties on a per capita basis proportionate
375.4 to the county's population.

375.5 (b) The commissioner shall develop a grant application form for use by counties that at
375.6 least requires the applicant to submit a plan and proposed budget for reopening, repairing,
375.7 or improving the child care program. The plan must include amounts and explanations of
375.8 how grant funds will be used to maintain or improve an open child care program facility in
375.9 compliance with the authorized uses of grant funds under subdivision 5.

375.10 (c) The commissioner shall make grant funds available to counties beginning August 1,
375.11 2021.

375.12 Subd. 2. **Eligible programs.** (a) The following programs are eligible to receive a child
375.13 care facility revitalization grant under this section:

375.14 (1) family and group family day care homes licensed under Minnesota Rules, chapter
375.15 9502;

375.16 (2) child care centers licensed under Minnesota Rules, chapter 9503;

375.17 (3) certified license-exempt child care centers under Minnesota Statutes, chapter 245H;
375.18 and

375.19 (4) Tribally licensed child care programs.

375.20 (b) Eligible programs must also be located outside the metropolitan area as defined in
375.21 Minnesota Statutes, section 473.121, subdivision 2, and must not be:

375.22 (1) the subject of a finding of fraud;

375.23 (2) prohibited from receiving public funds under Minnesota Statutes, section 245.095;

375.24 or

375.25 (3) under revocation, suspension, temporary immediate suspension, or decertification,
375.26 regardless of whether the action is under appeal.

375.27 Subd. 3. **Requirements to receive a child care facility revitalization grant.** To receive
375.28 funds under this section, an eligible program must complete the application developed by
375.29 the commissioner and distributed to counties, attesting and agreeing in writing that the
375.30 program intends to remain operating and serving children and that the program will pay
375.31 back any grant award if the program permanently closes within one year of receiving the
375.32 grant award. Providers who close permanently within one year for any reason are subject

376.1 to recovery of funds after program closure. Permanent closures must be reported to the
 376.2 Department of Human Services using a form prescribed by the commissioner.

376.3 Subd. 4. **Grant award amounts.** (a) An eligible child care program may receive up to
 376.4 \$15,000 to reopen a closed family child care site.

376.5 (b) An eligible child care program may receive up to \$100,000 to reopen a closed child
 376.6 care center site.

376.7 (c) An eligible child care program may receive up to \$7,500 to repair or update an open
 376.8 and operating family child care program setting.

376.9 (d) An eligible child care program may receive up to \$50,000 to repair or update an open
 376.10 and operating child care center.

376.11 Subd. 5. **Authorized uses of grant funds.** Eligible programs may use child care facility
 376.12 revitalization grant funds for:

376.13 (1) facility maintenance or improvements;

376.14 (2) personal protective equipment or cleaning and sanitation supplies and services;

376.15 (3) purchases or updates to equipment and supplies to respond to the COVID-19 public
 376.16 health emergency; or

376.17 (4) other goods and services necessary to maintain or resume child care services.

376.18 Sec. 44. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FAMILY**
 376.19 **CHILD CARE TASK FORCE RECOMMENDATIONS IMPLEMENTATION PLAN.**

376.20 The commissioner of human services shall include individuals representing family child
 376.21 care providers in any group that develops a plan for implementing the recommendations of
 376.22 the Family Child Care Task Force.

376.23 Sec. 45. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
 376.24 **FAMILY CHILD CARE REGULATION MODERNIZATION.**

376.25 (a) The commissioner of human services shall contract with an experienced and
 376.26 independent organization or individual consultant to conduct the work outlined in this
 376.27 section. If practicable, the commissioner must contract with the National Association for
 376.28 Regulatory Administration.

376.29 (b) The consultant shall develop a proposal for a risk-based model for monitoring
 376.30 compliance with family child care licensing standards, grounded in national regulatory best

377.1 practices. Violations in the new model must be weighted to reflect the potential risk they
377.2 pose to children's health and safety, and licensing sanctions must be tied to the potential
377.3 risk. The proposed new model must protect the health and safety of children in family child
377.4 care programs and be child-centered, family-friendly, and fair to providers. The proposal
377.5 shall also include updates to family child care licensing standards.

377.6 (c) The consultant shall develop and implement a stakeholder engagement process that
377.7 solicits input from parents, licensed family child care providers, county licensors, staff of
377.8 the Department of Human Services, and experts in child development about licensing
377.9 standards, tiers for violations of the standards based on the potential risk of harm that each
377.10 violation poses, and licensing sanctions for each tier.

377.11 (d) The consultant shall solicit input from parents, licensed family child care providers,
377.12 county licensors, and staff of the Department of Human Services about which family child
377.13 care providers should be eligible for abbreviated inspections that predict compliance with
377.14 other licensing standards for licensed family child care providers using key indicators
377.15 previously identified by an empirically based statistical methodology developed by the
377.16 National Association for Regulatory Administration and the Research Institute for Key
377.17 Indicators.

377.18 (e) No later than February 1, 2024, the commissioner shall submit a report and proposed
377.19 legislation required to implement the new licensing model and updated licensing standards
377.20 to the chairs and ranking minority members of the legislative committees with jurisdiction
377.21 over child care regulation.

377.22 **Sec. 46. WORKING GROUP; AFFORDABLE HIGH QUALITY CHILD CARE**
377.23 **AND EARLY EDUCATION FOR ALL FAMILIES.**

377.24 Subdivision 1. **Goal.** It is the goal of the state of Minnesota for all families to have access
377.25 to affordable high quality child care and early education, for children from birth up to age
377.26 five, that enriches, nurtures, and supports children and their families. This goal will be
377.27 achieved by:

377.28 (1) creating a system under which family costs for child care and early education are
377.29 affordable;

377.30 (2) ensuring that a child's access to high quality child care and early education is not
377.31 determined by the child's race, income, or zip code; and

377.32 (3) ensuring that Minnesota's early childhood educators are qualified, diverse, supported,
377.33 and equitably compensated regardless of setting.

378.1 Subd. 2. **Working group; establishment.** (a) The commissioner of human services
378.2 shall coordinate through the Minnesota Children's Cabinet to establish a working group that
378.3 includes, but is not limited to members of the State Advisory Council on Early Childhood
378.4 Care and Education. The group shall include early childhood care and education providers;
378.5 parents; organizations that provide training and other supports to providers; business
378.6 associations; children's advocates; and representatives from the Departments of Human
378.7 Services, Health, and Education. The working group shall be convened as necessary to
378.8 develop a plan to achieve the goal in subdivision 1 by January 1, 2031.

378.9 (b) The plan must incorporate strategies that:

378.10 (1) create a system under which family costs of child care and early education are
378.11 affordable;

378.12 (2) ensure that a child's access to high quality child care and early education is not
378.13 determined by the child's race, income, or zip code; and

378.14 (3) ensure that Minnesota has early childhood educators who are qualified, diverse,
378.15 supported, and equitably compensated regardless of setting.

378.16 Subd. 3. **Required reports.** By July 1, 2022, the working group must submit to the
378.17 governor and the chairs and ranking minority members of the legislative committees with
378.18 jurisdiction over early childhood programs an interim report on the working group's
378.19 preliminary findings and draft implementation plans relating to the plan required under
378.20 subdivision 2. By February 1, 2023, the working group must submit to the governor and
378.21 the chairs and ranking minority members of the legislative committees with jurisdiction
378.22 over early childhood programs a final report on the working group's recommendations and
378.23 implementation proposals relating to the plan required under subdivision 2.

378.24 Sec. 47. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FAMILY**
378.25 **CHILD CARE ONE-STOP ASSISTANCE NETWORK.**

378.26 By January 1, 2022, the commissioner of human services shall, in consultation with
378.27 county agencies, providers, and other relevant stakeholders, develop a proposal to create,
378.28 advertise, and implement a one-stop regional assistance network comprised of individuals
378.29 who have experience starting a licensed family or group family day care or technical expertise
378.30 regarding the applicable licensing statutes and procedures, in order to assist individuals with
378.31 matters relating to starting or sustaining a licensed family or group family day care program.
378.32 The proposal shall include an estimated timeline for implementation of the assistance
378.33 network, an estimated budget of the cost of the assistance network, and any necessary

379.1 legislative proposals to implement the assistance network. The proposal shall also include
 379.2 a plan to raise awareness and distribute contact information for the assistance network to
 379.3 all licensed family or group family day care providers.

379.4 Sec. 48. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
 379.5 **FAMILY CHILD CARE LICENSE APPLICANT ORIENTATION TRAINING.**

379.6 By July 1, 2022, working with licensed family child care providers and county agencies,
 379.7 the commissioner of human services shall develop and implement orientation training for
 379.8 family child care license applicants to ensure that all family child care license applicants
 379.9 have the same critical baseline information about Minnesota Statutes, chapters 245A and
 379.10 245C, and Minnesota Rules, chapter 9502.

379.11 Sec. 49. **FAMILY CHILD CARE TRAINING ADVISORY COMMITTEE.**

379.12 Subdivision 1. **Formation; duties.** (a) The Family Child Care Training Advisory
 379.13 Committee shall advise the commissioner of human services on the training requirements
 379.14 for licensed family and group family child care providers. Beginning January 1, 2022, the
 379.15 advisory committee shall meet at least twice per year. The advisory committee shall annually
 379.16 elect a chair from among its members who shall establish the agenda for each meeting. The
 379.17 commissioner or commissioner's designee shall attend all advisory committee meetings.

379.18 (b) The Family Child Care Training Advisory Committee shall advise and make
 379.19 recommendations to the commissioner of human services on:

379.20 (1) updates to the rules and statutes governing family child care training, including
 379.21 technical updates to facilitate providers' understanding of training requirements;

379.22 (2) modernization of family child care training requirements, including substantive
 379.23 changes to the training subject areas;

379.24 (3) difficulties facing family child care providers in completing training requirements,
 379.25 including proposed solutions to provider difficulties; and

379.26 (4) any other aspect of family child care training, as requested by:

379.27 (i) a committee member, who may request an item to be placed on the agenda for a future
 379.28 meeting. The request may be considered by the committee and voted upon. If the motion
 379.29 carries, the meeting agenda item may be developed for presentation to the committee;

379.30 (ii) a member of the public, who may approach the committee by letter or e-mail
 379.31 requesting that an item be placed on a future meeting agenda. The request may be considered

380.1 by the committee and voted upon. If the motion carries, the agenda item may be developed
380.2 for presentation to the committee; or

380.3 (iii) the commissioner of human services or the commissioner's designee.

380.4 (c) The Family Child Care Training Advisory Committee shall expire December 1, 2025.

380.5 Subd. 2. **Advisory committee members.** (a) The Family Child Care Training Advisory
380.6 Committee consists of:

380.7 (1) four members who are family child care providers from greater Minnesota, including
380.8 one member appointed by the speaker of the house, one member appointed by the senate
380.9 majority leader, one member appointed by the Minnesota Association of Child Care
380.10 Professionals, and one member appointed by the Minnesota Child Care Provider Network;

380.11 (2) four members who are family child care providers from the metropolitan area as
380.12 defined in Minnesota Statutes, section 473.121, subdivision 2, including one member
380.13 appointed by the speaker of the house, one member appointed by the senate majority leader,
380.14 one member appointed by the Minnesota Association of Child Care Professionals, and one
380.15 member appointed by the Minnesota Child Care Provider Network; and

380.16 (3) up to seven members who have expertise in child development, instructional design,
380.17 or training delivery, including up to two members appointed by the speaker of the house,
380.18 up to two members appointed by the senate majority leader, one member appointed by the
380.19 Minnesota Association of Child Care Professionals, one member appointed by the Minnesota
380.20 Child Care Provider Network, and one member appointed by the Greater Minnesota
380.21 Partnership.

380.22 (b) Advisory committee members shall not be employed by the Department of Human
380.23 Services. Advisory committee members shall receive no compensation, except that public
380.24 members of the advisory committee may be compensated as provided by Minnesota Statutes,
380.25 section 15.059, subdivision 3.

380.26 (c) Advisory committee members must include representatives of diverse cultural
380.27 communities.

380.28 (d) Advisory committee members shall serve two-year terms. Initial appointments to
380.29 the advisory committee must be made by December 1, 2021. Subsequent appointments to
380.30 the advisory committee must be made by December 1 of the year in which the member's
380.31 term expires.

380.32 (e) The commissioner of human services must convene the first meeting of the advisory
380.33 committee by March 1, 2022.

381.1 Subd. 3. **Commissioner report.** The commissioner of human services shall report to
381.2 the chairs and ranking minority members of the legislative committees with jurisdiction
381.3 over child care on any recommendations from the Family Child Care Training Advisory
381.4 Committee, including any draft legislation necessary to implement the recommendations.

381.5 Sec. 50. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; DHS**
381.6 **FAMILY CHILD CARE FREQUENTLY ASKED QUESTIONS WEBSITE**
381.7 **MODIFICATIONS.**

381.8 By January 1, 2022, the commissioner of human services shall expand the "frequently
381.9 asked questions" website for family child care providers to include more answers to submitted
381.10 questions and a function to search for answers to specific question topics.

381.11 Sec. 51. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; CHILD**
381.12 **FOSTER CARE LICENSING GUIDELINES.**

381.13 By July 1, 2023, the commissioner of human services shall, in consultation with
381.14 stakeholders with expertise in child protection and children's behavioral health, develop
381.15 family foster setting licensing guidelines for county agencies and private agencies that
381.16 perform licensing functions. Stakeholders include but are not limited to child advocates,
381.17 representatives from community organizations, representatives of the state ethnic councils,
381.18 the ombudsperson for families, family foster setting providers, youth who have experienced
381.19 family foster setting placements, county child protection staff, and representatives of county
381.20 and private licensing agencies.

381.21 Sec. 52. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
381.22 **PARENT AWARE VALIDATION STUDY.**

381.23 The commissioner shall contract with an independent third-party evaluator to complete
381.24 a validation study that evaluates whether the program's standards, indicators, and other
381.25 measures are effectively measuring program quality and educational outcomes. The
381.26 third-party evaluator shall report on the results of the study to the commissioner and the
381.27 chairs and ranking minority members of the legislative committees with jurisdiction over
381.28 child care by February 1, 2024. The commissioner shall not update current Parent Aware
381.29 standards and indicators until the validation study is complete.

382.1 **Sec. 53. LEGISLATIVE TASK FORCE; HUMAN SERVICES BACKGROUND**
382.2 **STUDY ELIGIBILITY.**

382.3 Subdivision 1. **Creation; duties.** A legislative task force is created to review the statutes
382.4 relating to human services background study eligibility and disqualifications, including but
382.5 not limited to Minnesota Statutes, sections 245C.14 and 245C.15, in order to:

382.6 (1) evaluate the existing statutes' effectiveness in achieving their intended purposes,
382.7 including by gathering and reviewing available background study disqualification data;

382.8 (2) identify the existing statutes' weaknesses, inefficiencies, unintended consequences,
382.9 or other areas for improvement or modernization; and

382.10 (3) develop legislative proposals that improve or modernize the human services
382.11 background study eligibility statutes, or otherwise address the issues identified in clauses
382.12 (1) and (2).

382.13 Subd. 2. **Membership.** (a) The task force shall consist of 26 members, appointed as
382.14 follows:

382.15 (1) two members representing licensing boards whose licensed providers are subject to
382.16 the provisions in Minnesota Statutes, section 245C.03, one appointed by the speaker of the
382.17 house of representatives, and one appointed by the senate majority leader;

382.18 (2) the commissioner of human services or a designee;

382.19 (3) the commissioner of health or a designee;

382.20 (4) two members representing county attorneys and law enforcement, one appointed by
382.21 the speaker of the house of representatives, and one appointed by the senate majority leader;

382.22 (5) two members representing licensed service providers who are subject to the provisions
382.23 in Minnesota Statutes, section 245C.15, one appointed by the speaker of the house of
382.24 representatives, and one appointed by the senate majority leader;

382.25 (6) four members of the public, including two who have been subject to disqualification
382.26 based on the provisions of Minnesota Statutes, section 245C.15, and two who have been
382.27 subject to a set-aside based on the provisions of Minnesota Statutes, section 245C.15, with
382.28 one from each category appointed by the speaker of the house of representatives, and one
382.29 from each category appointed by the senate majority leader;

382.30 (7) one member appointed by the governor's Workforce Development Board;

382.31 (8) one member appointed by the One Minnesota Council on Diversity, Inclusion, and
382.32 Equity;

383.1 (9) two members representing the Minnesota courts, one appointed by the speaker of
383.2 the house of representatives, and one appointed by the senate majority leader;

383.3 (10) one member appointed jointly by Mid-Minnesota Legal Aid, Southern Minnesota
383.4 Legal Services, and the Legal Rights Center;

383.5 (11) one member representing Tribal organizations, appointed by the Minnesota Indian
383.6 Affairs Council;

383.7 (12) two members from the house of representatives, including one appointed by the
383.8 speaker of the house of representatives and one appointed by the minority leader in the
383.9 house of representatives;

383.10 (13) two members from the senate, including one appointed by the senate majority leader
383.11 and one appointed by the senate minority leader;

383.12 (14) two members representing county human services agencies appointed by the
383.13 Minnesota Association of County Social Service Administrators, including one appointed
383.14 to represent the metropolitan area as defined in Minnesota Statutes, section 473.121,
383.15 subdivision 2, and one appointed to represent the area outside of the metropolitan area; and

383.16 (15) two attorneys who have represented individuals that appealed a background study
383.17 disqualification determination based on Minnesota Statutes, sections 245C.14 and 245C.15,
383.18 one appointed by the speaker of the house of representatives, and one appointed by the
383.19 senate majority leader.

383.20 (b) Appointments to the task force must be made by August 18, 2021.

383.21 Subd. 3. **Compensation.** Public members of the task force may be compensated as
383.22 provided by Minnesota Statutes, section 15.059, subdivision 3.

383.23 Subd. 4. **Officers; meetings.** (a) The first meeting of the task force shall be cochaired
383.24 by the task force member from the majority party of the house of representatives and the
383.25 task force member from the majority party of the senate. The task force shall elect a chair
383.26 and vice chair at the first meeting who shall preside at the remainder of the task force
383.27 meetings. The task force may elect other officers as necessary.

383.28 (b) The task force shall meet at least monthly. The Legislative Coordinating Commission
383.29 shall convene the first meeting by September 1, 2021.

383.30 (c) Meetings of the task force are subject to the Minnesota Open Meeting Law under
383.31 Minnesota Statutes, chapter 13D.

384.1 Subd. 5. **Reports required.** The task force shall submit an interim written report by
384.2 March 11, 2022, and a final report by December 16, 2022, to the chairs and ranking minority
384.3 members of the committees in the house of representatives and the senate with jurisdiction
384.4 over human services licensing. The reports shall explain the task force's findings and
384.5 recommendations relating to each of the duties under subdivision 1, and include any draft
384.6 legislation necessary to implement the recommendations.

384.7 Subd. 6. **Expiration.** The task force expires upon submission of the final report in
384.8 subdivision 5 or December 20, 2022, whichever is later.

384.9 **EFFECTIVE DATE.** This section is effective the day following final enactment and
384.10 expires December 31, 2022.

384.11 Sec. 54. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; REPORT**
384.12 **ON PARTICIPATION IN EARLY CHILDHOOD PROGRAMS BY CHILDREN IN**
384.13 **FOSTER CARE.**

384.14 Subdivision 1. **Reporting requirement.** (a) The commissioner of human services shall
384.15 report on the participation in early care and education programs by children under age six
384.16 who have experienced foster care, as defined in Minnesota Statutes, section 260C.007,
384.17 subdivision 18, at any time during the reporting period.

384.18 (b) For purposes of this section, "early care and education program" means Early Head
384.19 Start and Head Start under the federal Improving Head Start for School Readiness Act of
384.20 2007; special education programs under Minnesota Statutes, chapter 125A; early learning
384.21 scholarships under Minnesota Statutes, section 124D.165; school readiness under Minnesota
384.22 Statutes, sections 124D.15 and 124D.16; school readiness plus under Laws 2017, First
384.23 Special Session chapter 5, article 8, section 9; voluntary prekindergarten under Minnesota
384.24 Statutes, section 124D.151; child care assistance under Minnesota Statutes, chapter 119B;
384.25 and other programs as determined by the commissioner.

384.26 Subd. 2. **Report content.** (a) The report shall provide counts and rates of participation
384.27 by early care and education program and child's race, ethnicity, age, and county of residence.
384.28 The report shall use the most current administrative data and include recommendations for
384.29 collecting any data listed in this paragraph that is not currently available.

384.30 (b) The report shall include recommendations to:

384.31 (1) provide the data described in paragraph (a) on an annual basis as part of the report
384.32 required under Minnesota Statutes, section 257.0725;

385.1 (2) facilitate children's continued participation in early care and education programs
385.2 after reunification, adoption, or transfer of permanent legal and physical custody; and

385.3 (3) regularly report measures of early childhood well-being for children who have
385.4 experienced foster care. "Measures of early childhood well-being" include developmental
385.5 screening, school readiness assessments, well-child medical visits, and other indicators as
385.6 determined by the commissioner, in consultation with the commissioners of health, education,
385.7 and management and budget, county social service and public health agencies, and school
385.8 districts.

385.9 (c) The report shall include an implementation plan to increase the rates of participation
385.10 among children and their foster families in early care and education programs, including
385.11 processes for referrals and follow-up. The plan shall be developed in collaboration with
385.12 affected communities and families, incorporating their experiences and feedback. County
385.13 social service and public health agencies and school districts shall also collaborate on the
385.14 plan's development and implementation strategy.

385.15 (d) The report shall identify barriers to be addressed to ensure that early care and
385.16 education programs are responsive to the cultural, logistical, and racial equity concerns and
385.17 needs of children's foster families and families of origin, and the report shall identify methods
385.18 to ensure the experiences and feedback from children's foster families and families of origin
385.19 are included in the ongoing implementation of early care and education programs.

385.20 Subd. 3. **Submission to legislature.** By June 30, 2022, the commissioner shall submit
385.21 an interim report, and by December 1, 2022, the commissioner shall submit the final report
385.22 required under this section to the chairs and ranking minority members of the legislative
385.23 committees with jurisdiction over human services, early childhood, and education.

385.24 Sec. 55. **CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
385.25 **FAMILY CHILD CARE REGULATION MODERNIZATION PROJECT.**

385.26 The commissioner of human services shall allocate \$1,170,000 in fiscal year 2022 from
385.27 the amount that Minnesota received under the American Rescue Plan Act, Public Law 117-2,
385.28 section 2201, for the child care and development block grant for the family child care
385.29 regulation modernization project. This is a onetime allocation and remains available until
385.30 June 30, 2024.

386.1 **Sec. 56. CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
386.2 **AFFORDABLE HIGH QUALITY CHILD CARE AND EARLY EDUCATION FOR**
386.3 **ALL FAMILIES WORKING GROUP.**

386.4 The commissioner of human services shall allocate up to \$500,000 in fiscal year 2022
386.5 from the amount that Minnesota received under the American Rescue Plan Act, Public Law
386.6 117-2, section 2201, for the child care and development block grant for the affordable high
386.7 quality child care and early education for all families working group. This is a onetime
386.8 allocation and is available until June 30, 2023.

386.9 **Sec. 57. CHILD CARE STABILIZATION FUND ALLOCATION; CHILD CARE**
386.10 **PROVIDER STARTUP GRANTS.**

386.11 (a) The commissioner of human services shall allocate \$10,000,000 in fiscal year 2022
386.12 and \$10,000,000 in fiscal year 2023 from the amount that Minnesota received under the
386.13 American Rescue Plan Act, Public Law 117-2, section 2202, for the child care stabilization
386.14 fund for grants to local communities to increase the supply of quality child care providers
386.15 to support economic development. At least 60 percent of grant funds must go to communities
386.16 located outside of the seven-county metropolitan area as defined under Minnesota Statutes,
386.17 section 473.121, subdivision 2. Grant recipients must obtain a 50 percent nonstate match
386.18 to grant funds in either cash or in-kind contributions. Grant funds available under this section
386.19 must be used to implement projects to reduce the child care shortage in the state, including
386.20 but not limited to funding for child care business start-ups or expansion, training, facility
386.21 modifications or improvements required for licensing, and assistance with licensing and
386.22 other regulatory requirements. In awarding grants, the commissioner must give priority to
386.23 communities that have demonstrated a shortage of child care providers in the area. This is
386.24 a onetime allocation.

386.25 (b) Within one year of receiving grant funds, grant recipients must report to the
386.26 commissioner on the outcomes of the grant program, including but not limited to the number
386.27 of new providers, the number of additional child care provider jobs created, the number of
386.28 additional child care slots, and the amount of cash and in-kind local funds invested.

386.29 **Sec. 58. CHILD CARE STABILIZATION FUND ALLOCATION; CHILD CARE**
386.30 **BUSINESS TRAINING PROGRAM.**

386.31 The commissioner of human services shall allocate \$3,000,000 in fiscal year 2022 from
386.32 the amount that Minnesota received under the American Rescue Plan Act, Public Law 117-2,
386.33 section 2202, for the child care stabilization fund for a grant, through a competitive bidding

387.1 process, to a nonprofit organization with expertise in small business advising to operate a
387.2 business training program for child care providers and to create materials that could be used,
387.3 free of charge, for start-up, expansion, and operation of child care businesses statewide,
387.4 with the goal of helping new and existing child care businesses in underserved areas of the
387.5 state become profitable and sustainable. The commissioner shall report data on outcomes
387.6 and recommendations for replication of this training program throughout Minnesota to the
387.7 governor and the chairs and ranking minority members of the committees of the house of
387.8 representatives and the senate with jurisdiction over child care by December 15, 2023. This
387.9 is a onetime allocation and is available until June 30, 2023.

387.10 Sec. 59. **CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
387.11 **CHILD CARE WORKFORCE DEVELOPMENT GRANTS.**

387.12 The commissioner of human services shall allocate \$750,000 in fiscal year 2022 and
387.13 \$750,000 in fiscal year 2023 from the amount that Minnesota received under the American
387.14 Rescue Plan Act, Public Law 117-2, section 2201, for the child care and development block
387.15 grant for grants to nonprofit organizations to provide economically challenged individuals
387.16 the jobs skills training, career counseling, and job placement assistance necessary to begin
387.17 a career path in child care. By January 1, 2024, the commissioner shall report to the chairs
387.18 and ranking minority members of the legislative committees with jurisdiction over child
387.19 care on the outcomes of the grant program, including the effects on the child care workforce.
387.20 This is a onetime allocation.

387.21 Sec. 60. **CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
387.22 **FAMILY CHILD CARE ONE-STOP ASSISTANCE NETWORK.**

387.23 The commissioner of human services shall allocate \$4,000,000 in fiscal year 2023 and
387.24 \$4,000,000 in fiscal year 2024 from the amount that Minnesota received under the American
387.25 Rescue Plan Act, Public Law 117-2, section 2201, for the family child care one-stop
387.26 assistance network. This is a onetime allocation.

387.27 Sec. 61. **CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
387.28 **FAMILY CHILD CARE LICENSE APPLICANT ORIENTATION TRAINING.**

387.29 The commissioner of human services shall allocate \$1,000,000 in fiscal year 2023 and
387.30 \$1,000,000 in fiscal year 2024 from the amount that Minnesota received under the American
387.31 Rescue Plan Act, Public Law 117-2, section 2201, for family child care license applicant
387.32 orientation training. This is a onetime allocation.

388.1 **Sec. 62. CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
388.2 **DHS FAMILY CHILD CARE FREQUENTLY ASKED QUESTIONS WEBSITE**
388.3 **MODIFICATIONS.**

388.4 The commissioner of human services shall allocate \$50,000 in fiscal year 2022 from
388.5 the amount that Minnesota received under the American Rescue Plan Act, Public Law 117-2,
388.6 section 2201, for the modifications to the family child care provider "frequently asked
388.7 questions" website. This is a onetime allocation.

388.8 **Sec. 63. CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
388.9 **JERRY RELPH FAMILY SUPPORTS AND IMPROVEMENT PLAN.**

388.10 The commissioner of human services shall allocate \$4,500,000 in fiscal year 2022 and
388.11 \$4,500,000 in fiscal year 2023 from the amount that Minnesota received under the American
388.12 Rescue Plan Act, Public Law 117-2, section 2201, for the child care and development block
388.13 grant for grants to counties, beginning October 1, 2021, to coordinate a two-year, voluntary
388.14 information sharing program between county agencies, child care providers, early childhood
388.15 education providers, and parents of families who qualify for or are currently receiving child
388.16 care assistance, to communicate the needs and circumstances of the participating families
388.17 and children that prohibit, complicate, or otherwise limit access to or the effectiveness of
388.18 the child care assistance program, and to evaluate the outcomes of other assistance programs
388.19 for which the families are eligible. The information sharing program may include data
388.20 sharing under Minnesota Statutes, section 13.32, subdivision 12. Grant award amounts shall
388.21 be distributed annually and allocated to counties on a per capita basis, based on the number
388.22 of children enrolled in the child care assistance program as of July 1 of each year in the
388.23 county receiving grant funding. By February 1, 2023, and February 1, 2024, the commissioner
388.24 of human services shall provide an interim and final report to the chairs and ranking minority
388.25 members of the legislative committees with jurisdiction over the child care assistance
388.26 program on the results of the project, including any recommendations for improvements to
388.27 the child care assistance program to better meet the needs of participating families and
388.28 children.

388.29 **Sec. 64. CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
388.30 **TRANSFER FUNDS FOR EARLY LEARNING SCHOLARSHIPS.**

388.31 The commissioner of human services shall allocate \$73,000,000 in fiscal year 2022 and
388.32 \$73,000,000 in fiscal year 2023 from the amount that Minnesota received under the American
388.33 Rescue Plan Act, Public Law 117-2, section 2201, for the child care and development block

389.1 grant, to be transferred to the commissioner of education for the early learning scholarship
389.2 program under Minnesota Statutes, section 124D.165. For purposes of expending federal
389.3 resources, the commissioner of human services shall consult with the commissioner of
389.4 education to ensure that the transferred resources are deployed to support prioritized groups
389.5 of children, including but not limited to the groups identified in Minnesota Statutes, section
389.6 124D.165, while identifying and implementing any other oversight and reporting necessary
389.7 to maintain compliance with the federal child care and development block grant
389.8 accountability and data collection requirements in United States Code, title 42, section
389.9 9858i.

389.10 Sec. 65. **CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
389.11 **BASIC SLIDING FEE CHILD CARE ASSISTANCE PROGRAM.**

389.12 The commissioner of human services shall allocate \$14,574,000 in fiscal year 2022,
389.13 \$14,574,000 in fiscal year 2023, and \$14,574,000 in fiscal year 2024 from the amount
389.14 Minnesota received under the American Rescue Plan Act, Public Law 117-2, section 2201,
389.15 for the child care and development block grant, for the basic sliding fee child care assistance
389.16 program under Minnesota Statutes, section 119B.03. This is a onetime allocation.

389.17 Sec. 66. **CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
389.18 **REETAIN GRANT PROGRAM.**

389.19 The commissioner of human services shall allocate \$375,000 in fiscal year 2022 and
389.20 \$375,000 in fiscal year 2023 from the amount that Minnesota received under the American
389.21 Rescue Plan Act, Public Law 117-2, section 2201, for the child care and development block
389.22 grant, for REETAIN grants under Minnesota Statutes, section 119B.195. This is a onetime
389.23 allocation.

389.24 Sec. 67. **CHILD CARE STABILIZATION FUND ALLOCATION; PUBLIC HEALTH**
389.25 **SUPPORT FUNDS FOR CHILD CARE PROGRAMS.**

389.26 (a) The commissioner of human services shall allocate \$252,000,000 in fiscal year 2022
389.27 from the amount that Minnesota received under the American Rescue Plan Act, Public Law
389.28 117-2, section 2202, for the child care stabilization fund for the public health support funds
389.29 for child care programs in section 42. This is a onetime allocation and is available until
389.30 September 30, 2023.

389.31 (b) Of the amount allocated under paragraph (a), \$60,000,000 is for the three-month
389.32 funding period from June to August 2021; \$50,000,000 is for the three-month funding period

390.1 from September to November 2021; \$40,000,000 is for the three-month funding period
 390.2 from December 2021 to February 2022; \$30,000,000 is for the three-month funding period
 390.3 from March to May 2022; \$25,000,000 is for the three-month funding period from June to
 390.4 August 2022; \$20,000,000 is for the three-month funding period from September to
 390.5 November 2022; \$15,000,000 is for the three-month funding period from December 2022
 390.6 to February 2023; and \$10,000,000 is for the three-month funding period from March to
 390.7 May 2023. The commissioner shall adjust grant award amounts in accordance with the
 390.8 amounts available for each three-month funding period.

390.9 (c) Of the amount allocated under paragraph (a), up to \$2,000,000 is for administrative
 390.10 costs.

390.11 **Sec. 68. CHILD CARE STABILIZATION FUND ALLOCATION; CHILD CARE**
 390.12 **FACILITY REVITALIZATION GRANTS.**

390.13 The commissioner of human services shall allocate \$50,000,000 in fiscal year 2022 from
 390.14 the amount that Minnesota received under the American Rescue Plan Act, Public Law 117-2,
 390.15 section 2202, for the child care stabilization fund for child care facility revitalization grants.
 390.16 Of this amount, up to \$1,500,000 is for administrative costs. This is a onetime allocation
 390.17 and is available until September 30, 2023.

390.18 **Sec. 69. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
 390.19 **FOSTER FAMILY RECRUITMENT AND LICENSING TECHNOLOGY**
 390.20 **EVALUATION.**

390.21 The commissioner of human services, within existing appropriations, shall identify and
 390.22 evaluate available technology to support foster family recruitment and training through an
 390.23 online portal for potential foster families to apply for licensure online. The technology shall
 390.24 also enable relative families of foster youth to apply online and receive real-time support
 390.25 through the online application software; offer content in multiple languages; enable tracking
 390.26 of users' ethnic identity to identify potential gaps in recruitment and to ensure racial equity
 390.27 in serving foster families; and recognize tribal government sovereignty over data control
 390.28 and recruiting and licensing of families to support children in their community. By January
 390.29 1, 2022, the commissioner shall report to the chairs and ranking minority members of the
 390.30 legislative committees with jurisdiction over human services on any technology identified
 390.31 and evaluated that would achieve the listed objectives, the costs of implementing the
 390.32 technology, the potential savings of implementing the technology, and any other benefits
 390.33 the technology could offer to the child welfare system.

ARTICLE 8

MENTAL HEALTH UNIFORM SERVICE STANDARDS

Section 1. [245I.01] PURPOSE AND CITATION.

Subdivision 1. Citation. This chapter may be cited as the "Mental Health Uniform Service Standards Act."

Subd. 2. Purpose. In accordance with sections 245.461 and 245.487, the purpose of this chapter is to create a system of mental health care that is unified, accountable, and comprehensive, and to promote the recovery and resiliency of Minnesotans who have mental illnesses. The state's public policy is to support Minnesotans' access to quality outpatient and residential mental health services. Further, the state's public policy is to protect the health and safety, rights, and well-being of Minnesotans receiving mental health services.

Sec. 2. [245I.011] APPLICABILITY.

Subdivision 1. License requirements. A license holder under this chapter must comply with the requirements in chapters 245A, 245C, and 260E; section 626.557; and Minnesota Rules, chapter 9544.

Subd. 2. Variances. (a) The commissioner may grant a variance to an applicant, license holder, or certification holder as long as the variance does not affect the staff qualifications or the health or safety of any person in a licensed or certified program and the applicant, license holder, or certification holder meets the following conditions:

(1) an applicant, license holder, or certification holder must request the variance on a form approved by the commissioner and in a manner prescribed by the commissioner;

(2) the request for a variance must include the:

(i) reasons that the applicant, license holder, or certification holder cannot comply with a requirement as stated in the law; and

(ii) alternative equivalent measures that the applicant, license holder, or certification holder will follow to comply with the intent of the law; and

(3) the request for a variance must state the period of time when the variance is requested.

(b) The commissioner may grant a permanent variance when the conditions under which the applicant, license holder, or certification holder requested the variance do not affect the health or safety of any person whom the licensed or certified program serves, and when the conditions of the variance do not compromise the qualifications of staff who provide services

392.1 to clients. A permanent variance expires when the conditions that warranted the variance
392.2 change in any way. Any applicant, license holder, or certification holder must inform the
392.3 commissioner of any changes to the conditions that warranted the permanent variance. If
392.4 an applicant, license holder, or certification holder fails to advise the commissioner of
392.5 changes to the conditions that warranted the variance, the commissioner must revoke the
392.6 permanent variance and may impose other sanctions under sections 245A.06 and 245A.07.

392.7 (c) The commissioner's decision to grant or deny a variance request is final and not
392.8 subject to appeal under the provisions of chapter 14.

392.9 Subd. 3. **Certification required.** (a) An individual, organization, or government entity
392.10 that is exempt from licensure under section 245A.03, subdivision 2, paragraph (a), clause
392.11 (19), and chooses to be identified as a certified mental health clinic must:

392.12 (1) be a mental health clinic that is certified under section 245I.20;

392.13 (2) comply with all of the responsibilities assigned to a license holder by this chapter
392.14 except subdivision 1; and

392.15 (3) comply with all of the responsibilities assigned to a certification holder by chapter
392.16 245A.

392.17 (b) An individual, organization, or government entity described by this subdivision must
392.18 obtain a criminal background study for each staff person or volunteer who provides direct
392.19 contact services to clients.

392.20 Subd. 4. **License required.** An individual, organization, or government entity providing
392.21 intensive residential treatment services or residential crisis stabilization to adults must be
392.22 licensed under section 245I.23. An entity with an adult foster care license providing
392.23 residential crisis stabilization is exempt from licensure under section 245I.23.

392.24 Subd. 5. **Programs certified under chapter 256B.** (a) An individual, organization, or
392.25 government entity certified under the following sections must comply with all of the
392.26 responsibilities assigned to a license holder under this chapter except subdivision 1:

392.27 (1) an assertive community treatment provider under section 256B.0622, subdivision
392.28 3a;

392.29 (2) an adult rehabilitative mental health services provider under section 256B.0623;

392.30 (3) a mobile crisis team under section 256B.0624;

392.31 (4) a children's therapeutic services and supports provider under section 256B.0943;

392.32 (5) an intensive treatment in foster care provider under section 256B.0946; and

393.1 (6) an intensive nonresidential rehabilitative mental health services provider under section
393.2 256B.0947.

393.3 (b) An individual, organization, or government entity certified under the sections listed
393.4 in paragraph (a), clauses (1) to (6), must obtain a criminal background study for each staff
393.5 person and volunteer providing direct contact services to a client.

393.6 **Sec. 3. [245I.02] DEFINITIONS.**

393.7 Subdivision 1. **Scope.** For purposes of this chapter, the terms in this section have the
393.8 meanings given.

393.9 Subd. 2. **Approval.** "Approval" means the documented review of, opportunity to request
393.10 changes to, and agreement with a treatment document. An individual may demonstrate
393.11 approval with a written signature, secure electronic signature, or documented oral approval.

393.12 Subd. 3. **Behavioral sciences or related fields.** "Behavioral sciences or related fields"
393.13 means an education from an accredited college or university in social work, psychology,
393.14 sociology, community counseling, family social science, child development, child
393.15 psychology, community mental health, addiction counseling, counseling and guidance,
393.16 special education, nursing, and other similar fields approved by the commissioner.

393.17 Subd. 4. **Business day.** "Business day" means a weekday on which government offices
393.18 are open for business. Business day does not include state or federal holidays, Saturdays,
393.19 or Sundays.

393.20 Subd. 5. **Case manager.** "Case manager" means a client's case manager according to
393.21 section 256B.0596; 256B.0621; 256B.0625, subdivision 20; 256B.092, subdivision 1a;
393.22 256B.0924; 256B.093, subdivision 3a; 256B.094; or 256B.49.

393.23 Subd. 6. **Certified rehabilitation specialist.** "Certified rehabilitation specialist" means
393.24 a staff person who meets the qualifications of section 245I.04, subdivision 8.

393.25 Subd. 7. **Child.** "Child" means a client under the age of 18.

393.26 Subd. 8. **Client.** "Client" means a person who is seeking or receiving services regulated
393.27 by this chapter. For the purpose of a client's consent to services, client includes a parent,
393.28 guardian, or other individual legally authorized to consent on behalf of a client to services.

393.29 Subd. 9. **Clinical trainee.** "Clinical trainee" means a staff person who is qualified
393.30 according to section 245I.04, subdivision 6.

393.31 Subd. 10. **Commissioner.** "Commissioner" means the commissioner of human services
393.32 or the commissioner's designee.

394.1 Subd. 11. **Co-occurring substance use disorder treatment.** "Co-occurring substance
394.2 use disorder treatment" means the treatment of a person who has a co-occurring mental
394.3 illness and substance use disorder. Co-occurring substance use disorder treatment is
394.4 characterized by stage-wise comprehensive treatment, treatment goal setting, and flexibility
394.5 for clients at each stage of treatment. Co-occurring substance use disorder treatment includes
394.6 assessing and tracking each client's stage of change readiness and treatment using a treatment
394.7 approach based on a client's stage of change, such as motivational interviewing when working
394.8 with a client at an earlier stage of change readiness and a cognitive behavioral approach
394.9 and relapse prevention to work with a client at a later stage of change; and facilitating a
394.10 client's access to community supports.

394.11 Subd. 12. **Crisis plan.** "Crisis plan" means a plan to prevent and de-escalate a client's
394.12 future crisis situation, with the goal of preventing future crises for the client and the client's
394.13 family and other natural supports. Crisis plan includes a crisis plan developed according to
394.14 section 245.4871, subdivision 9a.

394.15 Subd. 13. **Critical incident.** "Critical incident" means an occurrence involving a client
394.16 that requires a license holder to respond in a manner that is not part of the license holder's
394.17 ordinary daily routine. Critical incident includes a client's suicide, attempted suicide, or
394.18 homicide; a client's death; an injury to a client or other person that is life-threatening or
394.19 requires medical treatment; a fire that requires a fire department's response; alleged
394.20 maltreatment of a client; an assault of a client; an assault by a client; or other situation that
394.21 requires a response by law enforcement, the fire department, an ambulance, or another
394.22 emergency response provider.

394.23 Subd. 14. **Diagnostic assessment.** "Diagnostic assessment" means the evaluation and
394.24 report of a client's potential diagnoses that a mental health professional or clinical trainee
394.25 completes under section 245I.10, subdivisions 4 to 6.

394.26 Subd. 15. **Direct contact.** "Direct contact" has the meaning given in section 245C.02,
394.27 subdivision 11.

394.28 Subd. 16. **Family and other natural supports.** "Family and other natural supports"
394.29 means the people whom a client identifies as having a high degree of importance to the
394.30 client. Family and other natural supports also means people that the client identifies as being
394.31 important to the client's mental health treatment, regardless of whether the person is related
394.32 to the client or lives in the same household as the client.

394.33 Subd. 17. **Functional assessment.** "Functional assessment" means the assessment of a
394.34 client's current level of functioning relative to functioning that is appropriate for someone

395.1 the client's age. For a client five years of age or younger, a functional assessment is the
395.2 Early Childhood Service Intensity Instrument (ESCII). For a client six to 17 years of age,
395.3 a functional assessment is the Child and Adolescent Service Intensity Instrument (CASII).
395.4 For a client 18 years of age or older, a functional assessment is the functional assessment
395.5 described in section 245I.10, subdivision 9.

395.6 Subd. 18. **Individual abuse prevention plan.** "Individual abuse prevention plan" means
395.7 a plan according to section 245A.65, subdivision 2, paragraph (b), and section 626.557,
395.8 subdivision 14.

395.9 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care
395.10 decision support tool appropriate to the client's age. For a client five years of age or younger,
395.11 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For
395.12 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service
395.13 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment
395.14 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS).

395.15 Subd. 20. **License.** "License" has the meaning given in section 245A.02, subdivision 8.

395.16 Subd. 21. **License holder.** "License holder" has the meaning given in section 245A.02,
395.17 subdivision 9.

395.18 Subd. 22. **Licensed prescriber.** "Licensed prescriber" means an individual who is
395.19 authorized to prescribe legend drugs under section 151.37.

395.20 Subd. 23. **Mental health behavioral aide.** "Mental health behavioral aide" means a
395.21 staff person who is qualified under section 245I.04, subdivision 16.

395.22 Subd. 24. **Mental health certified family peer specialist.** "Mental health certified
395.23 family peer specialist" means a staff person who is qualified under section 245I.04,
395.24 subdivision 12.

395.25 Subd. 25. **Mental health certified peer specialist.** "Mental health certified peer
395.26 specialist" means a staff person who is qualified under section 245I.04, subdivision 10.

395.27 Subd. 26. **Mental health practitioner.** "Mental health practitioner" means a staff person
395.28 who is qualified under section 245I.04, subdivision 4.

395.29 Subd. 27. **Mental health professional.** "Mental health professional" means a staff person
395.30 who is qualified under section 245I.04, subdivision 2.

395.31 Subd. 28. **Mental health rehabilitation worker.** "Mental health rehabilitation worker"
395.32 means a staff person who is qualified under section 245I.04, subdivision 14.

396.1 Subd. 29. **Mental illness.** "Mental illness" means any of the conditions included in the
396.2 most recent editions of the DC: 0-5 Diagnostic Classification of Mental Health and
396.3 Development Disorders of Infancy and Early Childhood published by Zero to Three or the
396.4 Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric
396.5 Association.

396.6 Subd. 30. **Organization.** "Organization" has the meaning given in section 245A.02,
396.7 subdivision 10c.

396.8 Subd. 31. **Personnel file.** "Personnel file" means a set of records under section 245I.07,
396.9 paragraph (a). Personnel files excludes information related to a person's employment that
396.10 is not included in section 245I.07.

396.11 Subd. 32. **Registered nurse.** "Registered nurse" means a staff person who is qualified
396.12 under section 148.171, subdivision 20.

396.13 Subd. 33. **Rehabilitative mental health services.** "Rehabilitative mental health services"
396.14 means mental health services provided to an adult client that enable the client to develop
396.15 and achieve psychiatric stability, social competencies, personal and emotional adjustment,
396.16 independent living skills, family roles, and community skills when symptoms of mental
396.17 illness has impaired any of the client's abilities in these areas.

396.18 Subd. 34. **Residential program.** "Residential program" has the meaning given in section
396.19 245A.02, subdivision 14.

396.20 Subd. 35. **Signature.** "Signature" means a written signature or an electronic signature
396.21 defined in section 325L.02, paragraph (h).

396.22 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license
396.23 holder's direction or under a contract with a license holder. Staff person includes an intern,
396.24 consultant, contractor, individual who works part-time, and an individual who does not
396.25 provide direct contact services to clients. Staff person includes a volunteer who provides
396.26 treatment services to a client or a volunteer whom the license holder regards as a staff person
396.27 for the purpose of meeting staffing or service delivery requirements. A staff person must
396.28 be 18 years of age or older.

396.29 Subd. 37. **Strengths.** "Strengths" means a person's inner characteristics, virtues, external
396.30 relationships, activities, and connections to resources that contribute to a client's resilience
396.31 and core competencies. A person can build on strengths to support recovery.

396.32 Subd. 38. **Trauma.** "Trauma" means an event, series of events, or set of circumstances
396.33 that is experienced by an individual as physically or emotionally harmful or life-threatening

397.1 that has lasting adverse effects on the individual's functioning and mental, physical, social,
397.2 emotional, or spiritual well-being. Trauma includes group traumatic experiences. Group
397.3 traumatic experiences are emotional or psychological harm that a group experiences. Group
397.4 traumatic experiences can be transmitted across generations within a community and are
397.5 often associated with racial and ethnic population groups who suffer major intergenerational
397.6 losses.

397.7 Subd. 39. **Treatment plan.** "Treatment plan" means services that a license holder
397.8 formulates to respond to a client's needs and goals. A treatment plan includes individual
397.9 treatment plans under section 245I.10, subdivisions 7 and 8; initial treatment plans under
397.10 section 245I.23, subdivision 7; and crisis treatment plans under sections 245I.23, subdivision
397.11 8, and 256B.0624, subdivision 11.

397.12 Subd. 40. **Treatment supervision.** "Treatment supervision" means a mental health
397.13 professional's or certified rehabilitation specialist's oversight, direction, and evaluation of
397.14 a staff person providing services to a client according to section 245I.06.

397.15 Subd. 41. **Volunteer.** "Volunteer" means an individual who, under the direction of the
397.16 license holder, provides services to or facilitates an activity for a client without compensation.

397.17 Sec. 4. **[245I.03] REQUIRED POLICIES AND PROCEDURES.**

397.18 Subdivision 1. **Generally.** A license holder must establish, enforce, and maintain policies
397.19 and procedures to comply with the requirements of this chapter and chapters 245A, 245C,
397.20 and 260E; sections 626.557 and 626.5572; and Minnesota Rules, chapter 9544. The license
397.21 holder must make all policies and procedures available in writing to each staff person. The
397.22 license holder must complete and document a review of policies and procedures every two
397.23 years and update policies and procedures as necessary. Each policy and procedure must
397.24 identify the date that it was initiated and the dates of all revisions. The license holder must
397.25 clearly communicate any policy and procedural change to each staff person and provide
397.26 necessary training to each staff person to implement any policy and procedural change.

397.27 Subd. 2. **Health and safety.** A license holder must have policies and procedures to
397.28 ensure the health and safety of each staff person and client during the provision of services,
397.29 including policies and procedures for services based in community settings.

397.30 Subd. 3. **Client rights.** A license holder must have policies and procedures to ensure
397.31 that each staff person complies with the client rights and protections requirements in section
397.32 245I.12.

398.1 Subd. 4. **Behavioral emergencies.** (a) A license holder must have procedures that each
398.2 staff person follows when responding to a client who exhibits behavior that threatens the
398.3 immediate safety of the client or others. A license holder's behavioral emergency procedures
398.4 must incorporate person-centered planning and trauma-informed care.

398.5 (b) A license holder's behavioral emergency procedures must include:

398.6 (1) a plan designed to prevent the client from inflicting self-harm and harming others;

398.7 (2) contact information for emergency resources that a staff person must use when the
398.8 license holder's behavioral emergency procedures are unsuccessful in controlling a client's
398.9 behavior;

398.10 (3) the types of behavioral emergency procedures that a staff person may use;

398.11 (4) the specific circumstances under which the program may use behavioral emergency
398.12 procedures; and

398.13 (5) the staff persons whom the license holder authorizes to implement behavioral
398.14 emergency procedures.

398.15 (c) The license holder's behavioral emergency procedures must not include secluding
398.16 or restraining a client except as allowed under section 245.8261.

398.17 (d) Staff persons must not use behavioral emergency procedures to enforce program
398.18 rules or for the convenience of staff persons. Behavioral emergency procedures must not
398.19 be part of any client's treatment plan. A staff person may not use behavioral emergency
398.20 procedures except in response to a client's current behavior that threatens the immediate
398.21 safety of the client or others.

398.22 Subd. 5. **Health services and medications.** If a license holder is licensed as a residential
398.23 program, stores or administers client medications, or observes clients self-administer
398.24 medications, the license holder must ensure that a staff person who is a registered nurse or
398.25 licensed prescriber reviews and approves of the license holder's policies and procedures to
398.26 comply with the health services and medications requirements in section 245I.11, the training
398.27 requirements in section 245I.05, subdivision 6, and the documentation requirements in
398.28 section 245I.08, subdivision 5.

398.29 Subd. 6. **Reporting maltreatment.** A license holder must have policies and procedures
398.30 for reporting a staff person's suspected maltreatment, abuse, or neglect of a client according
398.31 to chapter 260E and section 626.557.

399.1 Subd. 7. **Critical incidents.** If a license holder is licensed as a residential program, the
399.2 license holder must have policies and procedures for reporting and maintaining records of
399.3 critical incidents according to section 245I.13.

399.4 Subd. 8. **Personnel.** A license holder must have personnel policies and procedures that:

399.5 (1) include a chart or description of the organizational structure of the program that
399.6 indicates positions and lines of authority;

399.7 (2) ensure that it will not adversely affect a staff person's retention, promotion, job
399.8 assignment, or pay when a staff person communicates in good faith with the Department
399.9 of Human Services, the Office of Ombudsman for Mental Health and Developmental
399.10 Disabilities, the Department of Health, a health-related licensing board, a law enforcement
399.11 agency, or a local agency investigating a complaint regarding a client's rights, health, or
399.12 safety;

399.13 (3) prohibit a staff person from having sexual contact with a client in violation of chapter
399.14 604, sections 609.344 or 609.345;

399.15 (4) prohibit a staff person from neglecting, abusing, or mistreating a client as described
399.16 in chapter 260E and sections 626.557 and 626.5572;

399.17 (5) include the drug and alcohol policy described in section 245A.04, subdivision 1,
399.18 paragraph (c);

399.19 (6) describe the process for disciplinary action, suspension, or dismissal of a staff person
399.20 for violating a policy provision described in clauses (3) to (5);

399.21 (7) describe the license holder's response to a staff person who violates other program
399.22 policies or who has a behavioral problem that interferes with providing treatment services
399.23 to clients; and

399.24 (8) describe each staff person's position that includes the staff person's responsibilities,
399.25 authority to execute the responsibilities, and qualifications for the position.

399.26 Subd. 9. **Volunteers.** A license holder must have policies and procedures for using
399.27 volunteers, including when a license holder must submit a background study for a volunteer,
399.28 and the specific tasks that a volunteer may perform.

399.29 Subd. 10. **Data privacy.** (a) A license holder must have policies and procedures that
399.30 comply with all applicable state and federal law. A license holder's use of electronic record
399.31 keeping or electronic signatures does not alter a license holder's obligations to comply with
399.32 applicable state and federal law.

400.1 (b) A license holder must have policies and procedures for a staff person to promptly
400.2 document a client's revocation of consent to disclose the client's health record. The license
400.3 holder must verify that the license holder has permission to disclose a client's health record
400.4 before releasing any client data.

400.5 **Sec. 5. [245I.04] PROVIDER QUALIFICATIONS AND SCOPE OF PRACTICE.**

400.6 Subdivision 1. **Tribal providers.** For purposes of this section, a Tribal entity may
400.7 credential an individual according to section 256B.02, subdivision 7, paragraphs (b) and
400.8 (c).

400.9 Subd. 2. **Mental health professional qualifications.** The following individuals may
400.10 provide services to a client as a mental health professional:

400.11 (1) a registered nurse who is licensed under sections 148.171 to 148.285 and is certified
400.12 as a: (i) clinical nurse specialist in child or adolescent, family, or adult psychiatric and
400.13 mental health nursing by a national certification organization; or (ii) nurse practitioner in
400.14 adult or family psychiatric and mental health nursing by a national nurse certification
400.15 organization;

400.16 (2) a licensed independent clinical social worker as defined in section 148E.050,
400.17 subdivision 5;

400.18 (3) a psychologist licensed by the Board of Psychology under sections 148.88 to 148.98;

400.19 (4) a physician licensed under chapter 147 if the physician is: (i) certified by the American
400.20 Board of Psychiatry and Neurology; (ii) certified by the American Osteopathic Board of
400.21 Neurology and Psychiatry; or (iii) eligible for board certification in psychiatry;

400.22 (5) a marriage and family therapist licensed under sections 148B.29 to 148B.392; or

400.23 (6) a licensed professional clinical counselor licensed under section 148B.5301.

400.24 Subd. 3. **Mental health professional scope of practice.** A mental health professional
400.25 must maintain a valid license with the mental health professional's governing health-related
400.26 licensing board and must only provide services to a client within the scope of practice
400.27 determined by the applicable health-related licensing board.

400.28 Subd. 4. **Mental health practitioner qualifications.** (a) An individual who is qualified
400.29 in at least one of the ways described in paragraph (b) to (d) may serve as a mental health
400.30 practitioner.

401.1 (b) An individual is qualified as a mental health practitioner through relevant coursework
401.2 if the individual completes at least 30 semester hours or 45 quarter hours in behavioral
401.3 sciences or related fields and:

401.4 (1) has at least 2,000 hours of experience providing services to individuals with:

401.5 (i) a mental illness or a substance use disorder; or

401.6 (ii) a traumatic brain injury or a developmental disability, and completes the additional
401.7 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
401.8 contact services to a client;

401.9 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
401.10 of the individual's clients belong, and completes the additional training described in section
401.11 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

401.12 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or
401.13 256B.0943; or

401.14 (4) has completed a practicum or internship that (i) required direct interaction with adult
401.15 clients or child clients, and (ii) was focused on behavioral sciences or related fields.

401.16 (c) An individual is qualified as a mental health practitioner through work experience
401.17 if the individual:

401.18 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:

401.19 (i) a mental illness or a substance use disorder; or

401.20 (ii) a traumatic brain injury or a developmental disability, and completes the additional
401.21 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
401.22 contact services to clients; or

401.23 (2) receives treatment supervision at least once per week until meeting the requirement
401.24 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing
401.25 services to individuals with:

401.26 (i) a mental illness or a substance use disorder; or

401.27 (ii) a traumatic brain injury or a developmental disability, and completes the additional
401.28 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
401.29 contact services to clients.

401.30 (d) An individual is qualified as a mental health practitioner if the individual has a
401.31 master's or other graduate degree in behavioral sciences or related fields.

402.1 Subd. 5. **Mental health practitioner scope of practice.** (a) A mental health practitioner
402.2 under the treatment supervision of a mental health professional or certified rehabilitation
402.3 specialist may provide an adult client with client education, rehabilitative mental health
402.4 services, functional assessments, level of care assessments, and treatment plans. A mental
402.5 health practitioner under the treatment supervision of a mental health professional may
402.6 provide skill-building services to a child client and complete treatment plans for a child
402.7 client.

402.8 (b) A mental health practitioner must not provide treatment supervision to other staff
402.9 persons. A mental health practitioner may provide direction to mental health rehabilitation
402.10 workers and mental health behavioral aides.

402.11 (c) A mental health practitioner who provides services to clients according to section
402.12 256B.0624 or 256B.0944 may perform crisis assessments and interventions for a client.

402.13 Subd. 6. **Clinical trainee qualifications.** (a) A clinical trainee is a staff person who: (1)
402.14 is enrolled in an accredited graduate program of study to prepare the staff person for
402.15 independent licensure as a mental health professional and who is participating in a practicum
402.16 or internship with the license holder through the individual's graduate program; or (2) has
402.17 completed an accredited graduate program of study to prepare the staff person for independent
402.18 licensure as a mental health professional and who is in compliance with the requirements
402.19 of the applicable health-related licensing board, including requirements for supervised
402.20 practice.

402.21 (b) A clinical trainee is responsible for notifying and applying to a health-related licensing
402.22 board to ensure that the trainee meets the requirements of the health-related licensing board.
402.23 As permitted by a health-related licensing board, treatment supervision under this chapter
402.24 may be integrated into a plan to meet the supervisory requirements of the health-related
402.25 licensing board but does not supersede those requirements.

402.26 Subd. 7. **Clinical trainee scope of practice.** (a) A clinical trainee under the treatment
402.27 supervision of a mental health professional may provide a client with psychotherapy, client
402.28 education, rehabilitative mental health services, diagnostic assessments, functional
402.29 assessments, level of care assessments, and treatment plans.

402.30 (b) A clinical trainee must not provide treatment supervision to other staff persons. A
402.31 clinical trainee may provide direction to mental health behavioral aides and mental health
402.32 rehabilitation workers.

402.33 (c) A psychological clinical trainee under the treatment supervision of a psychologist
402.34 may perform psychological testing of clients.

403.1 (d) A clinical trainee must not provide services to clients that violate any practice act of
403.2 a health-related licensing board, including failure to obtain licensure if licensure is required.

403.3 Subd. 8. Certified rehabilitation specialist qualifications. A certified rehabilitation
403.4 specialist must have:

403.5 (1) a master's degree from an accredited college or university in behavioral sciences or
403.6 related fields;

403.7 (2) at least 4,000 hours of post-master's supervised experience providing mental health
403.8 services to clients; and

403.9 (3) a valid national certification as a certified rehabilitation counselor or certified
403.10 psychosocial rehabilitation practitioner.

403.11 Subd. 9. Certified rehabilitation specialist scope of practice. (a) A certified
403.12 rehabilitation specialist may provide an adult client with client education, rehabilitative
403.13 mental health services, functional assessments, level of care assessments, and treatment
403.14 plans.

403.15 (b) A certified rehabilitation specialist may provide treatment supervision to a mental
403.16 health certified peer specialist, mental health practitioner, and mental health rehabilitation
403.17 worker.

403.18 Subd. 10. Mental health certified peer specialist qualifications. A mental health
403.19 certified peer specialist must:

403.20 (1) have been diagnosed with a mental illness;

403.21 (2) be a current or former mental health services client; and

403.22 (3) have a valid certification as a mental health certified peer specialist under section
403.23 256B.0615.

403.24 Subd. 11. Mental health certified peer specialist scope of practice. A mental health
403.25 certified peer specialist under the treatment supervision of a mental health professional or
403.26 certified rehabilitation specialist must:

403.27 (1) provide individualized peer support to each client;

403.28 (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development
403.29 of natural supports; and

403.30 (3) support a client's maintenance of skills that the client has learned from other services.

404.1 Subd. 12. Mental health certified family peer specialist qualifications. A mental
404.2 health certified family peer specialist must:

404.3 (1) have raised or be currently raising a child with a mental illness;

404.4 (2) have experience navigating the children's mental health system; and

404.5 (3) have a valid certification as a mental health certified family peer specialist under
404.6 section 256B.0616.

404.7 Subd. 13. Mental health certified family peer specialist scope of practice. A mental
404.8 health certified family peer specialist under the treatment supervision of a mental health
404.9 professional must provide services to increase the child's ability to function in the child's
404.10 home, school, and community. The mental health certified family peer specialist must:

404.11 (1) provide family peer support to build on a client's family's strengths and help the
404.12 family achieve desired outcomes;

404.13 (2) provide nonadversarial advocacy to a child client and the child's family that
404.14 encourages partnership and promotes the child's positive change and growth;

404.15 (3) support families in advocating for culturally appropriate services for a child in each
404.16 treatment setting;

404.17 (4) promote resiliency, self-advocacy, and development of natural supports;

404.18 (5) support maintenance of skills learned from other services;

404.19 (6) establish and lead parent support groups;

404.20 (7) assist parents in developing coping and problem-solving skills; and

404.21 (8) educate parents about mental illnesses and community resources, including resources
404.22 that connect parents with similar experiences to one another.

404.23 Subd. 14. Mental health rehabilitation worker qualifications. (a) A mental health
404.24 rehabilitation worker must:

404.25 (1) have a high school diploma or equivalent; and

404.26 (2) meet one of the following qualification requirements:

404.27 (i) be fluent in the non-English language or competent in the culture of the ethnic group
404.28 to which at least 20 percent of the mental health rehabilitation worker's clients belong;

404.29 (ii) have an associate of arts degree;

405.1 (iii) have two years of full-time postsecondary education or a total of 15 semester hours
 405.2 or 23 quarter hours in behavioral sciences or related fields;

405.3 (iv) be a registered nurse;

405.4 (v) have, within the previous ten years, three years of personal life experience with
 405.5 mental illness;

405.6 (vi) have, within the previous ten years, three years of life experience as a primary
 405.7 caregiver to an adult with a mental illness, traumatic brain injury, substance use disorder,
 405.8 or developmental disability; or

405.9 (vii) have, within the previous ten years, 2,000 hours of work experience providing
 405.10 health and human services to individuals.

405.11 (b) A mental health rehabilitation worker who is scheduled as an overnight staff person
 405.12 and works alone is exempt from the additional qualification requirements in paragraph (a),
 405.13 clause (2).

405.14 Subd. 15. **Mental health rehabilitation worker scope of practice.** A mental health
 405.15 rehabilitation worker under the treatment supervision of a mental health professional or
 405.16 certified rehabilitation specialist may provide rehabilitative mental health services to an
 405.17 adult client according to the client's treatment plan.

405.18 Subd. 16. **Mental health behavioral aide qualifications.** (a) A level 1 mental health
 405.19 behavioral aide must have: (1) a high school diploma or equivalent; or (2) two years of
 405.20 experience as a primary caregiver to a child with mental illness within the previous ten
 405.21 years.

405.22 (b) A level 2 mental health behavioral aide must: (1) have an associate or bachelor's
 405.23 degree; or (2) be certified by a program under section 256B.0943, subdivision 8a.

405.24 Subd. 17. **Mental health behavioral aide scope of practice.** While under the treatment
 405.25 supervision of a mental health professional, a mental health behavioral aide may practice
 405.26 psychosocial skills with a child client according to the child's treatment plan and individual
 405.27 behavior plan that a mental health professional, clinical trainee, or mental health practitioner
 405.28 has previously taught to the child.

405.29 Sec. 6. **[245I.05] TRAINING REQUIRED.**

405.30 Subdivision 1. **Training plan.** A license holder must develop a training plan to ensure
 405.31 that staff persons receive ongoing training according to this section. The training plan must
 405.32 include:

406.1 (1) a formal process to evaluate the training needs of each staff person. An annual
406.2 performance evaluation of a staff person satisfies this requirement;

406.3 (2) a description of how the license holder conducts ongoing training of each staff person,
406.4 including whether ongoing training is based on a staff person's hire date or a specified annual
406.5 cycle determined by the program;

406.6 (3) a description of how the license holder verifies and documents each staff person's
406.7 previous training experience. A license holder may consider a staff person to have met a
406.8 training requirement in subdivision 3, paragraph (d) or (e), if the staff person has received
406.9 equivalent postsecondary education in the previous four years or training experience in the
406.10 previous two years; and

406.11 (4) a description of how the license holder determines when a staff person needs
406.12 additional training, including when the license holder will provide additional training.

406.13 Subd. 2. **Documentation of training.** (a) The license holder must provide training to
406.14 each staff person according to the training plan and must document that the license holder
406.15 provided the training to each staff person. The license holder must document the following
406.16 information for each staff person's training:

406.17 (1) the topics of the training;

406.18 (2) the name of the trainee;

406.19 (3) the name and credentials of the trainer;

406.20 (4) the license holder's method of evaluating the trainee's competency upon completion
406.21 of training;

406.22 (5) the date of the training; and

406.23 (6) the length of training in hours and minutes.

406.24 (b) Documentation of a staff person's continuing education credit accepted by the
406.25 governing health-related licensing board is sufficient to document training for purposes of
406.26 this subdivision.

406.27 Subd. 3. **Initial training.** (a) A staff person must receive training about:

406.28 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and

406.29 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
406.30 within 72 hours of first providing direct contact services to a client.

407.1 (b) Before providing direct contact services to a client, a staff person must receive training
407.2 about:

407.3 (1) client rights and protections under section 245I.12;

407.4 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
407.5 under section 144.294, and client privacy;

407.6 (3) emergency procedures that the staff person must follow when responding to a fire,
407.7 inclement weather, a report of a missing person, and a behavioral or medical emergency;

407.8 (4) specific activities and job functions for which the staff person is responsible, including
407.9 the license holder's program policies and procedures applicable to the staff person's position;

407.10 (5) professional boundaries that the staff person must maintain; and

407.11 (6) specific needs of each client to whom the staff person will be providing direct contact
407.12 services, including each client's developmental status, cognitive functioning, physical and
407.13 mental abilities.

407.14 (c) Before providing direct contact services to a client, a mental health rehabilitation
407.15 worker, mental health behavioral aide, or mental health practitioner qualified under section
407.16 245I.04, subdivision 4, must receive 30 hours of training about:

407.17 (1) mental illnesses;

407.18 (2) client recovery and resiliency;

407.19 (3) mental health de-escalation techniques;

407.20 (4) co-occurring mental illness and substance use disorders; and

407.21 (5) psychotropic medications and medication side effects.

407.22 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
407.23 trainee, mental health practitioner, mental health certified peer specialist, or mental health
407.24 rehabilitation worker must receive training about:

407.25 (1) trauma-informed care and secondary trauma;

407.26 (2) person-centered individual treatment plans, including seeking partnerships with
407.27 family and other natural supports;

407.28 (3) co-occurring substance use disorders; and

407.29 (4) culturally responsive treatment practices.

408.1 (e) Within 90 days of first providing direct contact services to a child client, a clinical
408.2 trainee, mental health practitioner, mental health certified family peer specialist, mental
408.3 health certified peer specialist, or mental health behavioral aide must receive training about
408.4 the topics in clauses (1) to (5). This training must address the developmental characteristics
408.5 of each child served by the license holder and address the needs of each child in the context
408.6 of the child's family, support system, and culture. Training topics must include:

408.7 (1) trauma-informed care and secondary trauma, including adverse childhood experiences
408.8 (ACEs);

408.9 (2) family-centered treatment plan development, including seeking partnership with a
408.10 child client's family and other natural supports;

408.11 (3) mental illness and co-occurring substance use disorders in family systems;

408.12 (4) culturally responsive treatment practices; and

408.13 (5) child development, including cognitive functioning, and physical and mental abilities.

408.14 (f) For a mental health behavioral aide, the training under paragraph (e) must include
408.15 parent team training using a curriculum approved by the commissioner.

408.16 Subd. 4. **Ongoing training.** (a) A license holder must ensure that staff persons who
408.17 provide direct contact services to clients receive annual training about the topics in
408.18 subdivision 3, paragraphs (a) and (b), clauses (1) to (3).

408.19 (b) A license holder must ensure that each staff person who is qualified under section
408.20 245I.04 who is not a mental health professional receives 30 hours of training every two
408.21 years. The training topics must be based on the program's needs and the staff person's areas
408.22 of competency.

408.23 Subd. 5. **Additional training for medication administration.** (a) Prior to administering
408.24 medications to a client under delegated authority or observing a client self-administer
408.25 medications, a staff person who is not a licensed prescriber, registered nurse, or licensed
408.26 practical nurse qualified under section 148.171, subdivision 8, must receive training about
408.27 psychotropic medications, side effects, and medication management.

408.28 (b) Prior to administering medications to a client under delegated authority, a staff person
408.29 must successfully complete a:

408.30 (1) medication administration training program for unlicensed personnel through an
408.31 accredited Minnesota postsecondary educational institution with completion of the course
408.32 documented in writing and placed in the staff person's personnel file; or

409.1 (2) formalized training program taught by a registered nurse or licensed prescriber that
409.2 is offered by the license holder. A staff person's successful completion of the formalized
409.3 training program must include direct observation of the staff person to determine the staff
409.4 person's areas of competency.

409.5 Sec. 7. **[245I.06] TREATMENT SUPERVISION.**

409.6 Subdivision 1. **Generally.** (a) A license holder must ensure that a mental health
409.7 professional or certified rehabilitation specialist provides treatment supervision to each staff
409.8 person who provides services to a client and who is not a mental health professional or
409.9 certified rehabilitation specialist. When providing treatment supervision, a treatment
409.10 supervisor must follow a staff person's written treatment supervision plan.

409.11 (b) Treatment supervision must focus on each client's treatment needs and the ability of
409.12 the staff person under treatment supervision to provide services to each client, including
409.13 the following topics related to the staff person's current caseload:

409.14 (1) a review and evaluation of the interventions that the staff person delivers to each
409.15 client;

409.16 (2) instruction on alternative strategies if a client is not achieving treatment goals;

409.17 (3) a review and evaluation of each client's assessments, treatment plans, and progress
409.18 notes for accuracy and appropriateness;

409.19 (4) instruction on the cultural norms or values of the clients and communities that the
409.20 license holder serves and the impact that a client's culture has on providing treatment;

409.21 (5) evaluation of and feedback regarding a direct service staff person's areas of
409.22 competency; and

409.23 (6) coaching, teaching, and practicing skills with a staff person.

409.24 (c) A treatment supervisor must provide treatment supervision to a staff person using
409.25 methods that allow for immediate feedback, including in-person, telephone, and interactive
409.26 video supervision.

409.27 (d) A treatment supervisor's responsibility for a staff person receiving treatment
409.28 supervision is limited to the services provided by the associated license holder. If a staff
409.29 person receiving treatment supervision is employed by multiple license holders, each license
409.30 holder is responsible for providing treatment supervision related to the treatment of the
409.31 license holder's clients.

410.1 Subd. 2. Treatment supervision planning. (a) A treatment supervisor and the staff
410.2 person supervised by the treatment supervisor must develop a written treatment supervision
410.3 plan. The license holder must ensure that a new staff person's treatment supervision plan is
410.4 completed and implemented by a treatment supervisor and the new staff person within 30
410.5 days of the new staff person's first day of employment. The license holder must review and
410.6 update each staff person's treatment supervision plan annually.

410.7 (b) Each staff person's treatment supervision plan must include:

410.8 (1) the name and qualifications of the staff person receiving treatment supervision;

410.9 (2) the names and licensures of the treatment supervisors who are supervising the staff
410.10 person;

410.11 (3) how frequently the treatment supervisors must provide treatment supervision to the
410.12 staff person; and

410.13 (4) the staff person's authorized scope of practice, including a description of the client
410.14 population that the staff person serves, and a description of the treatment methods and
410.15 modalities that the staff person may use to provide services to clients.

410.16 Subd. 3. Treatment supervision and direct observation of mental health

410.17 rehabilitation workers and mental health behavioral aides. (a) A mental health behavioral
410.18 aide or a mental health rehabilitation worker must receive direct observation from a mental
410.19 health professional, clinical trainee, certified rehabilitation specialist, or mental health
410.20 practitioner while the mental health behavioral aide or mental health rehabilitation worker
410.21 provides treatment services to clients, no less than twice per month for the first six months
410.22 of employment and once per month thereafter. The staff person performing the direct
410.23 observation must approve of the progress note for the observed treatment service.

410.24 (b) For a mental health rehabilitation worker qualified under section 245I.04, subdivision
410.25 14, paragraph (a), clause (2), item (i), treatment supervision in the first 2,000 hours of work
410.26 must at a minimum consist of:

410.27 (1) monthly individual supervision; and

410.28 (2) direct observation twice per month.

410.29 Sec. 8. [245I.07] PERSONNEL FILES.

410.30 (a) For each staff person, a license holder must maintain a personnel file that includes:

411.1 (1) verification of the staff person's qualifications required for the position including
 411.2 training, education, practicum or internship agreement, licensure, and any other required
 411.3 qualifications;

411.4 (2) documentation related to the staff person's background study;

411.5 (3) the hiring date of the staff person;

411.6 (4) a description of the staff person's job responsibilities with the license holder;

411.7 (5) the date that the staff person's specific duties and responsibilities became effective,
 411.8 including the date that the staff person began having direct contact with clients;

411.9 (6) documentation of the staff person's training as required by section 245I.05, subdivision
 411.10 2;

411.11 (7) a verification copy of license renewals that the staff person completed during the
 411.12 staff person's employment;

411.13 (8) annual job performance evaluations; and

411.14 (9) if applicable, the staff person's alleged and substantiated violations of the license
 411.15 holder's policies under section 245I.03, subdivision 8, clauses (3) to (7), and the license
 411.16 holder's response.

411.17 (b) The license holder must ensure that all personnel files are readily accessible for the
 411.18 commissioner's review. The license holder is not required to keep personnel files in a single
 411.19 location.

411.20 **Sec. 9. [245I.08] DOCUMENTATION STANDARDS.**

411.21 Subdivision 1. **Generally.** A license holder must ensure that all documentation required
 411.22 by this chapter complies with this section.

411.23 Subd. 2. **Documentation standards.** A license holder must ensure that all documentation
 411.24 required by this chapter:

411.25 (1) is legible;

411.26 (2) identifies the applicable client and staff person on each page; and

411.27 (3) is signed and dated by the staff persons who provided services to the client or
 411.28 completed the documentation, including the staff persons' credentials.

411.29 Subd. 3. **Documenting approval.** A license holder must ensure that all diagnostic
 411.30 assessments, functional assessments, level of care assessments, and treatment plans completed

412.1 by a clinical trainee or mental health practitioner contain documentation of approval by a
412.2 treatment supervisor within five business days of initial completion by the staff person under
412.3 treatment supervision.

412.4 Subd. 4. **Progress notes.** A license holder must use a progress note to document each
412.5 occurrence of a mental health service that a staff person provides to a client. A progress
412.6 note must include the following:

412.7 (1) the type of service;

412.8 (2) the date of service;

412.9 (3) the start and stop time of the service unless the license holder is licensed as a
412.10 residential program;

412.11 (4) the location of the service;

412.12 (5) the scope of the service, including: (i) the targeted goal and objective; (ii) the
412.13 intervention that the staff person provided to the client and the methods that the staff person
412.14 used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future
412.15 actions, including changes in treatment that the staff person will implement if the intervention
412.16 was ineffective; and (v) the service modality;

412.17 (6) the signature, printed name, and credentials of the staff person who provided the
412.18 service to the client;

412.19 (7) the mental health provider travel documentation required by section 256B.0625, if
412.20 applicable; and

412.21 (8) significant observations by the staff person, if applicable, including: (i) the client's
412.22 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with
412.23 or referrals to other professionals, family, or significant others; and (iv) changes in the
412.24 client's mental or physical symptoms.

412.25 Subd. 5. **Medication administration record.** If a license holder administers or observes
412.26 a client self-administer medications, the license holder must maintain a medication
412.27 administration record for each client that contains the following, as applicable:

412.28 (1) the client's date of birth;

412.29 (2) the client's allergies;

412.30 (3) all medication orders for the client, including client-specific orders for
412.31 over-the-counter medications and approved condition-specific protocols;

413.1 (4) the name of each ordered medication, date of each medication's expiration, each
 413.2 medication's dosage frequency, method of administration, and time;

413.3 (5) the licensed prescriber's name and telephone number;

413.4 (6) the date of initiation;

413.5 (7) the signature, printed name, and credentials of the staff person who administered the
 413.6 medication or observed the client self-administer the medication; and

413.7 (8) the reason that the license holder did not administer the client's prescribed medication
 413.8 or observe the client self-administer the client's prescribed medication.

413.9 Sec. 10. **[245I.09] CLIENT FILES.**

413.10 Subdivision 1. **Generally.** (a) A license holder must maintain a file for each client that
 413.11 contains the client's current and accurate records. The license holder must store each client
 413.12 file on the premises where the license holder provides or coordinates services for the client.
 413.13 The license holder must ensure that all client files are readily accessible for the
 413.14 commissioner's review. The license holder is not required to keep client files in a single
 413.15 location.

413.16 (b) The license holder must protect client records against loss, tampering, or unauthorized
 413.17 disclosure of confidential client data according to the Minnesota Government Data Practices
 413.18 Act, chapter 13; the privacy provisions of the Minnesota health care programs provider
 413.19 agreement; the Health Insurance Portability and Accountability Act of 1996 (HIPAA),
 413.20 Public Law 104-191; and the Minnesota Health Records Act, sections 144.291 to 144.298.

413.21 Subd. 2. **Record retention.** A license holder must retain client records of a discharged
 413.22 client for a minimum of five years from the date of the client's discharge. A license holder
 413.23 who ceases to provide treatment services to a client must retain the client's records for a
 413.24 minimum of five years from the date that the license holder stopped providing services to
 413.25 the client and must notify the commissioner of the location of the client records and the
 413.26 name of the individual responsible for storing and maintaining the client records.

413.27 Subd. 3. **Contents.** A license holder must retain a clear and complete record of the
 413.28 information that the license holder receives regarding a client, and of the services that the
 413.29 license holder provides to the client. If applicable, each client's file must include the following
 413.30 information:

413.31 (1) the client's screenings, assessments, and testing;

413.32 (2) the client's treatment plans and reviews of the client's treatment plan;

- 414.1 (3) the client's individual abuse prevention plans;
- 414.2 (4) the client's health care directive under section 145C.01, subdivision 5a, and the
- 414.3 client's emergency contacts;
- 414.4 (5) the client's crisis plans;
- 414.5 (6) the client's consents for releases of information and documentation of the client's
- 414.6 releases of information;
- 414.7 (7) the client's significant medical and health-related information;
- 414.8 (8) a record of each communication that a staff person has with the client's other mental
- 414.9 health providers and persons interested in the client, including the client's case manager,
- 414.10 family members, primary caregiver, legal representatives, court representatives,
- 414.11 representatives from the correctional system, or school administration;
- 414.12 (9) written information by the client that the client requests to include in the client's file;
- 414.13 and
- 414.14 (10) the date of the client's discharge from the license holder's program, the reason that
- 414.15 the license holder discontinued services for the client, and the client's discharge summaries.

414.16 **Sec. 11. [245I.10] ASSESSMENT AND TREATMENT PLANNING.**

414.17 Subdivision 1. **Definitions.** (a) "Diagnostic formulation" means a written analysis and

414.18 explanation of a client's clinical assessment to develop a hypothesis about the cause and

414.19 nature of a client's presenting problems and to identify the most suitable approach for treating

414.20 the client.

414.21 (b) "Responsivity factors" means the factors other than the diagnostic formulation that

414.22 may modify a client's treatment needs. This includes a client's learning style, abilities,

414.23 cognitive functioning, cultural background, and personal circumstances. When documenting

414.24 a client's responsivity factors a mental health professional or clinical trainee must include

414.25 an analysis of how a client's strengths are reflected in the license holder's plan to deliver

414.26 services to the client.

414.27 Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or

414.28 crisis assessment to determine a client's eligibility for mental health services, except as

414.29 provided in this section.

414.30 (b) Prior to completing a client's initial diagnostic assessment, a license holder may

414.31 provide a client with the following services:

- 415.1 (1) an explanation of findings;
- 415.2 (2) neuropsychological testing, neuropsychological assessment, and psychological
- 415.3 testing;
- 415.4 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and
- 415.5 family psychoeducation sessions not to exceed three sessions;
- 415.6 (4) crisis assessment services according to section 256B.0624; and
- 415.7 (5) ten days of intensive residential treatment services according to the assessment and
- 415.8 treatment planning standards in section 245.23, subdivision 7.
- 415.9 (c) Based on the client's needs that a crisis assessment identifies under section 256B.0624,
- 415.10 a license holder may provide a client with the following services:
- 415.11 (1) crisis intervention and stabilization services under section 245I.23 or 256B.0624;
- 415.12 and
- 415.13 (2) any combination of psychotherapy sessions, group psychotherapy sessions, family
- 415.14 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
- 415.15 within a 12-month period without prior authorization.
- 415.16 (d) Based on the client's needs in the client's brief diagnostic assessment, a license holder
- 415.17 may provide a client with any combination of psychotherapy sessions, group psychotherapy
- 415.18 sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed
- 415.19 ten sessions within a 12-month period without prior authorization for any new client or for
- 415.20 an existing client who the license holder projects will need fewer than ten sessions during
- 415.21 the next 12 months.
- 415.22 (e) Based on the client's needs that a hospital's medical history and presentation
- 415.23 examination identifies, a license holder may provide a client with:
- 415.24 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family
- 415.25 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
- 415.26 within a 12-month period without prior authorization for any new client or for an existing
- 415.27 client who the license holder projects will need fewer than ten sessions during the next 12
- 415.28 months; and
- 415.29 (2) up to five days of day treatment services or partial hospitalization.
- 415.30 (f) A license holder must complete a new standard diagnostic assessment of a client:
- 415.31 (1) when the client requires services of a greater number or intensity than the services
- 415.32 that paragraphs (b) to (e) describe;

416.1 (2) at least annually following the client's initial diagnostic assessment if the client needs
416.2 additional mental health services and the client does not meet the criteria for a brief
416.3 assessment;

416.4 (3) when the client's mental health condition has changed markedly since the client's
416.5 most recent diagnostic assessment; or

416.6 (4) when the client's current mental health condition does not meet the criteria of the
416.7 client's current diagnosis.

416.8 (g) For an existing client, the license holder must ensure that a new standard diagnostic
416.9 assessment includes a written update containing all significant new or changed information
416.10 about the client, and an update regarding what information has not significantly changed,
416.11 including a discussion with the client about changes in the client's life situation, functioning,
416.12 presenting problems, and progress with achieving treatment goals since the client's last
416.13 diagnostic assessment was completed.

416.14 Subd. 3. **Continuity of services.** (a) For any client with a diagnostic assessment
416.15 completed under Minnesota Rules, parts 9505.0370 to 9505.0372, before the effective date
416.16 of this section, the diagnostic assessment is valid for authorizing the client's treatment and
416.17 billing for one calendar year after the date that the assessment was completed.

416.18 (b) For any client with an individual treatment plan completed under section 256B.0622,
416.19 256B.0623, 256B.0943, 256B.0946, or 256B.0947 or Minnesota Rules, parts 9505.0370 to
416.20 9505.0372, the client's treatment plan is valid for authorizing treatment and billing until the
416.21 treatment plan's expiration date.

416.22 (c) This subdivision expires July 1, 2023.

416.23 Subd. 4. **Diagnostic assessment.** A client's diagnostic assessment must: (1) identify at
416.24 least one mental health diagnosis for which the client meets the diagnostic criteria and
416.25 recommend mental health services to develop the client's mental health services and treatment
416.26 plan; or (2) include a finding that the client does not meet the criteria for a mental health
416.27 disorder.

416.28 Subd. 5. **Brief diagnostic assessment; required elements.** (a) Only a mental health
416.29 professional or clinical trainee may complete a brief diagnostic assessment of a client. A
416.30 license holder may only use a brief diagnostic assessment for a client who is six years of
416.31 age or older.

416.32 (b) When conducting a brief diagnostic assessment of a client, the assessor must complete
416.33 a face-to-face interview with the client and a written evaluation of the client. The assessor

- 417.1 must gather and document initial components of the client's standard diagnostic assessment,
417.2 including the client's:
- 417.3 (1) age;
417.4 (2) description of symptoms, including the reason for the client's referral;
417.5 (3) history of mental health treatment;
417.6 (4) cultural influences on the client; and
417.7 (5) mental status examination.
- 417.8 (c) Based on the initial components of the assessment, the assessor must develop a
417.9 provisional diagnostic formulation about the client. The assessor may use the client's
417.10 provisional diagnostic formulation to address the client's immediate needs and presenting
417.11 problems.
- 417.12 (d) A mental health professional or clinical trainee may use treatment sessions with the
417.13 client authorized by a brief diagnostic assessment to gather additional information about
417.14 the client to complete the client's standard diagnostic assessment if the number of sessions
417.15 will exceed the coverage limits in subdivision 2.
- 417.16 **Subd. 6. Standard diagnostic assessment; required elements.** (a) Only a mental health
417.17 professional or a clinical trainee may complete a standard diagnostic assessment of a client.
417.18 A standard diagnostic assessment of a client must include a face-to-face interview with a
417.19 client and a written evaluation of the client. The assessor must complete a client's standard
417.20 diagnostic assessment within the client's cultural context.
- 417.21 (b) When completing a standard diagnostic assessment of a client, the assessor must
417.22 gather and document information about the client's current life situation, including the
417.23 following information:
- 417.24 (1) the client's age;
417.25 (2) the client's current living situation, including the client's housing status and household
417.26 members;
417.27 (3) the status of the client's basic needs;
417.28 (4) the client's education level and employment status;
417.29 (5) the client's current medications;
417.30 (6) any immediate risks to the client's health and safety;
417.31 (7) the client's perceptions of the client's condition;

418.1 (8) the client's description of the client's symptoms, including the reason for the client's
418.2 referral;

418.3 (9) the client's history of mental health treatment; and

418.4 (10) cultural influences on the client.

418.5 (c) If the assessor cannot obtain the information that this subdivision requires without
418.6 retraumatizing the client or harming the client's willingness to engage in treatment, the
418.7 assessor must identify which topics will require further assessment during the course of the
418.8 client's treatment. The assessor must gather and document information related to the following
418.9 topics:

418.10 (1) the client's relationship with the client's family and other significant personal
418.11 relationships, including the client's evaluation of the quality of each relationship;

418.12 (2) the client's strengths and resources, including the extent and quality of the client's
418.13 social networks;

418.14 (3) important developmental incidents in the client's life;

418.15 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

418.16 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

418.17 (6) the client's health history and the client's family health history, including the client's
418.18 physical, chemical, and mental health history.

418.19 (d) When completing a standard diagnostic assessment of a client, an assessor must use
418.20 a recognized diagnostic framework.

418.21 (1) When completing a standard diagnostic assessment of a client who is five years of
418.22 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic
418.23 Classification of Mental Health and Development Disorders of Infancy and Early Childhood
418.24 published by Zero to Three.

418.25 (2) When completing a standard diagnostic assessment of a client who is six years of
418.26 age or older, the assessor must use the current edition of the Diagnostic and Statistical
418.27 Manual of Mental Disorders published by the American Psychiatric Association.

418.28 (3) When completing a standard diagnostic assessment of a client who is five years of
418.29 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument
418.30 (ECSII) to the client and include the results in the client's assessment.

419.1 (4) When completing a standard diagnostic assessment of a client who is six to 17 years
419.2 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument
419.3 (CASII) to the client and include the results in the client's assessment.

419.4 (5) When completing a standard diagnostic assessment of a client who is 18 years of
419.5 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria
419.6 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders
419.7 published by the American Psychiatric Association to screen and assess the client for a
419.8 substance use disorder.

419.9 (e) When completing a standard diagnostic assessment of a client, the assessor must
419.10 include and document the following components of the assessment:

419.11 (1) the client's mental status examination;

419.12 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;
419.13 vulnerabilities; safety needs, including client information that supports the assessor's findings
419.14 after applying a recognized diagnostic framework from paragraph (d); and any differential
419.15 diagnosis of the client;

419.16 (3) an explanation of: (i) how the assessor diagnosed the client using the information
419.17 from the client's interview, assessment, psychological testing, and collateral information
419.18 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;
419.19 and (v) the client's responsivity factors.

419.20 (f) When completing a standard diagnostic assessment of a client, the assessor must
419.21 consult the client and the client's family about which services that the client and the family
419.22 prefer to treat the client. The assessor must make referrals for the client as to services required
419.23 by law.

419.24 Subd. 7. **Individual treatment plan.** A license holder must follow each client's written
419.25 individual treatment plan when providing services to the client with the following exceptions:

419.26 (1) services that do not require that a license holder completes a standard diagnostic
419.27 assessment of a client before providing services to the client;

419.28 (2) when developing a service plan; and

419.29 (3) when a client re-engages in services under subdivision 8, paragraph (b).

419.30 Subd. 8. **Individual treatment plan; required elements.** (a) After completing a client's
419.31 diagnostic assessment and before providing services to the client, the license holder must
419.32 complete the client's individual treatment plan. The license holder must:

420.1 (1) base the client's individual treatment plan on the client's diagnostic assessment and
420.2 baseline measurements;

420.3 (2) for a child client, use a child-centered, family-driven, and culturally appropriate
420.4 planning process that allows the child's parents and guardians to observe and participate in
420.5 the child's individual and family treatment services, assessments, and treatment planning;

420.6 (3) for an adult client, use a person-centered, culturally appropriate planning process
420.7 that allows the client's family and other natural supports to observe and participate in the
420.8 client's treatment services, assessments, and treatment planning;

420.9 (4) identify the client's treatment goals, measureable treatment objectives, a schedule
420.10 for accomplishing the client's treatment goals and objectives, a treatment strategy, and the
420.11 individuals responsible for providing treatment services and supports to the client. The
420.12 license holder must have a treatment strategy to engage the client in treatment if the client:

420.13 (i) has a history of not engaging in treatment; and

420.14 (ii) is ordered by a court to participate in treatment services or to take neuroleptic
420.15 medications;

420.16 (5) identify the participants involved in the client's treatment planning. The client must
420.17 be a participant in the client's treatment planning. If applicable, the license holder must
420.18 document the reasons that the license holder did not involve the client's family or other
420.19 natural supports in the client's treatment planning;

420.20 (6) review the client's individual treatment plan every 180 days and update the client's
420.21 individual treatment plan with the client's treatment progress, new treatment objectives and
420.22 goals or, if the client has not made treatment progress, changes in the license holder's
420.23 approach to treatment; and

420.24 (7) ensure that the client approves of the client's individual treatment plan unless a court
420.25 orders the client's treatment plan under chapter 253B.

420.26 (b) If the client disagrees with the client's treatment plan, the license holder must
420.27 document in the client file the reasons why the client does not agree with the treatment plan.
420.28 If the license holder cannot obtain the client's approval of the treatment plan, a mental health
420.29 professional must make efforts to obtain approval from a person who is authorized to consent
420.30 on the client's behalf within 30 days after the client's previous individual treatment plan
420.31 expired. A license holder may not deny a client service during this time period solely because
420.32 the license holder could not obtain the client's approval of the client's individual treatment

421.1 plan. A license holder may continue to bill for the client's otherwise eligible services when
421.2 the client re-engages in services.

421.3 Subd. 9. **Functional assessment; required elements.** When a license holder is
421.4 completing a functional assessment for an adult client, the license holder must:

421.5 (1) complete a functional assessment of the client after completing the client's diagnostic
421.6 assessment;

421.7 (2) use a collaborative process that allows the client and the client's family and other
421.8 natural supports, the client's referral sources, and the client's providers to provide information
421.9 about how the client's symptoms of mental illness impact the client's functioning;

421.10 (3) if applicable, document the reasons that the license holder did not contact the client's
421.11 family and other natural supports;

421.12 (4) assess and document how the client's symptoms of mental illness impact the client's
421.13 functioning in the following areas:

421.14 (i) the client's mental health symptoms;

421.15 (ii) the client's mental health service needs;

421.16 (iii) the client's substance use;

421.17 (iv) the client's vocational and educational functioning;

421.18 (v) the client's social functioning, including the use of leisure time;

421.19 (vi) the client's interpersonal functioning, including relationships with the client's family
421.20 and other natural supports;

421.21 (vii) the client's ability to provide self-care and live independently;

421.22 (viii) the client's medical and dental health;

421.23 (ix) the client's financial assistance needs; and

421.24 (x) the client's housing and transportation needs;

421.25 (5) include a narrative summarizing the client's strengths, resources, and all areas of
421.26 functional impairment;

421.27 (6) complete the client's functional assessment before the client's initial individual
421.28 treatment plan unless a service specifies otherwise; and

422.1 (7) update the client's functional assessment with the client's current functioning whenever
422.2 there is a significant change in the client's functioning or at least every 180 days, unless a
422.3 service specifies otherwise.

422.4 Sec. 12. [245I.11] HEALTH SERVICES AND MEDICATIONS.

422.5 Subdivision 1. Generally. If a license holder is licensed as a residential program, stores
422.6 or administers client medications, or observes clients self-administer medications, the license
422.7 holder must ensure that a staff person who is a registered nurse or licensed prescriber is
422.8 responsible for overseeing storage and administration of client medications and observing
422.9 as a client self-administers medications, including training according to section 245I.05,
422.10 subdivision 6, and documenting the occurrence according to section 245I.08, subdivision
422.11 5.

422.12 Subd. 2. Health services. If a license holder is licensed as a residential program, the
422.13 license holder must:

422.14 (1) ensure that a client is screened for health issues within 72 hours of the client's
422.15 admission;

422.16 (2) monitor the physical health needs of each client on an ongoing basis;

422.17 (3) offer referrals to clients and coordinate each client's care with psychiatric and medical
422.18 services;

422.19 (4) identify circumstances in which a staff person must notify a registered nurse or
422.20 licensed prescriber of any of a client's health concerns and the process for providing
422.21 notification of client health concerns; and

422.22 (5) identify the circumstances in which the license holder must obtain medical care for
422.23 a client and the process for obtaining medical care for a client.

422.24 Subd. 3. Storing and accounting for medications. (a) If a license holder stores client
422.25 medications, the license holder must:

422.26 (1) store client medications in original containers in a locked location;

422.27 (2) store refrigerated client medications in special trays or containers that are separate
422.28 from food;

422.29 (3) store client medications marked "for external use only" in a compartment that is
422.30 separate from other client medications;

423.1 (4) store Schedule II to IV drugs listed in section 152.02, subdivisions 3 to 5, in a
423.2 compartment that is locked separately from other medications;

423.3 (5) ensure that only authorized staff persons have access to stored client medications;

423.4 (6) follow a documentation procedure on each shift to account for all scheduled drugs;

423.5 and

423.6 (7) record each incident when a staff person accepts a supply of client medications and
423.7 destroy discontinued, outdated, or deteriorated client medications.

423.8 (b) If a license holder is licensed as a residential program, the license holder must allow
423.9 clients who self-administer medications to keep a private medication supply. The license
423.10 holder must ensure that the client stores all private medication in a locked container in the
423.11 client's private living area, unless the private medication supply poses a health and safety
423.12 risk to any clients. A client must not maintain a private medication supply of a prescription
423.13 medication without a written medication order from a licensed prescriber and a prescription
423.14 label that includes the client's name.

423.15 Subd. 4. **Medication orders.** (a) If a license holder stores, prescribes, or administers
423.16 medications or observes a client self-administer medications, the license holder must:

423.17 (1) ensure that a licensed prescriber writes all orders to accept, administer, or discontinue
423.18 client medications;

423.19 (2) accept nonwritten orders to administer client medications in emergency circumstances
423.20 only;

423.21 (3) establish a timeline and process for obtaining a written order with the licensed
423.22 prescriber's signature when the license holder accepts a nonwritten order to administer client
423.23 medications;

423.24 (4) obtain prescription medication renewals from a licensed prescriber for each client
423.25 every 90 days for psychotropic medications and annually for all other medications; and

423.26 (5) maintain the client's right to privacy and dignity.

423.27 (b) If a license holder employs a licensed prescriber, the license holder must inform the
423.28 client about potential medication effects and side effects and obtain and document the client's
423.29 informed consent before the licensed prescriber prescribes a medication.

423.30 Subd. 5. **Medication administration.** If a license holder is licensed as a residential
423.31 program, the license holder must:

424.1 (1) assess and document each client's ability to self-administer medication. In the
 424.2 assessment, the license holder must evaluate the client's ability to: (i) comply with prescribed
 424.3 medication regimens; and (ii) store the client's medications safely and in a manner that
 424.4 protects other individuals in the facility. Through the assessment process, the license holder
 424.5 must assist the client in developing the skills necessary to safely self-administer medication;

424.6 (2) monitor the effectiveness of medications, side effects of medications, and adverse
 424.7 reactions to medications for each client. The license holder must address and document any
 424.8 concerns about a client's medications;

424.9 (3) ensure that no staff person or client gives a legend drug supply for one client to
 424.10 another client;

424.11 (4) have policies and procedures for: (i) keeping a record of each client's medication
 424.12 orders; (ii) keeping a record of any incident of deferring a client's medications; (iii)
 424.13 documenting any incident when a client's medication is omitted; and (iv) documenting when
 424.14 a client refuses to take medications as prescribed; and

424.15 (5) document and track medication errors, document whether the license holder notified
 424.16 anyone about the medication error, determine if the license holder must take any follow-up
 424.17 actions, and identify the staff persons who are responsible for taking follow-up actions.

424.18 **Sec. 13. [245L.12] CLIENT RIGHTS AND PROTECTIONS.**

424.19 Subdivision 1. **Client rights.** A license holder must ensure that all clients have the
 424.20 following rights:

424.21 (1) the rights listed in the health care bill of rights in section 144.651;

424.22 (2) the right to be free from discrimination based on age, race, color, creed, religion,
 424.23 national origin, gender, marital status, disability, sexual orientation, and status with regard
 424.24 to public assistance. The license holder must follow all applicable state and federal laws
 424.25 including the Minnesota Human Rights Act, chapter 363A; and

424.26 (3) the right to be informed prior to a photograph or audio or video recording being made
 424.27 of the client. The client has the right to refuse to allow any recording or photograph of the
 424.28 client that is not for the purposes of identification or supervision by the license holder.

424.29 Subd. 2. **Restrictions to client rights.** If the license holder restricts a client's right, the
 424.30 license holder must document in the client file a mental health professional's approval of
 424.31 the restriction and the reasons for the restriction.

425.1 Subd. 3. **Notice of rights.** The license holder must give a copy of the client's rights
425.2 according to this section to each client on the day of the client's admission. The license
425.3 holder must document that the license holder gave a copy of the client's rights to each client
425.4 on the day of the client's admission according to this section. The license holder must post
425.5 a copy of the client rights in an area visible or accessible to all clients. The license holder
425.6 must include the client rights in Minnesota Rules, chapter 9544, for applicable clients.

425.7 Subd. 4. **Client property.** (a) The license holder must meet the requirements of section
425.8 245A.04, subdivision 13.

425.9 (b) If the license holder is unable to obtain a client's signature acknowledging the receipt
425.10 or disbursement of the client's funds or property required by section 245A.04, subdivision
425.11 13, paragraph (c), clause (1), two staff persons must sign documentation acknowledging
425.12 that the staff persons witnessed the client's receipt or disbursement of the client's funds or
425.13 property.

425.14 (c) The license holder must return all of the client's funds and other property to the client
425.15 except for the following items:

425.16 (1) illicit drugs, drug paraphernalia, and drug containers that are subject to forfeiture
425.17 under section 609.5316. The license holder must give illicit drugs, drug paraphernalia, and
425.18 drug containers to a local law enforcement agency or destroy the items; and

425.19 (2) weapons, explosives, and other property that may cause serious harm to the client
425.20 or others. The license holder may give a client's weapons and explosives to a local law
425.21 enforcement agency. The license holder must notify the client that a local law enforcement
425.22 agency has the client's property and that the client has the right to reclaim the property if
425.23 the client has a legal right to possess the item.

425.24 (d) If a client leaves the license holder's program but abandons the client's funds or
425.25 property, the license holder must retain and store the client's funds or property, including
425.26 medications, for a minimum of 30 days after the client's discharge from the program.

425.27 Subd. 5. **Client grievances.** (a) The license holder must have a grievance procedure
425.28 that:

425.29 (1) describes to clients how the license holder will meet the requirements in this
425.30 subdivision; and

425.31 (2) contains the current public contact information of the Department of Human Services,
425.32 Licensing Division; the Office of Ombudsman for Mental Health and Developmental

426.1 Disabilities; the Department of Health, Office of Health Facilities Complaints; and all
426.2 applicable health-related licensing boards.

426.3 (b) On the day of each client's admission, the license holder must explain the grievance
426.4 procedure to the client.

426.5 (c) The license holder must:

426.6 (1) post the grievance procedure in a place visible to clients and provide a copy of the
426.7 grievance procedure upon request;

426.8 (2) allow clients, former clients, and their authorized representatives to submit a grievance
426.9 to the license holder;

426.10 (3) within three business days of receiving a client's grievance, acknowledge in writing
426.11 that the license holder received the client's grievance. If applicable, the license holder must
426.12 include a notice of the client's separate appeal rights for a managed care organization's
426.13 reduction, termination, or denial of a covered service;

426.14 (4) within 15 business days of receiving a client's grievance, provide a written final
426.15 response to the client's grievance containing the license holder's official response to the
426.16 grievance; and

426.17 (5) allow the client to bring a grievance to the person with the highest level of authority
426.18 in the program.

426.19 **Sec. 14. [245I.13] CRITICAL INCIDENTS.**

426.20 If a license holder is licensed as a residential program, the license holder must report all
426.21 critical incidents to the commissioner within ten days of learning of the incident on a form
426.22 approved by the commissioner. The license holder must keep a record of critical incidents
426.23 in a central location that is readily accessible to the commissioner for review upon the
426.24 commissioner's request for a minimum of two licensing periods.

426.25 **Sec. 15. [245I.20] MENTAL HEALTH CLINIC.**

426.26 Subdivision 1. **Purpose.** Certified mental health clinics provide clinical services for the
426.27 treatment of mental illnesses with a treatment team that reflects multiple disciplines and
426.28 areas of expertise.

426.29 Subd. 2. **Definitions.** (a) "Clinical services" means services provided to a client to
426.30 diagnose, describe, predict, and explain the client's status relative to a condition or problem
426.31 as described in the: (1) current edition of the Diagnostic and Statistical Manual of Mental

427.1 Disorders published by the American Psychiatric Association; or (2) current edition of the
427.2 DC: 0-5 Diagnostic Classification of Mental Health and Development Disorders of Infancy
427.3 and Early Childhood published by Zero to Three. Where necessary, clinical services includes
427.4 services to treat a client to reduce the client's impairment due to the client's condition.
427.5 Clinical services also includes individual treatment planning, case review, record-keeping
427.6 required for a client's treatment, and treatment supervision. For the purposes of this section,
427.7 clinical services excludes services delivered to a client under a separate license and services
427.8 listed under section 245I.011, subdivision 5.

427.9 (b) "Competent" means having professional education, training, continuing education,
427.10 consultation, supervision, experience, or a combination thereof necessary to demonstrate
427.11 sufficient knowledge of and proficiency in a specific clinical service.

427.12 (c) "Discipline" means a branch of professional knowledge or skill acquired through a
427.13 specific course of study, training, and supervised practice. Discipline is usually documented
427.14 by a specific educational degree, licensure, or certification of proficiency. Examples of the
427.15 mental health disciplines include but are not limited to psychiatry, psychology, clinical
427.16 social work, marriage and family therapy, clinical counseling, and psychiatric nursing.

427.17 (d) "Treatment team" means the mental health professionals, mental health practitioners,
427.18 and clinical trainees who provide clinical services to clients.

427.19 Subd. 3. **Organizational structure.** (a) A mental health clinic location must be an entire
427.20 facility or a clearly identified unit within a facility that is administratively and clinically
427.21 separate from the rest of the facility. The mental health clinic location may provide services
427.22 other than clinical services to clients, including medical services, substance use disorder
427.23 services, social services, training, and education.

427.24 (b) The certification holder must notify the commissioner of all mental health clinic
427.25 locations. If there is more than one mental health clinic location, the certification holder
427.26 must designate one location as the main location and all of the other locations as satellite
427.27 locations. The main location as a unit and the clinic as a whole must comply with the
427.28 minimum staffing standards in subdivision 4.

427.29 (c) The certification holder must ensure that each satellite location:

427.30 (1) adheres to the same policies and procedures as the main location;

427.31 (2) provides treatment team members with face-to-face or telephone access to a mental
427.32 health professional for the purposes of supervision whenever the satellite location is open.
427.33 The certification holder must maintain a schedule of the mental health professionals who

428.1 will be available and the contact information for each available mental health professional.
428.2 The schedule must be current and readily available to treatment team members; and
428.3 (3) enables clients to access all of the mental health clinic's clinical services and treatment
428.4 team members, as needed.

428.5 Subd. 4. **Minimum staffing standards.** (a) A certification holder's treatment team must
428.6 consist of at least four mental health professionals. At least two of the mental health
428.7 professionals must be employed by or under contract with the mental health clinic for a
428.8 minimum of 35 hours per week each. Each of the two mental health professionals must
428.9 specialize in a different mental health discipline.

428.10 (b) The treatment team must include:

428.11 (1) a physician qualified as a mental health professional according to section 245I.04,
428.12 subdivision 2, clause (4), or a nurse qualified as a mental health professional according to
428.13 section 245I.04, subdivision 2, clause (1); and

428.14 (2) a psychologist qualified as a mental health professional according to section 245I.04,
428.15 subdivision 2, clause (3).

428.16 (c) The staff persons fulfilling the requirement in paragraph (b) must provide clinical
428.17 services at least:

428.18 (1) eight hours every two weeks if the mental health clinic has over 25.0 full-time
428.19 equivalent treatment team members;

428.20 (2) eight hours each month if the mental health clinic has 15.1 to 25.0 full-time equivalent
428.21 treatment team members;

428.22 (3) four hours each month if the mental health clinic has 5.1 to 15.0 full-time equivalent
428.23 treatment team members; or

428.24 (4) two hours each month if the mental health clinic has 2.0 to 5.0 full-time equivalent
428.25 treatment team members or only provides in-home services to clients.

428.26 (d) The certification holder must maintain a record that demonstrates compliance with
428.27 this subdivision.

428.28 Subd. 5. **Treatment supervision specified.** (a) A mental health professional must remain
428.29 responsible for each client's case. The certification holder must document the name of the
428.30 mental health professional responsible for each case and the dates that the mental health
428.31 professional is responsible for the client's case from beginning date to end date. The
428.32 certification holder must assign each client's case for assessment, diagnosis, and treatment

429.1 services to a treatment team member who is competent in the assigned clinical service, the
429.2 recommended treatment strategy, and in treating the client's characteristics.

429.3 (b) Treatment supervision of mental health practitioners and clinical trainees required
429.4 by section 245I.06 must include case reviews as described in this paragraph. Every two
429.5 months, a mental health professional must complete a case review of each client assigned
429.6 to the mental health professional when the client is receiving clinical services from a mental
429.7 health practitioner or clinical trainee. The case review must include a consultation process
429.8 that thoroughly examines the client's condition and treatment, including: (1) a review of the
429.9 client's reason for seeking treatment, diagnoses and assessments, and the individual treatment
429.10 plan; (2) a review of the appropriateness, duration, and outcome of treatment provided to
429.11 the client; and (3) treatment recommendations.

429.12 Subd. 6. **Additional policy and procedure requirements.** (a) In addition to the policies
429.13 and procedures required by section 245I.03, the certification holder must establish, enforce,
429.14 and maintain the policies and procedures required by this subdivision.

429.15 (b) The certification holder must have a clinical evaluation procedure to identify and
429.16 document each treatment team member's areas of competence.

429.17 (c) The certification holder must have policies and procedures for client intake and case
429.18 assignment that:

429.19 (1) outline the client intake process;

429.20 (2) describe how the mental health clinic determines the appropriateness of accepting a
429.21 client into treatment by reviewing the client's condition and need for treatment, the clinical
429.22 services that the mental health clinic offers to clients, and other available resources; and

429.23 (3) contain a process for assigning a client's case to a mental health professional who is
429.24 responsible for the client's case and other treatment team members.

429.25 Subd. 7. **Referrals.** If necessary treatment for a client or treatment desired by a client
429.26 is not available at the mental health clinic, the certification holder must facilitate appropriate
429.27 referrals for the client. When making a referral for a client, the treatment team member must
429.28 document a discussion with the client that includes: (1) the reason for the client's referral;
429.29 (2) potential treatment resources for the client; and (3) the client's response to receiving a
429.30 referral.

429.31 Subd. 8. **Emergency service.** For the certification holder's telephone numbers that clients
429.32 regularly access, the certification holder must include the contact information for the area's

430.1 mental health crisis services as part of the certification holder's message when a live operator
430.2 is not available to answer clients' calls.

430.3 Subd. 9. **Quality assurance and improvement plan.** (a) At a minimum, a certification
430.4 holder must develop a written quality assurance and improvement plan that includes a plan
430.5 for:

430.6 (1) encouraging ongoing consultation among members of the treatment team;

430.7 (2) obtaining and evaluating feedback about services from clients, family and other
430.8 natural supports, referral sources, and staff persons;

430.9 (3) measuring and evaluating client outcomes;

430.10 (4) reviewing client suicide deaths and suicide attempts;

430.11 (5) examining the quality of clinical service delivery to clients; and

430.12 (6) self-monitoring of compliance with this chapter.

430.13 (b) At least annually, the certification holder must review, evaluate, and update the
430.14 quality assurance and improvement plan. The review must: (1) include documentation of
430.15 the actions that the certification holder will take as a result of information obtained from
430.16 monitoring activities in the plan; and (2) establish goals for improved service delivery to
430.17 clients for the next year.

430.18 Subd. 10. **Application procedures.** (a) The applicant for certification must submit any
430.19 documents that the commissioner requires on forms approved by the commissioner.

430.20 (b) Upon submitting an application for certification, an applicant must pay the application
430.21 fee required by section 245A.10, subdivision 3.

430.22 (c) The commissioner must act on an application within 90 working days of receiving
430.23 a completed application.

430.24 (d) When the commissioner receives an application for initial certification that is
430.25 incomplete because the applicant failed to submit required documents or is deficient because
430.26 the submitted documents do not meet certification requirements, the commissioner must
430.27 provide the applicant with written notice that the application is incomplete or deficient. In
430.28 the notice, the commissioner must identify the particular documents that are missing or
430.29 deficient and give the applicant 45 days to submit a second application that is complete. An
430.30 applicant's failure to submit a complete application within 45 days after receiving notice
430.31 from the commissioner is a basis for certification denial.

431.1 (e) The commissioner must give notice of a denial to an applicant when the commissioner
431.2 has made the decision to deny the certification application. In the notice of denial, the
431.3 commissioner must state the reasons for the denial in plain language. The commissioner
431.4 must send or deliver the notice of denial to an applicant by certified mail or personal service.
431.5 In the notice of denial, the commissioner must state the reasons that the commissioner denied
431.6 the application and must inform the applicant of the applicant's right to request a contested
431.7 case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The
431.8 applicant may appeal the denial by notifying the commissioner in writing by certified mail
431.9 or personal service. If mailed, the appeal must be postmarked and sent to the commissioner
431.10 within 20 calendar days after the applicant received the notice of denial. If an applicant
431.11 delivers an appeal by personal service, the commissioner must receive the appeal within 20
431.12 calendar days after the applicant received the notice of denial.

431.13 Subd. 11. **Commissioner's right of access.** (a) When the commissioner is exercising
431.14 the powers conferred to the commissioner by this chapter, if the mental health clinic is in
431.15 operation and the information is relevant to the commissioner's inspection or investigation,
431.16 the certification holder must provide the commissioner access to:

- 431.17 (1) the physical facility and grounds where the program is located;
431.18 (2) documentation and records, including electronically maintained records;
431.19 (3) clients served by the mental health clinic;
431.20 (4) staff persons of the mental health clinic; and
431.21 (5) personnel records of current and former staff of the mental health clinic.

431.22 (b) The certification holder must provide the commissioner with access to the facility
431.23 and grounds, documentation and records, clients, and staff without prior notice and as often
431.24 as the commissioner considers necessary if the commissioner is investigating alleged
431.25 maltreatment or a violation of a law or rule, or conducting an inspection. When conducting
431.26 an inspection, the commissioner may request and must receive assistance from other state,
431.27 county, and municipal governmental agencies and departments. The applicant or certification
431.28 holder must allow the commissioner, at the commissioner's expense, to photocopy,
431.29 photograph, and make audio and video recordings during an inspection.

431.30 Subd. 12. **Monitoring and inspections.** (a) The commissioner may conduct a certification
431.31 review of the certified mental health clinic every two years to determine the certification
431.32 holder's compliance with applicable rules and statutes.

432.1 (b) The commissioner must offer the certification holder a choice of dates for an
432.2 announced certification review. A certification review must occur during the clinic's normal
432.3 working hours.

432.4 (c) The commissioner must make the results of certification reviews and investigations
432.5 publicly available on the department's website.

432.6 Subd. 13. **Correction orders.** (a) If the applicant or certification holder fails to comply
432.7 with a law or rule, the commissioner may issue a correction order. The correction order
432.8 must state:

432.9 (1) the condition that constitutes a violation of the law or rule;

432.10 (2) the specific law or rule that the applicant or certification holder has violated; and

432.11 (3) the time that the applicant or certification holder is allowed to correct each violation.

432.12 (b) If the applicant or certification holder believes that the commissioner's correction
432.13 order is erroneous, the applicant or certification holder may ask the commissioner to
432.14 reconsider the part of the correction order that is allegedly erroneous. An applicant or
432.15 certification holder must make a request for reconsideration in writing. The request must
432.16 be postmarked and sent to the commissioner within 20 calendar days after the applicant or
432.17 certification holder received the correction order; and the request must:

432.18 (1) specify the part of the correction order that is allegedly erroneous;

432.19 (2) explain why the specified part is erroneous; and

432.20 (3) include documentation to support the allegation of error.

432.21 (c) A request for reconsideration does not stay any provision or requirement of the
432.22 correction order. The commissioner's disposition of a request for reconsideration is final
432.23 and not subject to appeal.

432.24 (d) If the commissioner finds that the applicant or certification holder failed to correct
432.25 the violation specified in the correction order, the commissioner may decertify the certified
432.26 mental health clinic according to subdivision 14.

432.27 (e) Nothing in this subdivision prohibits the commissioner from decertifying a mental
432.28 health clinic according to subdivision 14.

432.29 Subd. 14. **Decertification.** (a) The commissioner may decertify a mental health clinic
432.30 if a certification holder:

432.31 (1) failed to comply with an applicable law or rule; or

433.1 (2) knowingly withheld relevant information from or gave false or misleading information
433.2 to the commissioner in connection with an application for certification, during an
433.3 investigation, or regarding compliance with applicable laws or rules.

433.4 (b) When considering decertification of a mental health clinic, the commissioner must
433.5 consider the nature, chronicity, or severity of the violation of law or rule and the effect of
433.6 the violation on the health, safety, or rights of clients.

433.7 (c) If the commissioner decertifies a mental health clinic, the order of decertification
433.8 must inform the certification holder of the right to have a contested case hearing under
433.9 chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The certification holder
433.10 may appeal the decertification. The certification holder must appeal a decertification in
433.11 writing and send or deliver the appeal to the commissioner by certified mail or personal
433.12 service. If the certification holder mails the appeal, the appeal must be postmarked and sent
433.13 to the commissioner within ten calendar days after the certification holder receives the order
433.14 of decertification. If the certification holder delivers an appeal by personal service, the
433.15 commissioner must receive the appeal within ten calendar days after the certification holder
433.16 received the order. If a certification holder submits a timely appeal of an order of
433.17 decertification, the certification holder may continue to operate the program until the
433.18 commissioner issues a final order on the decertification.

433.19 (d) If the commissioner decertifies a mental health clinic pursuant to paragraph (a),
433.20 clause (1), based on a determination that the mental health clinic was responsible for
433.21 maltreatment, and if the certification holder appeals the decertification according to paragraph
433.22 (c), and appeals the maltreatment determination under section 260E.33, the final
433.23 decertification determination is stayed until the commissioner issues a final decision regarding
433.24 the maltreatment appeal.

433.25 Subd. 15. **Transfer prohibited.** A certification issued under this section is only valid
433.26 for the premises and the individual, organization, or government entity identified by the
433.27 commissioner on the certification. A certification is not transferable or assignable.

433.28 Subd. 16. **Notifications required and noncompliance.** (a) A certification holder must
433.29 notify the commissioner, in a manner prescribed by the commissioner, and obtain the
433.30 commissioner's approval before making any change to the name of the certification holder
433.31 or the location of the mental health clinic.

433.32 (b) Changes in mental health clinic organization, staffing, treatment, or quality assurance
433.33 procedures that affect the ability of the certification holder to comply with the minimum
433.34 standards of this section must be reported in writing by the certification holder to the

434.1 commissioner within 15 days of the occurrence. Review of the change must be conducted
434.2 by the commissioner. A certification holder with changes resulting in noncompliance in
434.3 minimum standards must receive written notice and may have up to 180 days to correct the
434.4 areas of noncompliance before being decertified. Interim procedures to resolve the
434.5 noncompliance on a temporary basis must be developed and submitted in writing to the
434.6 commissioner for approval within 30 days of the commissioner's determination of the
434.7 noncompliance. Not reporting an occurrence of a change that results in noncompliance
434.8 within 15 days, failure to develop an approved interim procedure within 30 days of the
434.9 determination of the noncompliance, or nonresolution of the noncompliance within 180
434.10 days will result in immediate decertification.

434.11 (c) The mental health clinic may be required to submit written information to the
434.12 department to document that the mental health clinic has maintained compliance with this
434.13 section and mental health clinic procedures.

434.14 **Sec. 16. [245L.23] INTENSIVE RESIDENTIAL TREATMENT SERVICES AND**
434.15 **RESIDENTIAL CRISIS STABILIZATION.**

434.16 Subdivision 1. **Purpose.** (a) Intensive residential treatment services is a community-based
434.17 medically monitored level of care for an adult client that uses established rehabilitative
434.18 principles to promote a client's recovery and to develop and achieve psychiatric stability,
434.19 personal and emotional adjustment, self-sufficiency, and other skills that help a client
434.20 transition to a more independent setting.

434.21 (b) Residential crisis stabilization provides structure and support to an adult client in a
434.22 community living environment when a client has experienced a mental health crisis and
434.23 needs short-term services to ensure that the client can safely return to the client's home or
434.24 precrisis living environment with additional services and supports identified in the client's
434.25 crisis assessment.

434.26 Subd. 2. **Definitions.** (a) "Program location" means a set of rooms that are each physically
434.27 self-contained and have defining walls extending from floor to ceiling. Program location
434.28 includes bedrooms, living rooms or lounge areas, bathrooms, and connecting areas.

434.29 (b) "Treatment team" means a group of staff persons who provide intensive residential
434.30 treatment services or residential crisis stabilization to clients. The treatment team includes
434.31 mental health professionals, mental health practitioners, clinical trainees, certified
434.32 rehabilitation specialists, mental health rehabilitation workers, and mental health certified
434.33 peer specialists.

435.1 Subd. 3. **Treatment services description.** The license holder must describe in writing
435.2 all treatment services that the license holder provides. The license holder must have the
435.3 description readily available for the commissioner upon the commissioner's request.

435.4 Subd. 4. **Required intensive residential treatment services.** (a) On a daily basis, the
435.5 license holder must follow a client's treatment plan to provide intensive residential treatment
435.6 services to the client to improve the client's functioning.

435.7 (b) The license holder must offer and have the capacity to directly provide the following
435.8 treatment services to each client:

435.9 (1) rehabilitative mental health services;

435.10 (2) crisis prevention planning to assist a client with:

435.11 (i) identifying and addressing patterns in the client's history and experience of the client's
435.12 mental illness; and

435.13 (ii) developing crisis prevention strategies that include de-escalation strategies that have
435.14 been effective for the client in the past;

435.15 (3) health services and administering medication;

435.16 (4) co-occurring substance use disorder treatment;

435.17 (5) engaging the client's family and other natural supports in the client's treatment and
435.18 educating the client's family and other natural supports to strengthen the client's social and
435.19 family relationships; and

435.20 (6) making referrals for the client to other service providers in the community and
435.21 supporting the client's transition from intensive residential treatment services to another
435.22 setting.

435.23 (c) The license holder must include Illness Management and Recovery (IMR), Enhanced
435.24 Illness Management and Recovery (E-IMR), or other similar interventions in the license
435.25 holder's programming as approved by the commissioner.

435.26 Subd. 5. **Required residential crisis stabilization services.** (a) On a daily basis, the
435.27 license holder must follow a client's individual crisis treatment plan to provide services to
435.28 the client in residential crisis stabilization to improve the client's functioning.

435.29 (b) The license holder must offer and have the capacity to directly provide the following
435.30 treatment services to the client:

435.31 (1) crisis stabilization services as described in section 256B.0624, subdivision 7;

436.1 (2) rehabilitative mental health services;

436.2 (3) health services and administering the client's medications; and

436.3 (4) making referrals for the client to other service providers in the community and

436.4 supporting the client's transition from residential crisis stabilization to another setting.

436.5 Subd. 6. **Optional treatment services.** (a) If the license holder offers additional treatment
436.6 services to a client, the treatment service must be:

436.7 (1) approved by the commissioner; and

436.8 (2)(i) a mental health evidence-based practice that the federal Department of Health and
436.9 Human Services Substance Abuse and Mental Health Service Administration has adopted;

436.10 (ii) a nationally recognized mental health service that substantial research has validated
436.11 as effective in helping individuals with serious mental illness achieve treatment goals; or

436.12 (iii) developed under state-sponsored research of publicly funded mental health programs
436.13 and validated to be effective for individuals, families, and communities.

436.14 (b) Before providing an optional treatment service to a client, the license holder must
436.15 provide adequate training to a staff person about providing the optional treatment service
436.16 to a client.

436.17 Subd. 7. **Intensive residential treatment services assessment and treatment**
436.18 planning. (a) Within 12 hours of a client's admission, the license holder must evaluate and
436.19 document the client's immediate needs, including the client's:

436.20 (1) health and safety, including the client's need for crisis assistance;

436.21 (2) responsibilities for children, family and other natural supports, and employers; and

436.22 (3) housing and legal issues.

436.23 (b) Within 24 hours of the client's admission, the license holder must complete an initial
436.24 treatment plan for the client. The license holder must:

436.25 (1) base the client's initial treatment plan on the client's referral information and an
436.26 assessment of the client's immediate needs;

436.27 (2) consider crisis assistance strategies that have been effective for the client in the past;

436.28 (3) identify the client's initial treatment goals, measurable treatment objectives, and
436.29 specific interventions that the license holder will use to help the client engage in treatment;

437.1 (4) identify the participants involved in the client's treatment planning. The client must
437.2 be a participant; and

437.3 (5) ensure that a treatment supervisor approves of the client's initial treatment plan if a
437.4 mental health practitioner or clinical trainee completes the client's treatment plan,
437.5 notwithstanding section 245I.08, subdivision 3.

437.6 (c) According to section 245A.65, subdivision 2, paragraph (b), the license holder must
437.7 complete an individual abuse prevention plan as part of a client's initial treatment plan.

437.8 (d) Within five days of the client's admission and again within 60 days after the client's
437.9 admission, the license holder must complete a level of care assessment of the client. If the
437.10 license holder determines that a client does not need a medically monitored level of service,
437.11 a treatment supervisor must document how the client's admission to and continued services
437.12 in intensive residential treatment services are medically necessary for the client.

437.13 (e) Within ten days of a client's admission, the license holder must complete or review
437.14 and update the client's standard diagnostic assessment.

437.15 (f) Within ten days of a client's admission, the license holder must complete the client's
437.16 individual treatment plan, notwithstanding section 245I.10, subdivision 8. Within 40 days
437.17 after the client's admission and again within 70 days after the client's admission, the license
437.18 holder must update the client's individual treatment plan. The license holder must focus the
437.19 client's treatment planning on preparing the client for a successful transition from intensive
437.20 residential treatment services to another setting. In addition to the required elements of an
437.21 individual treatment plan under section 245I.10, subdivision 8, the license holder must
437.22 identify the following information in the client's individual treatment plan: (1) the client's
437.23 referrals and resources for the client's health and safety; and (2) the staff persons who are
437.24 responsible for following up with the client's referrals and resources. If the client does not
437.25 receive a referral or resource that the client needs, the license holder must document the
437.26 reason that the license holder did not make the referral or did not connect the client to a
437.27 particular resource. The license holder is responsible for determining whether additional
437.28 follow-up is required on behalf of the client.

437.29 (g) Within 30 days of the client's admission, the license holder must complete a functional
437.30 assessment of the client. Within 60 days after the client's admission, the license holder must
437.31 update the client's functional assessment to include any changes in the client's functioning
437.32 and symptoms.

437.33 (h) For a client with a current substance use disorder diagnosis and for a client whose
437.34 substance use disorder screening in the client's standard diagnostic assessment indicates the

438.1 possibility that the client has a substance use disorder, the license holder must complete a
438.2 written assessment of the client's substance use within 30 days of the client's admission. In
438.3 the substance use assessment, the license holder must: (1) evaluate the client's history of
438.4 substance use, relapses, and hospitalizations related to substance use; (2) assess the effects
438.5 of the client's substance use on the client's relationships including with family member and
438.6 others; (3) identify financial problems, health issues, housing instability, and unemployment;
438.7 (4) assess the client's legal problems, past and pending incarceration, violence, and
438.8 victimization; and (5) evaluate the client's suicide attempts, noncompliance with taking
438.9 prescribed medications, and noncompliance with psychosocial treatment.

438.10 (i) On a weekly basis, a mental health professional or certified rehabilitation specialist
438.11 must review each client's treatment plan and individual abuse prevention plan. The license
438.12 holder must document in the client's file each weekly review of the client's treatment plan
438.13 and individual abuse prevention plan.

438.14 **Subd. 8. Residential crisis stabilization assessment and treatment planning. (a)**
438.15 Within 12 hours of a client's admission, the license holder must evaluate the client and
438.16 document the client's immediate needs, including the client's:

438.17 (1) health and safety, including the client's need for crisis assistance;

438.18 (2) responsibilities for children, family and other natural supports, and employers; and

438.19 (3) housing and legal issues.

438.20 (b) Within 24 hours of a client's admission, the license holder must complete a crisis
438.21 treatment plan for the client under section 256B.0624, subdivision 11. The license holder
438.22 must base the client's crisis treatment plan on the client's referral information and an
438.23 assessment of the client's immediate needs.

438.24 (c) Section 245A.65, subdivision 2, paragraph (b), requires the license holder to complete
438.25 an individual abuse prevention plan for a client as part of the client's crisis treatment plan.

438.26 **Subd. 9. Key staff positions. (a)** The license holder must have a staff person assigned
438.27 to each of the following key staff positions at all times:

438.28 (1) a program director who qualifies as a mental health practitioner. The license holder
438.29 must designate the program director as responsible for all aspects of the operation of the
438.30 program and the program's compliance with all applicable requirements. The program
438.31 director must know and understand the implications of this chapter; chapters 245A, 245C,
438.32 and 260E; sections 626.557 and 626.5572; Minnesota Rules, chapter 9544; and all other
438.33 applicable requirements. The license holder must document in the program director's

- 439.1 personnel file how the program director demonstrates knowledge of these requirements.
- 439.2 The program director may also serve as the treatment director of the program, if qualified;
- 439.3 (2) a treatment director who qualifies as a mental health professional. The treatment
- 439.4 director must be responsible for overseeing treatment services for clients and the treatment
- 439.5 supervision of all staff persons; and
- 439.6 (3) a registered nurse who qualifies as a mental health practitioner. The registered nurse
- 439.7 must:
- 439.8 (i) work at the program location a minimum of eight hours per week;
- 439.9 (ii) provide monitoring and supervision of staff persons as defined in section 148.171,
- 439.10 subdivisions 8a and 23;
- 439.11 (iii) be responsible for the review and approval of health service and medication policies
- 439.12 and procedures under section 245I.03, subdivision 5; and
- 439.13 (iv) oversee the license holder's provision of health services to clients, medication storage,
- 439.14 and medication administration to clients.
- 439.15 (b) Within five business days of a change in a key staff position, the license holder must
- 439.16 notify the commissioner of the staffing change. The license holder must notify the
- 439.17 commissioner of the staffing change on a form approved by the commissioner and include
- 439.18 the name of the staff person now assigned to the key staff position and the staff person's
- 439.19 qualifications.
- 439.20 Subd. 10. **Minimum treatment team staffing levels and ratios.** (a) The license holder
- 439.21 must maintain a treatment team staffing level sufficient to:
- 439.22 (1) provide continuous daily coverage of all shifts;
- 439.23 (2) follow each client's treatment plan and meet each client's needs as identified in the
- 439.24 client's treatment plan;
- 439.25 (3) implement program requirements; and
- 439.26 (4) safely monitor and guide the activities of each client, taking into account the client's
- 439.27 level of behavioral and psychiatric stability, cultural needs, and vulnerabilities.
- 439.28 (b) The license holder must ensure that treatment team members:
- 439.29 (1) remain awake during all work hours; and
- 439.30 (2) are available to monitor and guide the activities of each client whenever clients are
- 439.31 present in the program.

440.1 (c) On each shift, the license holder must maintain a treatment team staffing ratio of at
440.2 least one treatment team member to nine clients. If the license holder is serving nine or
440.3 fewer clients, at least one treatment team member on the day shift must be a mental health
440.4 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.
440.5 If the license holder is serving more than nine clients, at least one of the treatment team
440.6 members working during both the day and evening shifts must be a mental health
440.7 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.

440.8 (d) If the license holder provides residential crisis stabilization to clients and is serving
440.9 at least one client in residential crisis stabilization and more than four clients in residential
440.10 crisis stabilization and intensive residential treatment services, the license holder must
440.11 maintain a treatment team staffing ratio on each shift of at least two treatment team members
440.12 during the client's first 48 hours in residential crisis stabilization.

440.13 Subd. 11. **Shift exchange.** A license holder must ensure that treatment team members
440.14 working on different shifts exchange information about a client as necessary to effectively
440.15 care for the client and to follow and update a client's treatment plan and individual abuse
440.16 prevention plan.

440.17 Subd. 12. **Daily documentation.** (a) For each day that a client is present in the program,
440.18 the license holder must provide a daily summary in the client's file that includes observations
440.19 about the client's behavior and symptoms, including any critical incidents in which the client
440.20 was involved.

440.21 (b) For each day that a client is not present in the program, the license holder must
440.22 document the reason for a client's absence in the client's file.

440.23 Subd. 13. **Access to a mental health professional, clinical trainee, certified**
440.24 **rehabilitation specialist, or mental health practitioner.** Treatment team members must
440.25 have access in person or by telephone to a mental health professional, clinical trainee,
440.26 certified rehabilitation specialist, or mental health practitioner within 30 minutes. The license
440.27 holder must maintain a schedule of mental health professionals, clinical trainees, certified
440.28 rehabilitation specialists, or mental health practitioners who will be available and contact
440.29 information to reach them. The license holder must keep the schedule current and make the
440.30 schedule readily available to treatment team members.

440.31 Subd. 14. **Weekly team meetings.** (a) The license holder must hold weekly team meetings
440.32 and ancillary meetings according to this subdivision.

440.33 (b) A mental health professional or certified rehabilitation specialist must hold at least
440.34 one team meeting each calendar week and be physically present at the team meeting. All

441.1 treatment team members, including treatment team members who work on a part-time or
441.2 intermittent basis, must participate in a minimum of one team meeting during each calendar
441.3 week when the treatment team member is working for the license holder. The license holder
441.4 must document all weekly team meetings, including the names of meeting attendees.

441.5 (c) If a treatment team member cannot participate in a weekly team meeting, the treatment
441.6 team member must participate in an ancillary meeting. A mental health professional, certified
441.7 rehabilitation specialist, clinical trainee, or mental health practitioner who participated in
441.8 the most recent weekly team meeting may lead the ancillary meeting. During the ancillary
441.9 meeting, the treatment team member leading the ancillary meeting must review the
441.10 information that was shared at the most recent weekly team meeting, including revisions
441.11 to client treatment plans and other information that the treatment supervisors exchanged
441.12 with treatment team members. The license holder must document all ancillary meetings,
441.13 including the names of meeting attendees.

441.14 Subd. 15. **Intensive residential treatment services admission criteria.** (a) An eligible
441.15 client for intensive residential treatment services is an individual who:

441.16 (1) is age 18 or older;

441.17 (2) is diagnosed with a mental illness;

441.18 (3) because of a mental illness, has a substantial disability and functional impairment
441.19 in three or more areas listed in section 245I.10, subdivision 9, clause (4), that markedly
441.20 reduce the individual's self-sufficiency;

441.21 (4) has one or more of the following: a history of recurring or prolonged inpatient
441.22 hospitalizations during the past year, significant independent living instability, homelessness,
441.23 or very frequent use of mental health and related services with poor outcomes for the
441.24 individual; and

441.25 (5) in the written opinion of a mental health professional, needs mental health services
441.26 that available community-based services cannot provide, or is likely to experience a mental
441.27 health crisis or require a more restrictive setting if the individual does not receive intensive
441.28 rehabilitative mental health services.

441.29 (b) The license holder must not limit or restrict intensive residential treatment services
441.30 to a client based solely on:

441.31 (1) the client's substance use;

441.32 (2) the county in which the client resides; or

442.1 (3) whether the client elects to receive other services for which the client may be eligible,
442.2 including case management services.

442.3 (c) This subdivision does not prohibit the license holder from restricting admissions of
442.4 individuals who present an imminent risk of harm or danger to themselves or others.

442.5 Subd. 16. **Residential crisis stabilization services admission criteria.** An eligible client
442.6 for residential crisis stabilization is an individual who is age 18 or older and meets the
442.7 eligibility criteria in section 256B.0624, subdivision 3.

442.8 Subd. 17. **Admissions referrals and determinations.** (a) The license holder must
442.9 identify the information that the license holder needs to make a determination about a
442.10 person's admission referral.

442.11 (b) The license holder must:

442.12 (1) always be available to receive referral information about a person seeking admission
442.13 to the license holder's program;

442.14 (2) respond to the referral source within eight hours of receiving a referral and, within
442.15 eight hours, communicate with the referral source about what information the license holder
442.16 needs to make a determination concerning the person's admission;

442.17 (3) consider the license holder's staffing ratio and the areas of treatment team members'
442.18 competency when determining whether the license holder is able to meet the needs of a
442.19 person seeking admission; and

442.20 (4) determine whether to admit a person within 72 hours of receiving all necessary
442.21 information from the referral source.

442.22 Subd. 18. **Discharge standards.** (a) When a license holder discharges a client from a
442.23 program, the license holder must categorize the discharge as a successful discharge,
442.24 program-initiated discharge, or non-program-initiated discharge according to the criteria in
442.25 this subdivision. The license holder must meet the standards associated with the type of
442.26 discharge according to this subdivision.

442.27 (b) To successfully discharge a client from a program, the license holder must ensure
442.28 that the following criteria are met:

442.29 (1) the client must substantially meet the client's documented treatment plan goals and
442.30 objectives;

442.31 (2) the client must complete discharge planning with the treatment team; and

443.1 (3) the client and treatment team must arrange for the client to receive continuing care
443.2 at a less intensive level of care after discharge.

443.3 (c) Prior to successfully discharging a client from a program, the license holder must
443.4 complete the client's discharge summary and provide the client with a copy of the client's
443.5 discharge summary in plain language that includes:

443.6 (1) a brief review of the client's problems and strengths during the period that the license
443.7 holder provided services to the client;

443.8 (2) the client's response to the client's treatment plan;

443.9 (3) the goals and objectives that the license holder recommends that the client addresses
443.10 during the first three months following the client's discharge from the program;

443.11 (4) the recommended actions, supports, and services that will assist the client with a
443.12 successful transition from the program to another setting;

443.13 (5) the client's crisis plan; and

443.14 (6) the client's forwarding address and telephone number.

443.15 (d) For a non-program-initiated discharge of a client from a program, the following
443.16 criteria must be met:

443.17 (1)(i) the client has withdrawn the client's consent for treatment; (ii) the license holder
443.18 has determined that the client has the capacity to make an informed decision; and (iii) the
443.19 client does not meet the criteria for an emergency hold under section 253B.051, subdivision
443.20 2;

443.21 (2) the client has left the program against staff person advice;

443.22 (3) an entity with legal authority to remove the client has decided to remove the client
443.23 from the program; or

443.24 (4) a source of payment for the services is no longer available.

443.25 (e) Within ten days of a non-program-initiated discharge of a client from a program, the
443.26 license holder must complete the client's discharge summary in plain language that includes:

443.27 (1) the reasons for the client's discharge;

443.28 (2) a description of attempts by staff persons to enable the client to continue treatment
443.29 or to consent to treatment; and

443.30 (3) recommended actions, supports, and services that will assist the client with a
443.31 successful transition from the program to another setting.

444.1 (f) For a program-initiated discharge of a client from a program, the following criteria
444.2 must be met:

444.3 (1) the client is competent but has not participated in treatment or has not followed the
444.4 program rules and regulations and the client has not participated to such a degree that the
444.5 program's level of care is ineffective or unsafe for the client, despite multiple, documented
444.6 attempts that the license holder has made to address the client's lack of participation in
444.7 treatment;

444.8 (2) the client has not made progress toward the client's treatment goals and objectives
444.9 despite the license holder's persistent efforts to engage the client in treatment, and the license
444.10 holder has no reasonable expectation that the client will make progress at the program's
444.11 level of care nor does the client require the program's level of care to maintain the current
444.12 level of functioning;

444.13 (3) a court order or the client's legal status requires the client to participate in the program
444.14 but the client has left the program against staff person advice; or

444.15 (4) the client meets criteria for a more intensive level of care and a more intensive level
444.16 of care is available to the client.

444.17 (g) Prior to a program-initiated discharge of a client from a program, the license holder
444.18 must consult the client, the client's family and other natural supports, and the client's case
444.19 manager, if applicable, to review the issues involved in the program's decision to discharge
444.20 the client from the program. During the discharge review process, which must not exceed
444.21 five working days, the license holder must determine whether the license holder, treatment
444.22 team, and any interested persons can develop additional strategies to resolve the issues
444.23 leading to the client's discharge and to permit the client to have an opportunity to continue
444.24 receiving services from the license holder. The license holder may temporarily remove a
444.25 client from the program facility during the five-day discharge review period. The license
444.26 holder must document the client's discharge review in the client's file.

444.27 (h) Prior to a program-initiated discharge of a client from the program, the license holder
444.28 must complete the client's discharge summary and provide the client with a copy of the
444.29 discharge summary in plain language that includes:

444.30 (1) the reasons for the client's discharge;

444.31 (2) the alternatives to discharge that the license holder considered or attempted to
444.32 implement;

445.1 (3) the names of each individual who is involved in the decision to discharge the client
445.2 and a description of each individual's involvement; and

445.3 (4) recommended actions, supports, and services that will assist the client with a
445.4 successful transition from the program to another setting.

445.5 Subd. 19. **Program facility.** (a) The license holder must be licensed or certified as a
445.6 board and lodging facility, supervised living facility, or a boarding care home by the
445.7 Department of Health.

445.8 (b) The license holder must have a capacity of five to 16 beds and the program must not
445.9 be declared as an institution for mental disease.

445.10 (c) The license holder must furnish each program location to meet the psychological,
445.11 emotional, and developmental needs of clients.

445.12 (d) The license holder must provide one living room or lounge area per program location.
445.13 There must be space available to provide services according to each client's treatment plan,
445.14 such as an area for learning recreation time skills and areas for learning independent living
445.15 skills, such as laundering clothes and preparing meals.

445.16 (e) The license holder must ensure that each program location allows each client to have
445.17 privacy. Each client must have privacy during assessment interviews and counseling sessions.
445.18 Each client must have a space designated for the client to see outside visitors at the program
445.19 facility.

445.20 Subd. 20. **Physical separation of services.** If the license holder offers services to
445.21 individuals who are not receiving intensive residential treatment services or residential
445.22 stabilization at the program location, the license holder must inform the commissioner and
445.23 submit a plan for approval to the commissioner about how and when the license holder will
445.24 provide services. The license holder must only provide services to clients who are not
445.25 receiving intensive residential treatment services or residential crisis stabilization in an area
445.26 that is physically separated from the area in which the license holder provides clients with
445.27 intensive residential treatment services or residential crisis stabilization.

445.28 Subd. 21. **Dividing staff time between locations.** A license holder must obtain approval
445.29 from the commissioner prior to providing intensive residential treatment services or
445.30 residential crisis stabilization to clients in more than one program location under one license
445.31 and dividing one staff person's time between program locations during the same work period.

446.1 Subd. 22. Additional policy and procedure requirements. (a) In addition to the policies
446.2 and procedures in section 245I.03, the license holder must establish, enforce, and maintain
446.3 the policies and procedures in this subdivision.

446.4 (b) The license holder must have policies and procedures for receiving referrals and
446.5 making admissions determinations about referred persons under subdivisions 14 to 16.

446.6 (c) The license holder must have policies and procedures for discharging clients under
446.7 subdivision 17. In the policies and procedures, the license holder must identify the staff
446.8 persons who are authorized to discharge clients from the program.

446.9 Subd. 23. Quality assurance and improvement plan. (a) A license holder must develop
446.10 a written quality assurance and improvement plan that includes a plan to:

446.11 (1) encourage ongoing consultation between members of the treatment team;

446.12 (2) obtain and evaluate feedback about services from clients, family and other natural
446.13 supports, referral sources, and staff persons;

446.14 (3) measure and evaluate client outcomes in the program;

446.15 (4) review critical incidents in the program;

446.16 (5) examine the quality of clinical services in the program; and

446.17 (6) self-monitor the license holder's compliance with this chapter.

446.18 (b) At least annually, the license holder must review, evaluate, and update the license
446.19 holder's quality assurance and improvement plan. The license holder's review must:

446.20 (1) document the actions that the license holder will take in response to the information
446.21 that the license holder obtains from the monitoring activities in the plan; and

446.22 (2) establish goals for improving the license holder's services to clients during the next
446.23 year.

446.24 Subd. 24. Application. When an applicant requests licensure to provide intensive
446.25 residential treatment services, residential crisis stabilization, or both to clients, the applicant
446.26 must submit, on forms that the commissioner provides, any documents that the commissioner
446.27 requires.

446.28 Sec. 17. [256B.0671] COVERED MENTAL HEALTH SERVICES.

446.29 Subdivision 1. Definitions. (a) "Clinical trainee" means a staff person who is qualified
446.30 under section 245I.04, subdivision 6.

447.1 (b) "Mental health practitioner" means a staff person who is qualified under section
447.2 245I.04, subdivision 4.

447.3 (c) "Mental health professional" means a staff person who is qualified under section
447.4 245I.04, subdivision 2.

447.5 Subd. 2. **Generally.** (a) An individual, organization, or government entity providing
447.6 mental health services to a client under this section must obtain a criminal background study
447.7 of each staff person or volunteer who is providing direct contact services to a client.

447.8 (b) An individual, organization, or government entity providing mental health services
447.9 to a client under this section must comply with all responsibilities that chapter 245I assigns
447.10 to a license holder, except section 245I.011, subdivision 1, unless all of the individual's,
447.11 organization's, or government entity's treatment staff are qualified as mental health
447.12 professionals.

447.13 (c) An individual, organization, or government entity providing mental health services
447.14 to a client under this section must comply with the following requirements if all of the
447.15 license holder's treatment staff are qualified as mental health professionals:

447.16 (1) provider qualifications and scopes of practice under section 245I.04;

447.17 (2) maintaining and updating personnel files under section 245I.07;

447.18 (3) documenting under section 245I.08;

447.19 (4) maintaining and updating client files under section 245I.09;

447.20 (5) completing client assessments and treatment planning under section 245I.10;

447.21 (6) providing clients with health services and medications under section 245I.11; and

447.22 (7) respecting and enforcing client rights under section 245I.12.

447.23 Subd. 3. **Adult day treatment services.** (a) Subject to federal approval, medical
447.24 assistance covers adult day treatment (ADT) services that are provided under contract with
447.25 the county board. Adult day treatment payment is subject to the conditions in paragraphs
447.26 (b) to (e). The provider must make reasonable and good faith efforts to report individual
447.27 client outcomes to the commissioner using instruments, protocols, and forms approved by
447.28 the commissioner.

447.29 (b) Adult day treatment is an intensive psychotherapeutic treatment to reduce or relieve
447.30 the effects of mental illness on a client to enable the client to benefit from a lower level of
447.31 care and to live and function more independently in the community. Adult day treatment
447.32 services must be provided to a client to stabilize the client's mental health and to improve

448.1 the client's independent living and socialization skills. Adult day treatment must consist of
448.2 at least one hour of group psychotherapy and must include group time focused on
448.3 rehabilitative interventions or other therapeutic services that a multidisciplinary team provides
448.4 to each client. Adult day treatment services are not a part of inpatient or residential treatment
448.5 services. The following providers may apply to become adult day treatment providers:

448.6 (1) a hospital accredited by the Joint Commission on Accreditation of Health
448.7 Organizations and licensed under sections 144.50 to 144.55;

448.8 (2) a community mental health center under section 256B.0625, subdivision 5; or

448.9 (3) an entity that is under contract with the county board to operate a program that meets
448.10 the requirements of section 245.4712, subdivision 2, and Minnesota Rules, parts 9505.0170
448.11 to 9505.0475.

448.12 (c) An adult day treatment (ADT) services provider must:

448.13 (1) ensure that the commissioner has approved of the organization as an adult day
448.14 treatment provider organization;

448.15 (2) ensure that a multidisciplinary team provides ADT services to a group of clients. A
448.16 mental health professional must supervise each multidisciplinary staff person who provides
448.17 ADT services;

448.18 (3) make ADT services available to the client at least two days a week for at least three
448.19 consecutive hours per day. ADT services may be longer than three hours per day, but medical
448.20 assistance may not reimburse a provider for more than 15 hours per week;

448.21 (4) provide ADT services to each client that includes group psychotherapy by a mental
448.22 health professional or clinical trainee and daily rehabilitative interventions by a mental
448.23 health professional, clinical trainee, or mental health practitioner; and

448.24 (5) include ADT services in the client's individual treatment plan, when appropriate.

448.25 The adult day treatment provider must:

448.26 (i) complete a functional assessment of each client under section 245I.10, subdivision
448.27 9;

448.28 (ii) notwithstanding section 245I.10, subdivision 8, review the client's progress and
448.29 update the individual treatment plan at least every 90 days until the client is discharged
448.30 from the program; and

448.31 (iii) include a discharge plan for the client in the client's individual treatment plan.

448.32 (d) To be eligible for adult day treatment, a client must:

- 449.1 (1) be 18 years of age or older;
- 449.2 (2) not reside in a nursing facility, hospital, institute of mental disease, or state-operated
449.3 treatment center unless the client has an active discharge plan that indicates a move to an
449.4 independent living setting within 180 days;
- 449.5 (3) have the capacity to engage in rehabilitative programming, skills activities, and
449.6 psychotherapy in the structured, therapeutic setting of an adult day treatment program and
449.7 demonstrate measurable improvements in functioning resulting from participation in the
449.8 adult day treatment program;
- 449.9 (4) have a level of care assessment under section 245I.02, subdivision 19, recommending
449.10 that the client participate in services with the level of intensity and duration of an adult day
449.11 treatment program; and
- 449.12 (5) have the recommendation of a mental health professional for adult day treatment
449.13 services. The mental health professional must find that adult day treatment services are
449.14 medically necessary for the client.
- 449.15 (e) Medical assistance does not cover the following services as adult day treatment
449.16 services:
- 449.17 (1) services that are primarily recreational or that are provided in a setting that is not
449.18 under medical supervision, including sports activities, exercise groups, craft hours, leisure
449.19 time, social hours, meal or snack time, trips to community activities, and tours;
- 449.20 (2) social or educational services that do not have or cannot reasonably be expected to
449.21 have a therapeutic outcome related to the client's mental illness;
- 449.22 (3) consultations with other providers or service agency staff persons about the care or
449.23 progress of a client;
- 449.24 (4) prevention or education programs that are provided to the community;
- 449.25 (5) day treatment for clients with a primary diagnosis of a substance use disorder;
- 449.26 (6) day treatment provided in the client's home;
- 449.27 (7) psychotherapy for more than two hours per day; and
- 449.28 (8) participation in meal preparation and eating that is not part of a clinical treatment
449.29 plan to address the client's eating disorder.
- 449.30 Subd. 4. **Explanation of findings.** (a) Subject to federal approval, medical assistance
449.31 covers an explanation of findings that a mental health professional or clinical trainee provides

450.1 when the provider has obtained the authorization from the client or the client's representative
450.2 to release the information.

450.3 (b) A mental health professional or clinical trainee provides an explanation of findings
450.4 to assist the client or related parties in understanding the results of the client's testing or
450.5 diagnostic assessment and the client's mental illness, and provides professional insight that
450.6 the client or related parties need to carry out a client's treatment plan. Related parties may
450.7 include the client's family and other natural supports and other service providers working
450.8 with the client.

450.9 (c) An explanation of findings is not paid for separately when a mental health professional
450.10 or clinical trainee explains the results of psychological testing or a diagnostic assessment
450.11 to the client or the client's representative as part of the client's psychological testing or a
450.12 diagnostic assessment.

450.13 Subd. 5. **Family psychoeducation services.** (a) Subject to federal approval, medical
450.14 assistance covers family psychoeducation services provided to a child up to age 21 with a
450.15 diagnosed mental health condition when identified in the child's individual treatment plan
450.16 and provided by a mental health professional or a clinical trainee who has determined it
450.17 medically necessary to involve family members in the child's care.

450.18 (b) "Family psychoeducation services" means information or demonstration provided
450.19 to an individual or family as part of an individual, family, multifamily group, or peer group
450.20 session to explain, educate, and support the child and family in understanding a child's
450.21 symptoms of mental illness, the impact on the child's development, and needed components
450.22 of treatment and skill development so that the individual, family, or group can help the child
450.23 to prevent relapse, prevent the acquisition of comorbid disorders, and achieve optimal mental
450.24 health and long-term resilience.

450.25 Subd. 6. **Dialectical behavior therapy.** (a) Subject to federal approval, medical assistance
450.26 covers intensive mental health outpatient treatment for dialectical behavior therapy for
450.27 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts
450.28 to report individual client outcomes to the commissioner using instruments and protocols
450.29 that are approved by the commissioner.

450.30 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a
450.31 mental health professional or clinical trainee provides to a client or a group of clients in an
450.32 intensive outpatient treatment program using a combination of individualized rehabilitative
450.33 and psychotherapeutic interventions. A dialectical behavior therapy program involves:

451.1 individual dialectical behavior therapy, group skills training, telephone coaching, and team
451.2 consultation meetings.

451.3 (c) To be eligible for dialectical behavior therapy, a client must:

451.4 (1) be 18 years of age or older;

451.5 (2) have mental health needs that available community-based services cannot meet or
451.6 that the client must receive concurrently with other community-based services;

451.7 (3) have either:

451.8 (i) a diagnosis of borderline personality disorder; or

451.9 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or
451.10 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe
451.11 dysfunction in multiple areas of the client's life;

451.12 (4) be cognitively capable of participating in dialectical behavior therapy as an intensive
451.13 therapy program and be able and willing to follow program policies and rules to ensure the
451.14 safety of the client and others; and

451.15 (5) be at significant risk of one or more of the following if the client does not receive
451.16 dialectical behavior therapy:

451.17 (i) having a mental health crisis;

451.18 (ii) requiring a more restrictive setting such as hospitalization;

451.19 (iii) decompensating; or

451.20 (iv) engaging in intentional self-harm behavior.

451.21 (d) Individual dialectical behavior therapy combines individualized rehabilitative and
451.22 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors
451.23 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional
451.24 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental
451.25 health professional or clinical trainee providing dialectical behavior therapy to a client must:

451.26 (1) identify, prioritize, and sequence the client's behavioral targets;

451.27 (2) treat the client's behavioral targets;

451.28 (3) assist the client in applying dialectical behavior therapy skills to the client's natural
451.29 environment through telephone coaching outside of treatment sessions;

451.30 (4) measure the client's progress toward dialectical behavior therapy targets;

452.1 (5) help the client manage mental health crises and life-threatening behaviors; and
452.2 (6) help the client learn and apply effective behaviors when working with other treatment
452.3 providers.

452.4 (e) Group skills training combines individualized psychotherapeutic and psychiatric
452.5 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and
452.6 other dysfunctional coping behaviors and restore function. Group skills training must teach
452.7 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal
452.8 effectiveness; (3) emotional regulation; and (4) distress tolerance.

452.9 (f) Group skills training must be provided by two mental health professionals or by a
452.10 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.
452.11 Individual skills training must be provided by a mental health professional, a clinical trainee,
452.12 or a mental health practitioner.

452.13 (g) Before a program provides dialectical behavior therapy to a client, the commissioner
452.14 must certify the program as a dialectical behavior therapy provider. To qualify for
452.15 certification as a dialectical behavior therapy provider, a provider must:

452.16 (1) allow the commissioner to inspect the provider's program;

452.17 (2) provide evidence to the commissioner that the program's policies, procedures, and
452.18 practices meet the requirements of this subdivision and chapter 245I;

452.19 (3) be enrolled as a MHCP provider; and

452.20 (4) have a manual that outlines the program's policies, procedures, and practices that
452.21 meet the requirements of this subdivision.

452.22 **Subd. 7. Mental health clinical care consultation.** (a) Subject to federal approval,
452.23 medical assistance covers clinical care consultation for a person up to age 21 who is
452.24 diagnosed with a complex mental health condition or a mental health condition that co-occurs
452.25 with other complex and chronic conditions, when described in the person's individual
452.26 treatment plan and provided by a mental health professional or a clinical trainee.

452.27 (b) "Clinical care consultation" means communication from a treating mental health
452.28 professional to other providers or educators not under the treatment supervision of the
452.29 treating mental health professional who are working with the same client to inform, inquire,
452.30 and instruct regarding the client's symptoms; strategies for effective engagement, care, and
452.31 intervention needs; and treatment expectations across service settings and to direct and
452.32 coordinate clinical service components provided to the client and family.

453.1 Subd. 8. Neuropsychological assessment. (a) Subject to federal approval, medical
453.2 assistance covers a client's neuropsychological assessment.

453.3 (b) Neuropsychological assessment" means a specialized clinical assessment of the
453.4 client's underlying cognitive abilities related to thinking, reasoning, and judgment that is
453.5 conducted by a qualified neuropsychologist. A neuropsychological assessment must include
453.6 a face-to-face interview with the client, interpretation of the test results, and preparation
453.7 and completion of a report.

453.8 (c) A client is eligible for a neuropsychological assessment if the client meets at least
453.9 one of the following criteria:

453.10 (1) the client has a known or strongly suspected brain disorder based on the client's
453.11 medical history or the client's prior neurological evaluation, including a history of significant
453.12 head trauma, brain tumor, stroke, seizure disorder, multiple sclerosis, neurodegenerative
453.13 disorder, significant exposure to neurotoxins, central nervous system infection, metabolic
453.14 or toxic encephalopathy, fetal alcohol syndrome, or congenital malformation of the brain;
453.15 or

453.16 (2) the client has cognitive or behavioral symptoms that suggest that the client has an
453.17 organic condition that cannot be readily attributed to functional psychopathology or suspected
453.18 neuropsychological impairment in addition to functional psychopathology. The client's
453.19 symptoms may include:

453.20 (i) having a poor memory or impaired problem solving;

453.21 (ii) experiencing change in mental status evidenced by lethargy, confusion, or
453.22 disorientation;

453.23 (iii) experiencing a deteriorating level of functioning;

453.24 (iv) displaying a marked change in behavior or personality;

453.25 (v) in a child or an adolescent, having significant delays in acquiring academic skill or
453.26 poor attention relative to peers;

453.27 (vi) in a child or an adolescent, having reached a significant plateau in expected
453.28 development of cognitive, social, emotional, or physical functioning relative to peers; and

453.29 (vii) in a child or an adolescent, significant inability to develop expected knowledge,
453.30 skills, or abilities to adapt to new or changing cognitive, social, emotional, or physical
453.31 demands.

453.32 (d) The neuropsychological assessment must be completed by a neuropsychologist who:

454.1 (1) was awarded a diploma by the American Board of Clinical Neuropsychology, the
454.2 American Board of Professional Neuropsychology, or the American Board of Pediatric
454.3 Neuropsychology;

454.4 (2) earned a doctoral degree in psychology from an accredited university training program
454.5 and:

454.6 (i) completed an internship or its equivalent in a clinically relevant area of professional
454.7 psychology;

454.8 (ii) completed the equivalent of two full-time years of experience and specialized training,
454.9 at least one of which is at the postdoctoral level, supervised by a clinical neuropsychologist
454.10 in the study and practice of clinical neuropsychology and related neurosciences; and

454.11 (iii) holds a current license to practice psychology independently according to sections
454.12 144.88 to 144.98;

454.13 (3) is licensed or credentialed by another state's board of psychology examiners in the
454.14 specialty of neuropsychology using requirements equivalent to requirements specified by
454.15 one of the boards named in clause (1); or

454.16 (4) was approved by the commissioner as an eligible provider of neuropsychological
454.17 assessments prior to December 31, 2010.

454.18 Subd. 9. **Neuropsychological testing.** (a) Subject to federal approval, medical assistance
454.19 covers neuropsychological testing for clients.

454.20 (b) "Neuropsychological testing" means administering standardized tests and measures
454.21 designed to evaluate the client's ability to attend to, process, interpret, comprehend,
454.22 communicate, learn, and recall information and use problem solving and judgment.

454.23 (c) Medical assistance covers neuropsychological testing of a client when the client:

454.24 (1) has a significant mental status change that is not a result of a metabolic disorder and
454.25 that has failed to respond to treatment;

454.26 (2) is a child or adolescent with a significant plateau in expected development of
454.27 cognitive, social, emotional, or physical function relative to peers;

454.28 (3) is a child or adolescent with a significant inability to develop expected knowledge,
454.29 skills, or abilities to adapt to new or changing cognitive, social, physical, or emotional
454.30 demands; or

455.1 (4) has a significant behavioral change, memory loss, or suspected neuropsychological
455.2 impairment in addition to functional psychopathology, or other organic brain injury or one
455.3 of the following:

455.4 (i) traumatic brain injury;

455.5 (ii) stroke;

455.6 (iii) brain tumor;

455.7 (iv) substance use disorder;

455.8 (v) cerebral anoxic or hypoxic episode;

455.9 (vi) central nervous system infection or other infectious disease;

455.10 (vii) neoplasms or vascular injury of the central nervous system;

455.11 (viii) neurodegenerative disorders;

455.12 (ix) demyelinating disease;

455.13 (x) extrapyramidal disease;

455.14 (xi) exposure to systemic or intrathecal agents or cranial radiation known to be associated
455.15 with cerebral dysfunction;

455.16 (xii) systemic medical conditions known to be associated with cerebral dysfunction,
455.17 including renal disease, hepatic encephalopathy, cardiac anomaly, sickle cell disease, and
455.18 related hematologic anomalies, and autoimmune disorders, including lupus, erythematosus,
455.19 or celiac disease;

455.20 (xiii) congenital genetic or metabolic disorders known to be associated with cerebral
455.21 dysfunction, including phenylketonuria, craniofacial syndromes, or congenital hydrocephalus;

455.22 (xiv) severe or prolonged nutrition or malabsorption syndromes; or

455.23 (xv) a condition presenting in a manner difficult for a clinician to distinguish between
455.24 the neurocognitive effects of a neurogenic syndrome, including dementia or encephalopathy;
455.25 and a major depressive disorder when adequate treatment for major depressive disorder has
455.26 not improved the client's neurocognitive functioning; or another disorder, including autism,
455.27 selective mutism, anxiety disorder, or reactive attachment disorder.

455.28 (d) Neuropsychological testing must be administered or clinically supervised by a
455.29 qualified neuropsychologist under subdivision 8, paragraph (c).

456.1 (e) Medical assistance does not cover neuropsychological testing of a client when the
456.2 testing is:

456.3 (1) primarily for educational purposes;

456.4 (2) primarily for vocational counseling or training;

456.5 (3) for personnel or employment testing;

456.6 (4) a routine battery of psychological tests given to the client at the client's inpatient
456.7 admission or during a client's continued inpatient stay; or

456.8 (5) for legal or forensic purposes.

456.9 Subd. 10. **Psychological testing.** (a) Subject to federal approval, medical assistance
456.10 covers psychological testing of a client.

456.11 (b) "Psychological testing" means the use of tests or other psychometric instruments to
456.12 determine the status of a client's mental, intellectual, and emotional functioning.

456.13 (c) The psychological testing must:

456.14 (1) be administered or supervised by a licensed psychologist qualified under section
456.15 245I.04, subdivision 2, clause (3), who is competent in the area of psychological testing;
456.16 and

456.17 (2) be validated in a face-to-face interview between the client and a licensed psychologist
456.18 or a clinical trainee in psychology under the treatment supervision of a licensed psychologist
456.19 under section 245I.06.

456.20 (d) A licensed psychologist must supervise the administration, scoring, and interpretation
456.21 of a client's psychological tests when a clinical psychology trainee, technician, psychometrist,
456.22 or psychological assistant or a computer-assisted psychological testing program completes
456.23 the psychological testing of the client. The report resulting from the psychological testing
456.24 must be signed by the licensed psychologist who conducts the face-to-face interview with
456.25 the client. The licensed psychologist or a staff person who is under treatment supervision
456.26 must place the client's psychological testing report in the client's record and release one
456.27 copy of the report to the client and additional copies to individuals authorized by the client
456.28 to receive the report.

456.29 Subd. 11. **Psychotherapy.** (a) Subject to federal approval, medical assistance covers
456.30 psychotherapy for a client.

456.31 (b) "Psychotherapy" means treatment of a client with mental illness that applies to the
456.32 most appropriate psychological, psychiatric, psychosocial, or interpersonal method that

457.1 conforms to prevailing community standards of professional practice to meet the mental
457.2 health needs of the client. Medical assistance covers psychotherapy if a mental health
457.3 professional or a clinical trainee provides psychotherapy to a client.

457.4 (c) "Individual psychotherapy" means psychotherapy that a mental health professional
457.5 or clinical trainee designs for a client.

457.6 (d) "Family psychotherapy" means psychotherapy that a mental health professional or
457.7 clinical trainee designs for a client and one or more of the client's family members or primary
457.8 caregiver whose participation is necessary to accomplish the client's treatment goals. Family
457.9 members or primary caregivers participating in a therapy session do not need to be eligible
457.10 for medical assistance for medical assistance to cover family psychotherapy. For purposes
457.11 of this paragraph, "primary caregiver whose participation is necessary to accomplish the
457.12 client's treatment goals" excludes shift or facility staff persons who work at the client's
457.13 residence. Medical assistance payments for family psychotherapy are limited to face-to-face
457.14 sessions during which the client is present throughout the session, unless the mental health
457.15 professional or clinical trainee believes that the client's exclusion from the family
457.16 psychotherapy session is necessary to meet the goals of the client's individual treatment
457.17 plan. If the client is excluded from a family psychotherapy session, a mental health
457.18 professional or clinical trainee must document the reason for the client's exclusion and the
457.19 length of time that the client is excluded. The mental health professional must also document
457.20 any reason that a member of the client's family is excluded from a psychotherapy session.

457.21 (e) Group psychotherapy is appropriate for a client who, because of the nature of the
457.22 client's emotional, behavioral, or social dysfunctions, can benefit from treatment in a group
457.23 setting. For a group of three to eight clients, at least one mental health professional or clinical
457.24 trainee must provide psychotherapy to the group. For a group of nine to 12 clients, a team
457.25 of at least two mental health professionals or two clinical trainees or one mental health
457.26 professional and one clinical trainee must provide psychotherapy to the group. Medical
457.27 assistance will cover group psychotherapy for a group of no more than 12 persons.

457.28 (f) A multiple-family group psychotherapy session is eligible for medical assistance if
457.29 a mental health professional or clinical trainee designs the psychotherapy session for at least
457.30 two but not more than five families. A mental health professional or clinical trainee must
457.31 design multiple-family group psychotherapy sessions to meet the treatment needs of each
457.32 client. If the client is excluded from a psychotherapy session, the mental health professional
457.33 or clinical trainee must document the reason for the client's exclusion and the length of time
457.34 that the client was excluded. The mental health professional or clinical trainee must document
457.35 any reason that a member of the client's family was excluded from a psychotherapy session.

458.1 Subd. 12. **Partial hospitalization.** (a) Subject to federal approval, medical assistance
458.2 covers a client's partial hospitalization.

458.3 (b) "Partial hospitalization" means a provider's time-limited, structured program of
458.4 psychotherapy and other therapeutic services, as defined in United States Code, title 42,
458.5 chapter 7, subchapter XVIII, part E, section 1395x(ff), that a multidisciplinary staff person
458.6 provides in an outpatient hospital facility or community mental health center that meets
458.7 Medicare requirements to provide partial hospitalization services to a client.

458.8 (c) Partial hospitalization is an appropriate alternative to inpatient hospitalization for a
458.9 client who is experiencing an acute episode of mental illness who meets the criteria for an
458.10 inpatient hospital admission under Minnesota Rules, part 9505.0520, subpart 1, and who
458.11 has family and community resources that support the client's residence in the community.
458.12 Partial hospitalization consists of multiple intensive short-term therapeutic services for a
458.13 client that a multidisciplinary staff person provides to a client to treat the client's mental
458.14 illness.

458.15 Subd. 13. **Diagnostic assessments.** Subject to federal approval, medical assistance covers
458.16 a client's diagnostic assessments that a mental health professional or clinical trainee completes
458.17 under section 245I.10.

458.18 Sec. 18. **DIRECTION TO COMMISSIONER; SINGLE COMPREHENSIVE**
458.19 **LICENSE STRUCTURE.**

458.20 The commissioner of human services, in consultation with stakeholders including
458.21 counties, tribes, managed care organizations, provider organizations, advocacy groups, and
458.22 clients and clients' families, shall develop recommendations to develop a single
458.23 comprehensive licensing structure for mental health service programs, including outpatient
458.24 and residential services for adults and children. The recommendations must prioritize
458.25 program integrity, the welfare of clients and clients' families, improved integration of mental
458.26 health and substance use disorder services, and the reduction of administrative burden on
458.27 providers.

458.28 Sec. 19. **EFFECTIVE DATE.**

458.29 This article is effective upon federal approval or July 1, 2022, whichever is later. The
458.30 commissioner shall notify the revisor of statutes when federal approval is obtained.

459.1 **ARTICLE 9**

459.2 **CRISIS RESPONSE SERVICES**

459.3 Section 1. Minnesota Statutes 2020, section 245.469, subdivision 1, is amended to read:

459.4 Subdivision 1. **Availability of emergency services.** ~~By July 1, 1988, (a)~~ County boards
 459.5 must provide or contract for enough emergency services within the county to meet the needs
 459.6 of adults, children, and families in the county who are experiencing an emotional crisis or
 459.7 mental illness. ~~Clients may be required to pay a fee according to section 245.481.~~ Emergency
 459.8 service providers must not delay the timely provision of emergency services to a client
 459.9 because of the unwillingness or inability of the client to pay for services. Emergency services
 459.10 must include assessment, crisis intervention, and appropriate case disposition. Emergency
 459.11 services must:

459.12 (1) promote the safety and emotional stability of ~~adults with mental illness or emotional~~
 459.13 ~~crises~~ each client;

459.14 (2) minimize further deterioration of ~~adults with mental illness or emotional crises~~ each
 459.15 client;

459.16 (3) help ~~adults with mental illness or emotional crises~~ each client to obtain ongoing care
 459.17 and treatment; ~~and~~

459.18 (4) prevent placement in settings that are more intensive, costly, or restrictive than
 459.19 necessary and appropriate to meet client needs; and

459.20 (5) provide support, psychoeducation, and referrals to each client's family members,
 459.21 service providers, and other third parties on behalf of the client in need of emergency
 459.22 services.

459.23 (b) If a county provides engagement services under section 253B.041, the county's
 459.24 emergency service providers must refer clients to engagement services when the client
 459.25 meets the criteria for engagement services.

459.26 Sec. 2. Minnesota Statutes 2020, section 245.469, subdivision 2, is amended to read:

459.27 Subd. 2. **Specific requirements.** (a) The county board shall require that all service
 459.28 providers of emergency services to adults with mental illness provide immediate direct
 459.29 access to a mental health professional during regular business hours. For evenings, weekends,
 459.30 and holidays, the service may be by direct toll-free telephone access to a mental health
 459.31 professional, a clinical trainee, or mental health practitioner, ~~or until January 1, 1991, a~~

460.1 ~~designated person with training in human services who receives clinical supervision from~~
460.2 ~~a mental health professional.~~

460.3 (b) The commissioner may waive the requirement in paragraph (a) that the evening,
460.4 weekend, and holiday service be provided by a mental health professional, clinical trainee,
460.5 or mental health practitioner ~~after January 1, 1991~~, if the county documents that:

460.6 (1) mental health professionals, clinical trainees, or mental health practitioners are
460.7 unavailable to provide this service;

460.8 (2) services are provided by a designated person with training in human services who
460.9 receives ~~clinical~~ treatment supervision from a mental health professional; and

460.10 (3) the service provider is not also the provider of fire and public safety emergency
460.11 services.

460.12 (c) The commissioner may waive the requirement in paragraph (b), clause (3), that the
460.13 evening, weekend, and holiday service not be provided by the provider of fire and public
460.14 safety emergency services if:

460.15 (1) every person who will be providing the first telephone contact has received at least
460.16 eight hours of training on emergency mental health services ~~reviewed by the state advisory~~
460.17 ~~council on mental health and then~~ approved by the commissioner;

460.18 (2) every person who will be providing the first telephone contact will annually receive
460.19 at least four hours of continued training on emergency mental health services ~~reviewed by~~
460.20 ~~the state advisory council on mental health and then~~ approved by the commissioner;

460.21 (3) the local social service agency has provided public education about available
460.22 emergency mental health services and can assure potential users of emergency services that
460.23 their calls will be handled appropriately;

460.24 (4) the local social service agency agrees to provide the commissioner with accurate
460.25 data on the number of emergency mental health service calls received;

460.26 (5) the local social service agency agrees to monitor the frequency and quality of
460.27 emergency services; and

460.28 (6) the local social service agency describes how it will comply with paragraph (d).

460.29 (d) Whenever emergency service during nonbusiness hours is provided by anyone other
460.30 than a mental health professional, a mental health professional must be available on call for
460.31 an emergency assessment and crisis intervention services, and must be available for at least
460.32 telephone consultation within 30 minutes.

461.1 Sec. 3. Minnesota Statutes 2020, section 245.4879, subdivision 1, is amended to read:

461.2 Subdivision 1. **Availability of emergency services.** County boards must provide or
 461.3 contract for ~~enough~~ mental health emergency services ~~within the county to meet the needs~~
 461.4 ~~of children, and children's families when clinically appropriate, in the county who are~~
 461.5 ~~experiencing an emotional crisis or emotional disturbance. The county board shall ensure~~
 461.6 ~~that parents, providers, and county residents are informed about when and how to access~~
 461.7 ~~emergency mental health services for children. A child or the child's parent may be required~~
 461.8 ~~to pay a fee according to section 245.481. Emergency service providers shall not delay the~~
 461.9 ~~timely provision of emergency service because of delays in determining this fee or because~~
 461.10 ~~of the unwillingness or inability of the parent to pay the fee. Emergency services must~~
 461.11 ~~include assessment, crisis intervention, and appropriate case disposition. Emergency services~~
 461.12 ~~must:~~ according to section 245.469.

461.13 ~~(1) promote the safety and emotional stability of children with emotional disturbances~~
 461.14 ~~or emotional crises;~~

461.15 ~~(2) minimize further deterioration of the child with emotional disturbance or emotional~~
 461.16 ~~crisis;~~

461.17 ~~(3) help each child with an emotional disturbance or emotional crisis to obtain ongoing~~
 461.18 ~~care and treatment; and~~

461.19 ~~(4) prevent placement in settings that are more intensive, costly, or restrictive than~~
 461.20 ~~necessary and appropriate to meet the child's needs.~~

461.21 Sec. 4. Minnesota Statutes 2020, section 256B.0624, is amended to read:

461.22 **256B.0624 ADULT CRISIS RESPONSE SERVICES COVERED.**

461.23 Subdivision 1. **Scope.** ~~Medical assistance covers adult mental health crisis response~~
 461.24 ~~services as defined in subdivision 2, paragraphs (e) to (e), (a) Subject to federal approval,~~
 461.25 ~~if provided to a recipient as defined in subdivision 3 and provided by a qualified provider~~
 461.26 ~~entity as defined in this section and by a qualified individual provider working within the~~
 461.27 ~~provider's scope of practice and as defined in this subdivision and identified in the recipient's~~
 461.28 ~~individual crisis treatment plan as defined in subdivision 11 and if determined to be medically~~
 461.29 ~~necessary~~ medical assistance covers medically necessary crisis response services when the
 461.30 services are provided according to the standards in this section.

461.31 (b) Subject to federal approval, medical assistance covers medically necessary residential
 461.32 crisis stabilization for adults when the services are provided by an entity licensed under and

462.1 meeting the standards in section 245I.23 or an entity with an adult foster care license meeting
 462.2 the standards in this section.

462.3 (c) The provider entity must make reasonable and good faith efforts to report individual
 462.4 client outcomes to the commissioner using instruments and protocols approved by the
 462.5 commissioner.

462.6 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
 462.7 given them.

462.8 ~~(a) "Mental health crisis" is an adult behavioral, emotional, or psychiatric situation~~
 462.9 ~~which, but for the provision of crisis response services, would likely result in significantly~~
 462.10 ~~reduced levels of functioning in primary activities of daily living, or in an emergency~~
 462.11 ~~situation, or in the placement of the recipient in a more restrictive setting, including, but~~
 462.12 ~~not limited to, inpatient hospitalization.~~

462.13 ~~(b) "Mental health emergency" is an adult behavioral, emotional, or psychiatric situation~~
 462.14 ~~which causes an immediate need for mental health services and is consistent with section~~
 462.15 ~~62Q.55.~~

462.16 ~~A mental health crisis or emergency is determined for medical assistance service~~
 462.17 ~~reimbursement by a physician, a mental health professional, or crisis mental health~~
 462.18 ~~practitioner with input from the recipient whenever possible.~~

462.19 (a) "Certified rehabilitation specialist" means a staff person who is qualified under section
 462.20 245I.04, subdivision 8.

462.21 (b) "Clinical trainee" means a staff person who is qualified under section 245I.04,
 462.22 subdivision 6.

462.23 ~~(c) "Mental health Crisis assessment" means an immediate face-to-face assessment by~~
 462.24 ~~a physician, a mental health professional, or mental health practitioner under the clinical~~
 462.25 ~~supervision of a mental health professional, following a screening that suggests that the~~
 462.26 ~~adult may be experiencing a mental health crisis or mental health emergency situation. It~~
 462.27 ~~includes, when feasible, assessing whether the person might be willing to voluntarily accept~~
 462.28 ~~treatment, determining whether the person has an advance directive, and obtaining~~
 462.29 ~~information and history from involved family members or caretakers~~ a qualified member
 462.30 of a crisis team, as described in subdivision 6a.

462.31 ~~(d) "Mental health mobile Crisis intervention services" means face-to-face, short-term~~
 462.32 ~~intensive mental health services initiated during a mental health crisis or mental health~~
 462.33 ~~emergency to help the recipient cope with immediate stressors, identify and utilize available~~

463.1 resources and strengths, engage in voluntary treatment, and begin to return to the recipient's
463.2 baseline level of functioning. ~~The services, including screening and treatment plan~~
463.3 ~~recommendations, must be culturally and linguistically appropriate.~~

463.4 ~~(1) This service is provided on site by a mobile crisis intervention team outside of an~~
463.5 ~~inpatient hospital setting. Mental health mobile crisis intervention services must be available~~
463.6 ~~24 hours a day, seven days a week.~~

463.7 ~~(2) The initial screening must consider other available services to determine which~~
463.8 ~~service intervention would best address the recipient's needs and circumstances.~~

463.9 ~~(3) The mobile crisis intervention team must be available to meet promptly face-to-face~~
463.10 ~~with a person in mental health crisis or emergency in a community setting or hospital~~
463.11 ~~emergency room.~~

463.12 ~~(4) The intervention must consist of a mental health crisis assessment and a crisis~~
463.13 ~~treatment plan.~~

463.14 ~~(5) The team must be available to individuals who are experiencing a co-occurring~~
463.15 ~~substance use disorder, who do not need the level of care provided in a detoxification facility.~~

463.16 ~~(6) The treatment plan must include recommendations for any needed crisis stabilization~~
463.17 ~~services for the recipient, including engagement in treatment planning and family~~
463.18 ~~psychoeducation.~~

463.19 (e) "Crisis screening" means a screening of a client's potential mental health crisis
463.20 situation under subdivision 6.

463.21 ~~(e) (f) "Mental health Crisis stabilization services" means individualized mental health~~
463.22 ~~services provided to a recipient following crisis intervention services which are designed~~
463.23 ~~to restore the recipient to the recipient's prior functional level. Mental health Crisis~~
463.24 ~~stabilization services may be provided in the recipient's home, the home of a family member~~
463.25 ~~or friend of the recipient, another community setting, or a short-term supervised, licensed~~
463.26 ~~residential program, or an emergency department. Mental health crisis stabilization does~~
463.27 ~~not include partial hospitalization or day treatment. Mental health Crisis stabilization services~~
463.28 ~~includes family psychoeducation.~~

463.29 (g) "Crisis team" means the staff of a provider entity who are supervised and prepared
463.30 to provide mobile crisis services to a client in a potential mental health crisis situation.

463.31 (h) "Mental health certified family peer specialist" means a staff person who is qualified
463.32 under section 245I.04, subdivision 12.

464.1 (i) "Mental health certified peer specialist" means a staff person who is qualified under
 464.2 section 245I.04, subdivision 10.

464.3 (j) "Mental health crisis" is a behavioral, emotional, or psychiatric situation that, without
 464.4 the provision of crisis response services, would likely result in significantly reducing the
 464.5 recipient's levels of functioning in primary activities of daily living, in an emergency situation
 464.6 under section 62Q.55, or in the placement of the recipient in a more restrictive setting,
 464.7 including but not limited to inpatient hospitalization.

464.8 (k) "Mental health practitioner" means a staff person who is qualified under section
 464.9 245I.04, subdivision 4.

464.10 (l) "Mental health professional" means a staff person who is qualified under section
 464.11 245I.04, subdivision 2.

464.12 (m) "Mental health rehabilitation worker" means a staff person who is qualified under
 464.13 section 245I.04, subdivision 14.

464.14 (n) "Mobile crisis services" means screening, assessment, intervention, and
 464.15 community-based stabilization, excluding residential crisis stabilization, that is provided to
 464.16 a recipient.

464.17 Subd. 3. **Eligibility.** ~~An eligible recipient is an individual who:~~

464.18 ~~(1) is age 18 or older;~~

464.19 ~~(2) is screened as possibly experiencing a mental health crisis or emergency where a~~
 464.20 ~~mental health crisis assessment is needed; and~~

464.21 ~~(3) is assessed as experiencing a mental health crisis or emergency, and mental health~~
 464.22 ~~crisis intervention or crisis intervention and stabilization services are determined to be~~
 464.23 ~~medically necessary.~~

464.24 (a) A recipient is eligible for crisis assessment services when the recipient has screened
 464.25 positive for a potential mental health crisis during a crisis screening.

464.26 (b) A recipient is eligible for crisis intervention services and crisis stabilization services
 464.27 when the recipient has been assessed during a crisis assessment to be experiencing a mental
 464.28 health crisis.

464.29 Subd. 4. **Provider entity standards.** ~~(a) A provider entity is an entity that meets the~~
 464.30 ~~standards listed in paragraph (c) and~~ mobile crisis provider must be:

464.31 ~~(1) is a county board operated entity; or~~

465.1 (2) an Indian health services facility or facility owned and operated by a tribe or Tribal
 465.2 organization operating under United States Code, title 325, section 450f; or

465.3 ~~(2) is~~ (3) a provider entity that is under contract with the county board in the county
 465.4 where the potential crisis or emergency is occurring. To provide services under this section,
 465.5 the provider entity must directly provide the services; or if services are subcontracted, the
 465.6 provider entity must maintain responsibility for services and billing.

465.7 (b) A mobile crisis provider must meet the following standards:

465.8 (1) ensure that crisis screenings, crisis assessments, and crisis intervention services are
 465.9 available to a recipient 24 hours a day, seven days a week;

465.10 (2) be able to respond to a call for services in a designated service area or according to
 465.11 a written agreement with the local mental health authority for an adjacent area;

465.12 (3) have at least one mental health professional on staff at all times and at least one
 465.13 additional staff member capable of leading a crisis response in the community; and

465.14 (4) provide the commissioner with information about the number of requests for service,
 465.15 the number of people that the provider serves face-to-face, outcomes, and the protocols that
 465.16 the provider uses when deciding when to respond in the community.

465.17 ~~(b)~~ (c) A provider entity that provides crisis stabilization services in a residential setting
 465.18 under subdivision 7 is not required to meet the requirements of ~~paragraph~~ paragraphs (a);
 465.19 ~~clauses (1) and (2) and (b),~~ but must meet all other requirements of this subdivision.

465.20 ~~(e) The adult mental health~~ (d) A crisis response services provider entity must have the
 465.21 capacity to meet and carry out the standards in section 245I.011, subdivision 5, and the
 465.22 following standards:

465.23 ~~(1) has the capacity to recruit, hire, and manage and train mental health professionals,~~
 465.24 ~~practitioners, and rehabilitation workers~~ ensures that staff persons provide support for a
 465.25 recipient's family and natural supports, by enabling the recipient's family and natural supports
 465.26 to observe and participate in the recipient's treatment, assessments, and planning services;

465.27 (2) has adequate administrative ability to ensure availability of services;

465.28 ~~(3) is able to ensure adequate preservice and in-service training;~~

465.29 ~~(4)~~ (3) is able to ensure that staff providing these services are skilled in the delivery of
 465.30 mental health crisis response services to recipients;

466.1 ~~(5)~~ (4) is able to ensure that staff are ~~capable of~~ implementing culturally specific treatment
 466.2 identified in the ~~individual~~ crisis treatment plan that is meaningful and appropriate as
 466.3 determined by the recipient's culture, beliefs, values, and language;

466.4 ~~(6)~~ (5) is able to ensure enough flexibility to respond to the changing intervention and
 466.5 care needs of a recipient as identified by the recipient or family member during the service
 466.6 partnership between the recipient and providers;

466.7 ~~(7)~~ (6) is able to ensure that ~~mental health professionals and mental health practitioners~~
 466.8 staff have the communication tools and procedures to communicate and consult promptly
 466.9 about crisis assessment and interventions as services occur;

466.10 ~~(8)~~ (7) is able to coordinate these services with county emergency services, community
 466.11 hospitals, ambulance, transportation services, social services, law enforcement, engagement
 466.12 services, and mental health crisis services through regularly scheduled interagency meetings;

466.13 ~~(9) is able to ensure that mental health crisis assessment and mobile crisis intervention~~
 466.14 ~~services are available 24 hours a day, seven days a week;~~

466.15 ~~(10)~~ (8) is able to ensure that services are coordinated with other ~~mental~~ behavioral
 466.16 health service providers, county mental health authorities, or federally recognized American
 466.17 Indian authorities and others as necessary, with the consent of the ~~adult~~ recipient or parent
 466.18 or guardian. Services must also be coordinated with the recipient's case manager if the ~~adult~~
 466.19 recipient is receiving case management services;

466.20 ~~(11)~~ (9) is able to ensure that crisis intervention services are provided in a manner
 466.21 consistent with sections 245.461 to 245.486 and 245.487 to 245.4879;

466.22 ~~(12) is able to submit information as required by the state;~~

466.23 ~~(13) maintains staff training and personnel files;~~

466.24 (10) is able to coordinate detoxification services for the recipient according to Minnesota
 466.25 Rules, parts 9530.6605 to 9530.6655, or withdrawal management according to chapter 245F;

466.26 ~~(14)~~ (11) is able to establish and maintain a quality assurance and evaluation plan to
 466.27 evaluate the outcomes of services and recipient satisfaction; and

466.28 ~~(15) is able to keep records as required by applicable laws;~~

466.29 ~~(16) is able to comply with all applicable laws and statutes;~~

466.30 ~~(17)~~ (12) is an enrolled medical assistance provider; and.

467.1 ~~(18) develops and maintains written policies and procedures regarding service provision~~
467.2 ~~and administration of the provider entity, including safety of staff and recipients in high-risk~~
467.3 ~~situations.~~

467.4 Subd. 4a. **Alternative provider standards.** If a county or tribe demonstrates that, due
467.5 to geographic or other barriers, it is not feasible to provide mobile crisis intervention services
467.6 according to the standards in subdivision 4, paragraph ~~(e)~~, ~~clause (9)~~ (b), the commissioner
467.7 may approve a crisis response provider based on an alternative plan proposed by a county
467.8 or ~~group of counties~~ tribe. The alternative plan must:

467.9 (1) result in increased access and a reduction in disparities in the availability of mobile
467.10 crisis services;

467.11 (2) provide mobile crisis services outside of the usual nine-to-five office hours and on
467.12 weekends and holidays; and

467.13 (3) comply with standards for emergency mental health services in section 245.469.

467.14 Subd. 5. **Mobile Crisis assessment and intervention staff qualifications.** ~~For provision~~
467.15 ~~of adult mental health mobile crisis intervention services, a mobile crisis intervention team~~
467.16 ~~is comprised of at least two mental health professionals as defined in section 245.462,~~
467.17 ~~subdivision 18, clauses (1) to (6), or a combination of at least one mental health professional~~
467.18 ~~and one mental health practitioner as defined in section 245.462, subdivision 17, with the~~
467.19 ~~required mental health crisis training and under the clinical supervision of a mental health~~
467.20 ~~professional on the team. The team must have at least two people with at least one member~~
467.21 ~~providing on-site crisis intervention services when needed. (a) Qualified individual staff of~~
467.22 a qualified provider entity must provide crisis assessment and intervention services to a
467.23 recipient. A staff member providing crisis assessment and intervention services to a recipient
467.24 must be qualified as a:

467.25 (1) mental health professional;

467.26 (2) clinical trainee;

467.27 (3) mental health practitioner;

467.28 (4) mental health certified family peer specialist; or

467.29 (5) mental health certified peer specialist.

467.30 (b) When crisis assessment and intervention services are provided to a recipient in the
467.31 community, a mental health professional, clinical trainee, or mental health practitioner must
467.32 lead the response.

468.1 (c) The 30 hours of ongoing training required by section 245I.05, subdivision 4, paragraph
468.2 (b), must be specific to providing crisis services to children and adults and include training
468.3 about evidence-based practices identified by the commissioner of health to reduce the
468.4 recipient's risk of suicide and self-injurious behavior.

468.5 (d) Team members must be experienced in ~~mental health~~ crisis assessment, crisis
468.6 intervention techniques, treatment engagement strategies, working with families, and clinical
468.7 decision-making under emergency conditions and have knowledge of local services and
468.8 resources. ~~The team must recommend and coordinate the team's services with appropriate~~
468.9 ~~local resources such as the county social services agency, mental health services, and local~~
468.10 ~~law enforcement when necessary.~~

468.11 **Subd. 6. ~~Crisis assessment and mobile intervention treatment planning screening.~~ (a)**
468.12 **~~Prior to initiating mobile crisis intervention services, a screening of the potential crisis~~**
468.13 **~~situation must be conducted.~~ The crisis screening may use the resources of ~~crisis assistance~~**
468.14 **~~and emergency services as defined in sections 245.462, subdivision 6, and section 245.469,~~**
468.15 **subdivisions 1 and 2. The crisis screening must gather information, determine whether a**
468.16 **mental health crisis situation exists, identify parties involved, and determine an appropriate**
468.17 **response.**

468.18 (b) When conducting the crisis screening of a recipient, a provider must:

468.19 (1) employ evidence-based practices to reduce the recipient's risk of suicide and
468.20 self-injurious behavior;

468.21 (2) work with the recipient to establish a plan and time frame for responding to the
468.22 recipient's mental health crisis, including responding to the recipient's immediate need for
468.23 support by telephone or text message until the provider can respond to the recipient
468.24 face-to-face;

468.25 (3) document significant factors in determining whether the recipient is experiencing a
468.26 mental health crisis, including prior requests for crisis services, a recipient's recent
468.27 presentation at an emergency department, known calls to 911 or law enforcement, or
468.28 information from third parties with knowledge of a recipient's history or current needs;

468.29 (4) accept calls from interested third parties and consider the additional needs or potential
468.30 mental health crises that the third parties may be experiencing;

468.31 (5) provide psychoeducation, including means reduction, to relevant third parties
468.32 including family members or other persons living with the recipient; and

469.1 (6) consider other available services to determine which service intervention would best
469.2 address the recipient's needs and circumstances.

469.3 (c) For the purposes of this section, the following situations indicate a positive screen
469.4 for a potential mental health crisis and the provider must prioritize providing a face-to-face
469.5 crisis assessment of the recipient, unless a provider documents specific evidence to show
469.6 why this was not possible, including insufficient staffing resources, concerns for staff or
469.7 recipient safety, or other clinical factors:

469.8 (1) the recipient presents at an emergency department or urgent care setting and the
469.9 health care team at that location requested crisis services; or

469.10 (2) a peace officer requested crisis services for a recipient who is potentially subject to
469.11 transportation under section 253B.051.

469.12 (d) A provider is not required to have direct contact with the recipient to determine that
469.13 the recipient is experiencing a potential mental health crisis. A mobile crisis provider may
469.14 gather relevant information about the recipient from a third party to establish the recipient's
469.15 need for services and potential safety factors.

469.16 Subd. 6a. **Crisis assessment.** ~~(b)~~ (a) If a ~~crisis exists~~ recipient screens positive for
469.17 potential mental health crisis, a crisis assessment must be completed. A crisis assessment
469.18 evaluates any immediate needs for which emergency services are needed and, as time
469.19 permits, the recipient's current life situation, health information, including current
469.20 medications, sources of stress, mental health problems and symptoms, strengths, cultural
469.21 considerations, support network, vulnerabilities, current functioning, and the recipient's
469.22 preferences as communicated directly by the recipient, or as communicated in a health care
469.23 directive as described in chapters 145C and 253B, the crisis treatment plan described under
469.24 paragraph ~~(d)~~ subdivision 11, a crisis prevention plan, or a wellness recovery action plan.

469.25 (b) A provider must conduct a crisis assessment at the recipient's location whenever
469.26 possible.

469.27 (c) Whenever possible, the assessor must attempt to include input from the recipient and
469.28 the recipient's family and other natural supports to assess whether a crisis exists.

469.29 (d) A crisis assessment includes: (1) determining (i) whether the recipient is willing to
469.30 voluntarily engage in treatment, or (ii) whether the recipient has an advance directive, and
469.31 (2) gathering the recipient's information and history from involved family or other natural
469.32 supports.

470.1 (e) A crisis assessment must include coordinated response with other health care providers
 470.2 if the assessment indicates that a recipient needs detoxification, withdrawal management,
 470.3 or medical stabilization in addition to crisis response services. If the recipient does not need
 470.4 an acute level of care, a team must serve an otherwise eligible recipient who has a
 470.5 co-occurring substance use disorder.

470.6 (f) If, after completing a crisis assessment of a recipient, a provider refers a recipient to
 470.7 an intensive setting, including an emergency department, inpatient hospitalization, or
 470.8 residential crisis stabilization, one of the crisis team members who completed or conferred
 470.9 about the recipient's crisis assessment must immediately contact the referral entity and
 470.10 consult with the triage nurse or other staff responsible for intake at the referral entity. During
 470.11 the consultation, the crisis team member must convey key findings or concerns that led to
 470.12 the recipient's referral. Following the immediate consultation, the provider must also send
 470.13 written documentation upon completion. The provider must document if these releases
 470.14 occurred with authorization by the recipient, the recipient's legal guardian, or as allowed
 470.15 by section 144.293, subdivision 5.

470.16 Subd. 6b. Crisis intervention services. ~~(e)~~ (a) If the crisis assessment determines mobile
 470.17 crisis intervention services are needed, the crisis intervention services must be provided
 470.18 promptly. As opportunity presents during the intervention, at least two members of the
 470.19 mobile crisis intervention team must confer directly or by telephone about the crisis
 470.20 assessment, crisis treatment plan, and actions taken and needed. At least one of the team
 470.21 members must be on-site providing face-to-face crisis intervention services. If providing
 470.22 on-site crisis intervention services, a clinical trainee or mental health practitioner must seek
 470.23 clinical treatment supervision as required in subdivision 9.

470.24 (b) If a provider delivers crisis intervention services while the recipient is absent, the
 470.25 provider must document the reason for delivering services while the recipient is absent.

470.26 ~~(d)~~ (c) The mobile crisis intervention team must develop an initial, brief a crisis treatment
 470.27 plan as soon as appropriate but no later than 24 hours after the initial face-to-face intervention
 470.28 according to subdivision 11. The plan must address the needs and problems noted in the
 470.29 crisis assessment and include measurable short-term goals, cultural considerations, and
 470.30 frequency and type of services to be provided to achieve the goals and reduce or eliminate
 470.31 the crisis. The treatment plan must be updated as needed to reflect current goals and services.

470.32 ~~(e)~~ (d) The mobile crisis intervention team must document which short-term goals crisis
 470.33 treatment plan goals and objectives have been met and when no further crisis intervention
 470.34 services are required.

471.1 ~~(f)~~ (e) If the recipient's mental health crisis is stabilized, but the recipient needs a referral
 471.2 to other services, the team must provide referrals to these services. If the recipient has a
 471.3 case manager, planning for other services must be coordinated with the case manager. If
 471.4 the recipient is unable to follow up on the referral, the team must link the recipient to the
 471.5 service and follow up to ensure the recipient is receiving the service.

471.6 ~~(g)~~ (f) If the recipient's mental health crisis is stabilized and the recipient does not have
 471.7 an advance directive, the case manager or crisis team shall offer to work with the recipient
 471.8 to develop one.

471.9 Subd. 7. **Crisis stabilization services.** (a) Crisis stabilization services must be provided
 471.10 by qualified staff of a crisis stabilization services provider entity and must meet the following
 471.11 standards:

471.12 (1) a crisis ~~stabilization~~ treatment plan must be developed ~~which~~ that meets the criteria
 471.13 in subdivision 11;

471.14 (2) staff must be qualified as defined in subdivision 8; ~~and~~

471.15 (3) crisis stabilization services must be delivered according to the crisis treatment plan
 471.16 and include face-to-face contact with the recipient by qualified staff for further assessment,
 471.17 help with referrals, updating of the crisis ~~stabilization~~ treatment plan, ~~supportive counseling,~~
 471.18 skills training, and collaboration with other service providers in the community; and

471.19 (4) if a provider delivers crisis stabilization services while the recipient is absent, the
 471.20 provider must document the reason for delivering services while the recipient is absent.

471.21 ~~(b) If crisis stabilization services are provided in a supervised, licensed residential setting,~~
 471.22 ~~the recipient must be contacted face-to-face daily by a qualified mental health practitioner~~
 471.23 ~~or mental health professional. The program must have 24-hour-a-day residential staffing~~
 471.24 ~~which may include staff who do not meet the qualifications in subdivision 8. The residential~~
 471.25 ~~staff must have 24-hour-a-day immediate direct or telephone access to a qualified mental~~
 471.26 ~~health professional or practitioner.~~

471.27 ~~(e)~~ (b) If crisis stabilization services are provided in a supervised, licensed residential
 471.28 setting that serves no more than four adult residents, and one or more individuals are present
 471.29 at the setting to receive residential crisis stabilization ~~services~~, the residential staff must
 471.30 include, for at least eight hours per day, at least one ~~individual who meets the qualifications~~
 471.31 ~~in subdivision 8, paragraph (a), clause (1) or (2)~~ mental health professional, clinical trainee,
 471.32 certified rehabilitation specialist, or mental health practitioner.

472.1 ~~(d) If crisis stabilization services are provided in a supervised, licensed residential setting~~
 472.2 ~~that serves more than four adult residents, and one or more are recipients of crisis stabilization~~
 472.3 ~~services, the residential staff must include, for 24 hours a day, at least one individual who~~
 472.4 ~~meets the qualifications in subdivision 8. During the first 48 hours that a recipient is in the~~
 472.5 ~~residential program, the residential program must have at least two staff working 24 hours~~
 472.6 ~~a day. Staffing levels may be adjusted thereafter according to the needs of the recipient as~~
 472.7 ~~specified in the crisis stabilization treatment plan.~~

472.8 Subd. 8. **Adult Crisis stabilization staff qualifications.** (a) ~~Adult~~ Mental health crisis
 472.9 stabilization services must be provided by qualified individual staff of a qualified provider
 472.10 entity. ~~Individual provider staff must have the following qualifications~~ A staff member
 472.11 providing crisis stabilization services to a recipient must be qualified as a:

472.12 ~~(1) be a mental health professional as defined in section 245.462, subdivision 18, clauses~~
 472.13 ~~(1) to (6);~~

472.14 ~~(2) be a~~ certified rehabilitation specialist;

472.15 ~~(3) clinical trainee;~~

472.16 ~~(4) mental health practitioner as defined in section 245.462, subdivision 17. The mental~~
 472.17 ~~health practitioner must work under the clinical supervision of a mental health professional;~~

472.18 ~~(5) mental health certified family peer specialist;~~

472.19 ~~(3) be a~~ (6) mental health certified peer specialist under section 256B.0615. The certified
 472.20 peer specialist must work under the clinical supervision of a mental health professional; or

472.21 ~~(4) be a~~ (7) mental health rehabilitation worker who meets the criteria in section
 472.22 256B.0623, subdivision 5, paragraph (a), clause (4); works under the direction of a mental
 472.23 health practitioner as defined in section 245.462, subdivision 17, or under direction of a
 472.24 mental health professional; and works under the clinical supervision of a mental health
 472.25 professional.

472.26 ~~(b) Mental health practitioners and mental health rehabilitation workers must have~~
 472.27 ~~completed at least 30 hours of training in crisis intervention and stabilization during the~~
 472.28 ~~past two years. The 30 hours of ongoing training required in section 245I.05, subdivision~~
 472.29 ~~4, paragraph (b), must be specific to providing crisis services to children and adults and~~
 472.30 ~~include training about evidence-based practices identified by the commissioner of health~~
 472.31 ~~to reduce a recipient's risk of suicide and self-injurious behavior.~~

473.1 Subd. 9. **Supervision.** Clinical trainees and mental health practitioners may provide
 473.2 crisis assessment and ~~mobile~~ crisis intervention services if the following ~~clinical~~ treatment
 473.3 supervision requirements are met:

473.4 (1) the mental health provider entity must accept full responsibility for the services
 473.5 provided;

473.6 (2) the mental health professional of the provider entity, ~~who is an employee or under~~
 473.7 ~~contract with the provider entity,~~ must be immediately available by phone or in person for
 473.8 clinical treatment supervision;

473.9 (3) the mental health professional is consulted, in person or by phone, during the first
 473.10 three hours when a clinical trainee or mental health practitioner provides on-site service
 473.11 crisis assessment or crisis intervention services; and

473.12 (4) the mental health professional must:

473.13 (i) review and approve, as defined in section 245I.02, subdivision 2, of the tentative
 473.14 crisis assessment and crisis treatment plan within 24 hours of first providing services to the
 473.15 recipient, notwithstanding section 245I.08, subdivision 3; and

473.16 (ii) document the consultation; ~~and~~ required in clause (3).

473.17 (iii) ~~sign the crisis assessment and treatment plan within the next business day;~~

473.18 (5) ~~if the mobile crisis intervention services continue into a second calendar day, a mental~~
 473.19 ~~health professional must contact the recipient face-to-face on the second day to provide~~
 473.20 ~~services and update the crisis treatment plan; and~~

473.21 (6) ~~the on-site observation must be documented in the recipient's record and signed by~~
 473.22 ~~the mental health professional.~~

473.23 Subd. 10. **Recipient file.** ~~Providers of mobile crisis intervention or crisis stabilization~~
 473.24 ~~services must maintain a file for each recipient containing the following information:~~

473.25 (1) ~~individual crisis treatment plans signed by the recipient, mental health professional,~~
 473.26 ~~and mental health practitioner who developed the crisis treatment plan, or if the recipient~~
 473.27 ~~refused to sign the plan, the date and reason stated by the recipient as to why the recipient~~
 473.28 ~~would not sign the plan;~~

473.29 (2) ~~signed release forms;~~

473.30 (3) ~~recipient health information and current medications;~~

473.31 (4) ~~emergency contacts for the recipient;~~

474.1 ~~(5) case records which document the date of service, place of service delivery, signature~~
 474.2 ~~of the person providing the service, and the nature, extent, and units of service. Direct or~~
 474.3 ~~telephone contact with the recipient's family or others should be documented;~~

474.4 ~~(6) required clinical supervision by mental health professionals;~~

474.5 ~~(7) summary of the recipient's case reviews by staff;~~

474.6 ~~(8) any written information by the recipient that the recipient wants in the file; and~~

474.7 ~~(9) an advance directive, if there is one available.~~

474.8 ~~Documentation in the file must comply with all requirements of the commissioner.~~

474.9 Subd. 11. **Crisis treatment plan.** ~~The individual crisis stabilization treatment plan must~~
 474.10 ~~include, at a minimum:~~

474.11 ~~(1) a list of problems identified in the assessment;~~

474.12 ~~(2) a list of the recipient's strengths and resources;~~

474.13 ~~(3) concrete, measurable short-term goals and tasks to be achieved, including time frames~~
 474.14 ~~for achievement;~~

474.15 ~~(4) specific objectives directed toward the achievement of each one of the goals;~~

474.16 ~~(5) documentation of the participants involved in the service planning. The recipient, if~~
 474.17 ~~possible, must be a participant. The recipient or the recipient's legal guardian must sign the~~
 474.18 ~~service plan or documentation must be provided why this was not possible. A copy of the~~
 474.19 ~~plan must be given to the recipient and the recipient's legal guardian. The plan should include~~
 474.20 ~~services arranged, including specific providers where applicable;~~

474.21 ~~(6) planned frequency and type of services initiated;~~

474.22 ~~(7) a crisis response action plan if a crisis should occur;~~

474.23 ~~(8) clear progress notes on outcome of goals;~~

474.24 ~~(9) a written plan must be completed within 24 hours of beginning services with the~~
 474.25 ~~recipient; and~~

474.26 ~~(10) a treatment plan must be developed by a mental health professional or mental health~~
 474.27 ~~practitioner under the clinical supervision of a mental health professional. The mental health~~
 474.28 ~~professional must approve and sign all treatment plans.~~

474.29 (a) Within 24 hours of the recipient's admission, the provider entity must complete the
 474.30 recipient's crisis treatment plan. The provider entity must:

- 475.1 (1) base the recipient's crisis treatment plan on the recipient's crisis assessment;
- 475.2 (2) consider crisis assistance strategies that have been effective for the recipient in the
- 475.3 past;
- 475.4 (3) for a child recipient, use a child-centered, family-driven, and culturally appropriate
- 475.5 planning process that allows the recipient's parents and guardians to observe or participate
- 475.6 in the recipient's individual and family treatment services, assessment, and treatment
- 475.7 planning;
- 475.8 (4) for an adult recipient, use a person-centered, culturally appropriate planning process
- 475.9 that allows the recipient's family and other natural supports to observe or participate in
- 475.10 treatment services, assessment, and treatment planning;
- 475.11 (5) identify the participants involved in the recipient's treatment planning. The recipient,
- 475.12 if possible, must be a participant;
- 475.13 (6) identify the recipient's initial treatment goals, measurable treatment objectives, and
- 475.14 specific interventions that the license holder will use to help the recipient engage in treatment;
- 475.15 (7) include documentation of referral to and scheduling of services, including specific
- 475.16 providers where applicable;
- 475.17 (8) ensure that the recipient or the recipient's legal guardian approves under section
- 475.18 245I.02, subdivision 2, of the recipient's crisis treatment plan unless a court orders the
- 475.19 recipient's treatment plan under chapter 253B. If the recipient or the recipient's legal guardian
- 475.20 disagrees with the crisis treatment plan, the license holder must document in the client file
- 475.21 the reasons why the recipient disagrees with the crisis treatment plan; and
- 475.22 (9) ensure that a treatment supervisor approves under section 245I.02, subdivision 2, of
- 475.23 the recipient's treatment plan within 24 hours of the recipient's admission if a mental health
- 475.24 practitioner or clinical trainee completes the crisis treatment plan, notwithstanding section
- 475.25 245I.08, subdivision 3.
- 475.26 (b) The provider entity must provide the recipient and the recipient's legal guardian with
- 475.27 a copy of the recipient's crisis treatment plan.

475.28 Subd. 12. **Excluded services.** The following services are excluded from reimbursement

475.29 under this section:

475.30 (1) room and board services;

475.31 (2) services delivered to a recipient while admitted to an inpatient hospital;

- 476.1 (3) recipient transportation costs may be covered under other medical assistance
 476.2 provisions, but transportation services are not an adult mental health crisis response service;
- 476.3 (4) services provided and billed by a provider who is not enrolled under medical
 476.4 assistance to provide adult mental health crisis response services;
- 476.5 (5) services performed by volunteers;
- 476.6 (6) direct billing of time spent "on call" when not delivering services to a recipient;
- 476.7 (7) provider service time included in case management reimbursement. When a provider
 476.8 is eligible to provide more than one type of medical assistance service, the recipient must
 476.9 have a choice of provider for each service, unless otherwise provided for by law;
- 476.10 (8) outreach services to potential recipients; ~~and~~
- 476.11 (9) a mental health service that is not medically necessary;
- 476.12 (10) services that a residential treatment center licensed under Minnesota Rules, chapter
 476.13 2960, provides to a client;
- 476.14 (11) partial hospitalization or day treatment; and
- 476.15 (12) a crisis assessment that a residential provider completes when a daily rate is paid
 476.16 for the recipient's crisis stabilization.

476.17 Sec. 5. **EFFECTIVE DATE.**

476.18 This article is effective upon federal approval or July 1, 2022, whichever is later. The
 476.19 commissioner shall notify the revisor of statutes when federal approval is obtained.

476.20 **ARTICLE 10**

476.21 **UNIFORM SERVICE STANDARDS; CONFORMING CHANGES**

476.22 Section 1. Minnesota Statutes 2020, section 62A.152, subdivision 3, is amended to read:

476.23 Subd. 3. **Provider discrimination prohibited.** All group policies and group subscriber
 476.24 contracts that provide benefits for mental or nervous disorder treatments in a hospital must
 476.25 provide direct reimbursement for those services if performed by a mental health professional;
 476.26 ~~as defined in sections 245.462, subdivision 18, clauses (1) to (5); and 245.4871, subdivision~~
 476.27 ~~27, clauses (1) to (5)~~ qualified according to section 245I.04, subdivision 2, to the extent that
 476.28 the services and treatment are within the scope of mental health professional licensure.

476.29 This subdivision is intended to provide payment of benefits for mental or nervous disorder
 476.30 treatments performed by a licensed mental health professional in a hospital and is not

477.1 intended to change or add benefits for those services provided in policies or contracts to
477.2 which this subdivision applies.

477.3 Sec. 2. Minnesota Statutes 2020, section 62A.3094, subdivision 1, is amended to read:

477.4 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in
477.5 paragraphs (b) to (d) have the meanings given.

477.6 (b) "Autism spectrum disorders" means the conditions as determined by criteria set forth
477.7 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of
477.8 the American Psychiatric Association.

477.9 (c) "Medically necessary care" means health care services appropriate, in terms of type,
477.10 frequency, level, setting, and duration, to the enrollee's condition, and diagnostic testing
477.11 and preventative services. Medically necessary care must be consistent with generally
477.12 accepted practice parameters as determined by physicians and licensed psychologists who
477.13 typically manage patients who have autism spectrum disorders.

477.14 (d) "Mental health professional" means a mental health professional ~~as defined in section~~
477.15 ~~245.4871, subdivision 27~~ who is qualified according to section 245I.04, subdivision 2,
477.16 clause (1), (2), (3), (4), or (6), who has training and expertise in autism spectrum disorder
477.17 and child development.

477.18 Sec. 3. Minnesota Statutes 2020, section 62Q.096, is amended to read:

477.19 **62Q.096 CREDENTIALING OF PROVIDERS.**

477.20 If a health plan company has initially credentialed, as providers in its provider network,
477.21 individual providers employed by or under contract with an entity that:

477.22 (1) is authorized to bill under section 256B.0625, subdivision 5;

477.23 (2) ~~meets the requirements of Minnesota Rules, parts 9520.0750 to 9520.0870~~ is a mental
477.24 health clinic certified under section 245I.20;

477.25 (3) is designated an essential community provider under section 62Q.19; and

477.26 (4) is under contract with the health plan company to provide mental health services,
477.27 the health plan company must continue to credential at least the same number of providers
477.28 from that entity, as long as those providers meet the health plan company's credentialing
477.29 standards.

477.30 A health plan company shall not refuse to credential these providers on the grounds that
477.31 their provider network has a sufficient number of providers of that type.

478.1 Sec. 4. Minnesota Statutes 2020, section 144.651, subdivision 2, is amended to read:

478.2 Subd. 2. **Definitions.** For the purposes of this section, "patient" means a person who is
478.3 admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for
478.4 the purpose of diagnosis or treatment bearing on the physical or mental health of that person.
478.5 For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a
478.6 person who receives health care services at an outpatient surgical center or at a birth center
478.7 licensed under section 144.615. "Patient" also means a minor who is admitted to a residential
478.8 program as defined in section 253C.01. For purposes of subdivisions 1, 3 to 16, 18, 20 and
478.9 30, "patient" also means any person who is receiving mental health treatment on an outpatient
478.10 basis or in a community support program or other community-based program. "Resident"
478.11 means a person who is admitted to a nonacute care facility including extended care facilities,
478.12 nursing homes, and boarding care homes for care required because of prolonged mental or
478.13 physical illness or disability, recovery from injury or disease, or advancing age. For purposes
478.14 of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is
478.15 admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts
478.16 4625.0100 to 4625.2355, a boarding care home under sections 144.50 to 144.56, or a
478.17 supervised living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and which
478.18 operates a rehabilitation program licensed under chapter 245G or 245I, or Minnesota Rules,
478.19 parts 9530.6510 to 9530.6590.

478.20 Sec. 5. Minnesota Statutes 2020, section 144D.01, subdivision 4, is amended to read:

478.21 Subd. 4. **Housing with services establishment or establishment.** (a) "Housing with
478.22 services establishment" or "establishment" means:

478.23 (1) an establishment providing sleeping accommodations to one or more adult residents,
478.24 at least 80 percent of which are 55 years of age or older, and offering or providing, for a
478.25 fee, one or more regularly scheduled health-related services or two or more regularly
478.26 scheduled supportive services, whether offered or provided directly by the establishment
478.27 or by another entity arranged for by the establishment; or

478.28 (2) an establishment that registers under section 144D.025.

478.29 (b) Housing with services establishment does not include:

478.30 (1) a nursing home licensed under chapter 144A;

478.31 (2) a hospital, certified boarding care home, or supervised living facility licensed under
478.32 sections 144.50 to 144.56;

479.1 (3) a board and lodging establishment licensed under chapter 157 and Minnesota Rules,
479.2 parts 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

479.3 (4) a board and lodging establishment which serves as a shelter for battered women or
479.4 other similar purpose;

479.5 (5) a family adult foster care home licensed by the Department of Human Services;

479.6 (6) private homes in which the residents are related by kinship, law, or affinity with the
479.7 providers of services;

479.8 (7) residential settings for persons with developmental disabilities in which the services
479.9 are licensed under chapter 245D;

479.10 (8) a home-sharing arrangement such as when an elderly or disabled person or
479.11 single-parent family makes lodging in a private residence available to another person in
479.12 exchange for services or rent, or both;

479.13 (9) a duly organized condominium, cooperative, common interest community, or owners'
479.14 association of the foregoing where at least 80 percent of the units that comprise the
479.15 condominium, cooperative, or common interest community are occupied by individuals
479.16 who are the owners, members, or shareholders of the units;

479.17 (10) services for persons with developmental disabilities that are provided under a license
479.18 under chapter 245D; or

479.19 (11) a temporary family health care dwelling as defined in sections 394.307 and 462.3593.

479.20 Sec. 6. Minnesota Statutes 2020, section 144G.08, subdivision 7, as amended by Laws
479.21 2020, Seventh Special Session chapter 1, article 6, section 5, is amended to read:

479.22 Subd. 7. **Assisted living facility.** "Assisted living facility" means a facility that provides
479.23 sleeping accommodations and assisted living services to one or more adults. Assisted living
479.24 facility includes assisted living facility with dementia care, and does not include:

479.25 (1) emergency shelter, transitional housing, or any other residential units serving
479.26 exclusively or primarily homeless individuals, as defined under section 116L.361;

479.27 (2) a nursing home licensed under chapter 144A;

479.28 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
479.29 144.50 to 144.56;

479.30 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
479.31 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

480.1 (5) services and residential settings licensed under chapter 245A, including adult foster
480.2 care and services and settings governed under the standards in chapter 245D;

480.3 (6) a private home in which the residents are related by kinship, law, or affinity with the
480.4 provider of services;

480.5 (7) a duly organized condominium, cooperative, and common interest community, or
480.6 owners' association of the condominium, cooperative, and common interest community
480.7 where at least 80 percent of the units that comprise the condominium, cooperative, or
480.8 common interest community are occupied by individuals who are the owners, members, or
480.9 shareholders of the units;

480.10 (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593;

480.11 (9) a setting offering services conducted by and for the adherents of any recognized
480.12 church or religious denomination for its members exclusively through spiritual means or
480.13 by prayer for healing;

480.14 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
480.15 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
480.16 units financed by the Minnesota Housing Finance Agency that are intended to serve
480.17 individuals with disabilities or individuals who are homeless, except for those developments
480.18 that market or hold themselves out as assisted living facilities and provide assisted living
480.19 services;

480.20 (11) rental housing developed under United States Code, title 42, section 1437, or United
480.21 States Code, title 12, section 1701q;

480.22 (12) rental housing designated for occupancy by only elderly or elderly and disabled
480.23 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
480.24 families under Code of Federal Regulations, title 24, section 983.56;

480.25 (13) rental housing funded under United States Code, title 42, chapter 89, or United
480.26 States Code, title 42, section 8011;

480.27 (14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or

480.28 (15) any establishment that exclusively or primarily serves as a shelter or temporary
480.29 shelter for victims of domestic or any other form of violence.

480.30 Sec. 7. Minnesota Statutes 2020, section 148B.5301, subdivision 2, is amended to read:

480.31 Subd. 2. **Supervision.** (a) To qualify as a LPCC, an applicant must have completed
480.32 4,000 hours of post-master's degree supervised professional practice in the delivery of

481.1 clinical services in the diagnosis and treatment of mental illnesses and disorders in both
481.2 children and adults. The supervised practice shall be conducted according to the requirements
481.3 in paragraphs (b) to (e).

481.4 (b) The supervision must have been received under a contract that defines clinical practice
481.5 and supervision from a mental health professional ~~as defined in section 245.462, subdivision~~
481.6 ~~18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6)~~ who is qualified
481.7 according to section 245I.04, subdivision 2, or by a board-approved supervisor, who has at
481.8 least two years of postlicensure experience in the delivery of clinical services in the diagnosis
481.9 and treatment of mental illnesses and disorders. All supervisors must meet the supervisor
481.10 requirements in Minnesota Rules, part 2150.5010.

481.11 (c) The supervision must be obtained at the rate of two hours of supervision per 40 hours
481.12 of professional practice. The supervision must be evenly distributed over the course of the
481.13 supervised professional practice. At least 75 percent of the required supervision hours must
481.14 be received in person. The remaining 25 percent of the required hours may be received by
481.15 telephone or by audio or audiovisual electronic device. At least 50 percent of the required
481.16 hours of supervision must be received on an individual basis. The remaining 50 percent
481.17 may be received in a group setting.

481.18 (d) The supervised practice must include at least 1,800 hours of clinical client contact.

481.19 (e) The supervised practice must be clinical practice. Supervision includes the observation
481.20 by the supervisor of the successful application of professional counseling knowledge, skills,
481.21 and values in the differential diagnosis and treatment of psychosocial function, disability,
481.22 or impairment, including addictions and emotional, mental, and behavioral disorders.

481.23 Sec. 8. Minnesota Statutes 2020, section 148E.120, subdivision 2, is amended to read:

481.24 Subd. 2. **Alternate supervisors.** (a) The board may approve an alternate supervisor as
481.25 determined in this subdivision. The board shall approve up to 25 percent of the required
481.26 supervision hours by a ~~licensed~~ mental health professional who is competent and qualified
481.27 to provide supervision according to the mental health professional's respective licensing
481.28 board, as established by section ~~245.462, subdivision 18, clauses (1) to (6), or 245.4871,~~
481.29 ~~subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

481.30 (b) The board shall approve up to 100 percent of the required supervision hours by an
481.31 alternate supervisor if the board determines that:

481.32 (1) there are five or fewer supervisors in the county where the licensee practices social
481.33 work who meet the applicable licensure requirements in subdivision 1;

482.1 (2) the supervisor is an unlicensed social worker who is employed in, and provides the
482.2 supervision in, a setting exempt from licensure by section 148E.065, and who has
482.3 qualifications equivalent to the applicable requirements specified in sections 148E.100 to
482.4 148E.115;

482.5 (3) the supervisor is a social worker engaged in authorized social work practice in Iowa,
482.6 Manitoba, North Dakota, Ontario, South Dakota, or Wisconsin, and has the qualifications
482.7 equivalent to the applicable requirements in sections 148E.100 to 148E.115; or

482.8 (4) the applicant or licensee is engaged in nonclinical authorized social work practice
482.9 outside of Minnesota and the supervisor meets the qualifications equivalent to the applicable
482.10 requirements in sections 148E.100 to 148E.115, or the supervisor is an equivalent mental
482.11 health professional, as determined by the board, who is credentialed by a state, territorial,
482.12 provincial, or foreign licensing agency; or

482.13 (5) the applicant or licensee is engaged in clinical authorized social work practice outside
482.14 of Minnesota and the supervisor meets qualifications equivalent to the applicable
482.15 requirements in section 148E.115, or the supervisor is an equivalent mental health
482.16 professional as determined by the board, who is credentialed by a state, territorial, provincial,
482.17 or foreign licensing agency.

482.18 (c) In order for the board to consider an alternate supervisor under this section, the
482.19 licensee must:

482.20 (1) request in the supervision plan and verification submitted according to section
482.21 148E.125 that an alternate supervisor conduct the supervision; and

482.22 (2) describe the proposed supervision and the name and qualifications of the proposed
482.23 alternate supervisor. The board may audit the information provided to determine compliance
482.24 with the requirements of this section.

482.25 Sec. 9. Minnesota Statutes 2020, section 148F.11, subdivision 1, is amended to read:

482.26 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of
482.27 other professions or occupations from performing functions for which they are qualified or
482.28 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;
482.29 licensed practical nurses; licensed psychologists and licensed psychological practitioners;
482.30 members of the clergy provided such services are provided within the scope of regular
482.31 ministries; American Indian medicine men and women; licensed attorneys; probation officers;
482.32 licensed marriage and family therapists; licensed social workers; social workers employed
482.33 by city, county, or state agencies; licensed professional counselors; licensed professional

483.1 clinical counselors; licensed school counselors; registered occupational therapists or
 483.2 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders
 483.3 (UMICAD) certified counselors when providing services to Native American people; city,
 483.4 county, or state employees when providing assessments or case management under Minnesota
 483.5 Rules, chapter 9530; and individuals defined in section 256B.0623, subdivision 5, paragraph
 483.6 (a), clauses (1) ~~and (2)~~ to (6), providing ~~integrated dual diagnosis~~ co-occurring substance
 483.7 use disorder treatment in adult mental health rehabilitative programs certified or licensed
 483.8 by the Department of Human Services under section 245I.23, 256B.0622, or 256B.0623.

483.9 (b) Nothing in this chapter prohibits technicians and resident managers in programs
 483.10 licensed by the Department of Human Services from discharging their duties as provided
 483.11 in Minnesota Rules, chapter 9530.

483.12 (c) Any person who is exempt from licensure under this section must not use a title
 483.13 incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug
 483.14 counselor" or otherwise hold himself or herself out to the public by any title or description
 483.15 stating or implying that he or she is engaged in the practice of alcohol and drug counseling,
 483.16 or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless
 483.17 that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice
 483.18 of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the
 483.19 use of one of the titles in paragraph (a).

483.20 Sec. 10. Minnesota Statutes 2020, section 245.462, subdivision 1, is amended to read:

483.21 Subdivision 1. **Definitions.** The definitions in this section apply to sections 245.461 to
 483.22 ~~245.486~~ 245.4863.

483.23 Sec. 11. Minnesota Statutes 2020, section 245.462, subdivision 6, is amended to read:

483.24 Subd. 6. **Community support services program.** "Community support services program"
 483.25 means services, other than inpatient or residential treatment services, provided or coordinated
 483.26 by an identified program and staff under the ~~clinical~~ treatment supervision of a mental health
 483.27 professional designed to help adults with serious and persistent mental illness to function
 483.28 and remain in the community. A community support services program includes:

483.29 (1) client outreach,

483.30 (2) medication monitoring,

483.31 (3) assistance in independent living skills,

483.32 (4) development of employability and work-related opportunities,

- 484.1 (5) crisis assistance,
484.2 (6) psychosocial rehabilitation,
484.3 (7) help in applying for government benefits, and
484.4 (8) housing support services.

484.5 The community support services program must be coordinated with the case management
484.6 services specified in section 245.4711.

484.7 Sec. 12. Minnesota Statutes 2020, section 245.462, subdivision 8, is amended to read:

484.8 Subd. 8. **Day treatment services.** "Day treatment," "day treatment services," or "day
484.9 treatment program" means ~~a structured program of treatment and care provided to an adult~~
484.10 ~~in or by: (1) a hospital accredited by the joint commission on accreditation of health~~
484.11 ~~organizations and licensed under sections 144.50 to 144.55; (2) a community mental health~~
484.12 ~~center under section 245.62; or (3) an entity that is under contract with the county board to~~
484.13 ~~operate a program that meets the requirements of section 245.4712, subdivision 2, and~~
484.14 ~~Minnesota Rules, parts 9505.0170 to 9505.0475. Day treatment consists of group~~
484.15 ~~psychotherapy and other intensive therapeutic services that are provided at least two days~~
484.16 ~~a week by a multidisciplinary staff under the clinical supervision of a mental health~~
484.17 ~~professional. Day treatment may include education and consultation provided to families~~
484.18 ~~and other individuals as part of the treatment process. The services are aimed at stabilizing~~
484.19 ~~the adult's mental health status, providing mental health services, and developing and~~
484.20 ~~improving the adult's independent living and socialization skills. The goal of day treatment~~
484.21 ~~is to reduce or relieve mental illness and to enable the adult to live in the community. Day~~
484.22 ~~treatment services are not a part of inpatient or residential treatment services. Day treatment~~
484.23 ~~services are distinguished from day care by their structured therapeutic program of~~
484.24 ~~psychotherapy services. The commissioner may limit medical assistance reimbursement~~
484.25 ~~for day treatment to 15 hours per week per person the treatment services described by section~~
484.26 ~~256B.0671, subdivision 3.~~

484.27 Sec. 13. Minnesota Statutes 2020, section 245.462, subdivision 9, is amended to read:

484.28 Subd. 9. **Diagnostic assessment.** ~~(a) "Diagnostic assessment" has the meaning given in~~
484.29 ~~Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota~~
484.30 ~~Rules, part 9505.0372, subpart 1, items A, B, C, and E. Diagnostic assessment includes a~~
484.31 ~~standard, extended, or brief diagnostic assessment, or an adult update section 245I.10,~~
484.32 ~~subdivisions 4 to 6.~~

485.1 ~~(b) A brief diagnostic assessment must include a face-to-face interview with the client~~
485.2 ~~and a written evaluation of the client by a mental health professional or a clinical trainee,~~
485.3 ~~as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or~~
485.4 ~~clinical trainee must gather initial components of a standard diagnostic assessment, including~~
485.5 ~~the client's:~~

485.6 ~~(1) age;~~

485.7 ~~(2) description of symptoms, including reason for referral;~~

485.8 ~~(3) history of mental health treatment;~~

485.9 ~~(4) cultural influences and their impact on the client; and~~

485.10 ~~(5) mental status examination.~~

485.11 ~~(c) On the basis of the initial components, the professional or clinical trainee must draw~~
485.12 ~~a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's~~
485.13 ~~immediate needs or presenting problem.~~

485.14 ~~(d) Treatment sessions conducted under authorization of a brief assessment may be used~~
485.15 ~~to gather additional information necessary to complete a standard diagnostic assessment or~~
485.16 ~~an extended diagnostic assessment.~~

485.17 ~~(e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
485.18 ~~unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible~~
485.19 ~~for psychological testing as part of the diagnostic process.~~

485.20 ~~(f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
485.21 ~~unit (c), prior to completion of a client's initial diagnostic assessment, but in conjunction~~
485.22 ~~with the diagnostic assessment process, a client is eligible for up to three individual or family~~
485.23 ~~psychotherapy sessions or family psychoeducation sessions or a combination of the above~~
485.24 ~~sessions not to exceed three sessions.~~

485.25 ~~(g) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item B, subitem (3),~~
485.26 ~~unit (a), a brief diagnostic assessment may be used for a client's family who requires a~~
485.27 ~~language interpreter to participate in the assessment.~~

485.28 Sec. 14. Minnesota Statutes 2020, section 245.462, subdivision 14, is amended to read:

485.29 Subd. 14. **Individual treatment plan.** "Individual treatment plan" means a written plan
485.30 of intervention, treatment, and services for an adult with mental illness that is developed
485.31 by a service provider under the clinical supervision of a mental health professional on the
485.32 basis of a diagnostic assessment. The plan identifies goals and objectives of treatment,

486.1 ~~treatment strategy, a schedule for accomplishing treatment goals and objectives, and the~~
 486.2 ~~individual responsible for providing treatment to the adult with mental illness~~ the formulation
 486.3 of planned services that are responsive to the needs and goals of a client. An individual
 486.4 treatment plan must be completed according to section 245I.10, subdivisions 7 and 8.

486.5 Sec. 15. Minnesota Statutes 2020, section 245.462, subdivision 16, is amended to read:

486.6 Subd. 16. **Mental health funds.** "Mental health funds" are funds expended under sections
 486.7 245.73 and 256E.12, federal mental health block grant funds, and funds expended under
 486.8 section 256D.06 to facilities licensed under section 245I.23 or Minnesota Rules, parts
 486.9 9520.0500 to 9520.0670.

486.10 Sec. 16. Minnesota Statutes 2020, section 245.462, subdivision 17, is amended to read:

486.11 Subd. 17. **Mental health practitioner.** ~~(a) "Mental health practitioner" means a staff~~
 486.12 ~~person providing services to adults with mental illness or children with emotional disturbance~~
 486.13 ~~who is qualified in at least one of the ways described in paragraphs (b) to (g). A mental~~
 486.14 ~~health practitioner for a child client must have training working with children. A mental~~
 486.15 ~~health practitioner for an adult client must have training working with adults qualified~~
 486.16 according to section 245I.04, subdivision 4.

486.17 ~~(b) For purposes of this subdivision, a practitioner is qualified through relevant~~
 486.18 ~~coursework if the practitioner completes at least 30 semester hours or 45 quarter hours in~~
 486.19 ~~behavioral sciences or related fields and:~~

486.20 ~~(1) has at least 2,000 hours of supervised experience in the delivery of services to adults~~
 486.21 ~~or children with:~~

486.22 ~~(i) mental illness, substance use disorder, or emotional disturbance; or~~

486.23 ~~(ii) traumatic brain injury or developmental disabilities and completes training on mental~~
 486.24 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
 486.25 ~~mental illness and substance abuse, and psychotropic medications and side effects;~~

486.26 ~~(2) is fluent in the non-English language of the ethnic group to which at least 50 percent~~
 486.27 ~~of the practitioner's clients belong, completes 40 hours of training in the delivery of services~~
 486.28 ~~to adults with mental illness or children with emotional disturbance, and receives clinical~~
 486.29 ~~supervision from a mental health professional at least once a week until the requirement of~~
 486.30 ~~2,000 hours of supervised experience is met;~~

486.31 ~~(3) is working in a day treatment program under section 245.4712, subdivision 2; or~~

487.1 ~~(4) has completed a practicum or internship that (i) requires direct interaction with adults~~
487.2 ~~or children served, and (ii) is focused on behavioral sciences or related fields.~~

487.3 ~~(c) For purposes of this subdivision, a practitioner is qualified through work experience~~
487.4 ~~if the person:~~

487.5 ~~(1) has at least 4,000 hours of supervised experience in the delivery of services to adults~~
487.6 ~~or children with:~~

487.7 ~~(i) mental illness, substance use disorder, or emotional disturbance; or~~

487.8 ~~(ii) traumatic brain injury or developmental disabilities and completes training on mental~~
487.9 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
487.10 ~~mental illness and substance abuse, and psychotropic medications and side effects; or~~

487.11 ~~(2) has at least 2,000 hours of supervised experience in the delivery of services to adults~~
487.12 ~~or children with:~~

487.13 ~~(i) mental illness, emotional disturbance, or substance use disorder, and receives clinical~~
487.14 ~~supervision as required by applicable statutes and rules from a mental health professional~~
487.15 ~~at least once a week until the requirement of 4,000 hours of supervised experience is met;~~
487.16 ~~or~~

487.17 ~~(ii) traumatic brain injury or developmental disabilities; completes training on mental~~
487.18 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
487.19 ~~mental illness and substance abuse, and psychotropic medications and side effects; and~~
487.20 ~~receives clinical supervision as required by applicable statutes and rules at least once a week~~
487.21 ~~from a mental health professional until the requirement of 4,000 hours of supervised~~
487.22 ~~experience is met.~~

487.23 ~~(d) For purposes of this subdivision, a practitioner is qualified through a graduate student~~
487.24 ~~internship if the practitioner is a graduate student in behavioral sciences or related fields~~
487.25 ~~and is formally assigned by an accredited college or university to an agency or facility for~~
487.26 ~~clinical training.~~

487.27 ~~(e) For purposes of this subdivision, a practitioner is qualified by a bachelor's or master's~~
487.28 ~~degree if the practitioner:~~

487.29 ~~(1) holds a master's or other graduate degree in behavioral sciences or related fields; or~~

487.30 ~~(2) holds a bachelor's degree in behavioral sciences or related fields and completes a~~
487.31 ~~practicum or internship that (i) requires direct interaction with adults or children served,~~
487.32 ~~and (ii) is focused on behavioral sciences or related fields.~~

488.1 ~~(f) For purposes of this subdivision, a practitioner is qualified as a vendor of medical~~
488.2 ~~care if the practitioner meets the definition of vendor of medical care in section 256B.02,~~
488.3 ~~subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe.~~

488.4 ~~(g) For purposes of medical assistance coverage of diagnostic assessments, explanations~~
488.5 ~~of findings, and psychotherapy under section 256B.0625, subdivision 65, a mental health~~
488.6 ~~practitioner working as a clinical trainee means that the practitioner's clinical supervision~~
488.7 ~~experience is helping the practitioner gain knowledge and skills necessary to practice~~
488.8 ~~effectively and independently. This may include supervision of direct practice, treatment~~
488.9 ~~team collaboration, continued professional learning, and job management. The practitioner~~
488.10 ~~must also:~~

488.11 ~~(1) comply with requirements for licensure or board certification as a mental health~~
488.12 ~~professional, according to the qualifications under Minnesota Rules, part 9505.0371, subpart~~
488.13 ~~5, item A, including supervised practice in the delivery of mental health services for the~~
488.14 ~~treatment of mental illness; or~~

488.15 ~~(2) be a student in a bona fide field placement or internship under a program leading to~~
488.16 ~~completion of the requirements for licensure as a mental health professional according to~~
488.17 ~~the qualifications under Minnesota Rules, part 9505.0371, subpart 5, item A.~~

488.18 ~~(h) For purposes of this subdivision, "behavioral sciences or related fields" has the~~
488.19 ~~meaning given in section 256B.0623, subdivision 5, paragraph (d).~~

488.20 ~~(i) Notwithstanding the licensing requirements established by a health-related licensing~~
488.21 ~~board, as defined in section 214.01, subdivision 2, this subdivision supersedes any other~~
488.22 ~~statute or rule.~~

488.23 Sec. 17. Minnesota Statutes 2020, section 245.462, subdivision 18, is amended to read:

488.24 Subd. 18. **Mental health professional.** "Mental health professional" means a staff person
488.25 providing clinical services in the treatment of mental illness who is qualified in at least one
488.26 of the following ways: who is qualified according to section 245I.04, subdivision 2.

488.27 ~~(1) in psychiatric nursing: a registered nurse who is licensed under sections 148.171 to~~
488.28 ~~148.285; and:~~

488.29 ~~(i) who is certified as a clinical specialist or as a nurse practitioner in adult or family~~
488.30 ~~psychiatric and mental health nursing by a national nurse certification organization; or~~

488.31 ~~(ii) who has a master's degree in nursing or one of the behavioral sciences or related~~
488.32 ~~fields from an accredited college or university or its equivalent, with at least 4,000 hours~~

489.1 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~
489.2 ~~of mental illness;~~

489.3 ~~(2) in clinical social work: a person licensed as an independent clinical social worker~~
489.4 ~~under chapter 148D, or a person with a master's degree in social work from an accredited~~
489.5 ~~college or university, with at least 4,000 hours of post-master's supervised experience in~~
489.6 ~~the delivery of clinical services in the treatment of mental illness;~~

489.7 ~~(3) in psychology: an individual licensed by the Board of Psychology under sections~~
489.8 ~~148.88 to 148.98 who has stated to the Board of Psychology competencies in the diagnosis~~
489.9 ~~and treatment of mental illness;~~

489.10 ~~(4) in psychiatry: a physician licensed under chapter 147 and certified by the American~~
489.11 ~~Board of Psychiatry and Neurology or eligible for board certification in psychiatry, or an~~
489.12 ~~osteopathic physician licensed under chapter 147 and certified by the American Osteopathic~~
489.13 ~~Board of Neurology and Psychiatry or eligible for board certification in psychiatry;~~

489.14 ~~(5) in marriage and family therapy: the mental health professional must be a marriage~~
489.15 ~~and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of~~
489.16 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~
489.17 ~~mental illness;~~

489.18 ~~(6) in licensed professional clinical counseling, the mental health professional shall be~~
489.19 ~~a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours~~
489.20 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~
489.21 ~~of mental illness; or~~

489.22 ~~(7) in allied fields: a person with a master's degree from an accredited college or university~~
489.23 ~~in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's~~
489.24 ~~supervised experience in the delivery of clinical services in the treatment of mental illness.~~

489.25 Sec. 18. Minnesota Statutes 2020, section 245.462, subdivision 21, is amended to read:

489.26 Subd. 21. **Outpatient services.** "Outpatient services" means mental health services,
489.27 excluding day treatment and community support services programs, provided by or under
489.28 the ~~clinical~~ treatment supervision of a mental health professional to adults with mental
489.29 illness who live outside a hospital. Outpatient services include clinical activities such as
489.30 individual, group, and family therapy; individual treatment planning; diagnostic assessments;
489.31 medication management; and psychological testing.

490.1 Sec. 19. Minnesota Statutes 2020, section 245.462, subdivision 23, is amended to read:

490.2 Subd. 23. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program
490.3 under the ~~clinical~~ treatment supervision of a mental health professional, in a community
490.4 residential setting other than an acute care hospital or regional treatment center inpatient
490.5 unit, that must be licensed as a residential treatment program for adults with mental illness
490.6 under chapter 245I, Minnesota Rules, parts 9520.0500 to 9520.0670, or other rules adopted
490.7 by the commissioner.

490.8 Sec. 20. Minnesota Statutes 2020, section 245.462, is amended by adding a subdivision
490.9 to read:

490.10 Subd. 27. **Treatment supervision.** "Treatment supervision" means the treatment
490.11 supervision described by section 245I.06.

490.12 Sec. 21. Minnesota Statutes 2020, section 245.4661, subdivision 5, is amended to read:

490.13 Subd. 5. **Planning for pilot projects.** (a) Each local plan for a pilot project, with the
490.14 exception of the placement of a Minnesota specialty treatment facility as defined in paragraph
490.15 (c), must be developed under the direction of the county board, or multiple county boards
490.16 acting jointly, as the local mental health authority. The planning process for each pilot shall
490.17 include, but not be limited to, mental health consumers, families, advocates, local mental
490.18 health advisory councils, local and state providers, representatives of state and local public
490.19 employee bargaining units, and the department of human services. As part of the planning
490.20 process, the county board or boards shall designate a managing entity responsible for receipt
490.21 of funds and management of the pilot project.

490.22 (b) For Minnesota specialty treatment facilities, the commissioner shall issue a request
490.23 for proposal for regions in which a need has been identified for services.

490.24 (c) For purposes of this section, "Minnesota specialty treatment facility" is defined as
490.25 an intensive residential treatment service licensed under section 256B.0622, subdivision 2,
490.26 paragraph (b) chapter 245I.

490.27 Sec. 22. Minnesota Statutes 2020, section 245.4662, subdivision 1, is amended to read:

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

490.30 (b) "Community partnership" means a project involving the collaboration of two or more
490.31 eligible applicants.

491.1 (c) "Eligible applicant" means an eligible county, Indian tribe, mental health service
491.2 provider, hospital, or community partnership. Eligible applicant does not include a
491.3 state-operated direct care and treatment facility or program under chapter 246.

491.4 (d) "Intensive residential treatment services" has the meaning given in section 256B.0622,
491.5 ~~subdivision 2.~~

491.6 (e) "Metropolitan area" means the seven-county metropolitan area, as defined in section
491.7 473.121, subdivision 2.

491.8 Sec. 23. Minnesota Statutes 2020, section 245.467, subdivision 2, is amended to read:

491.9 Subd. 2. **Diagnostic assessment.** ~~All providers of residential, acute care hospital inpatient,~~
491.10 ~~and regional treatment centers must complete a diagnostic assessment for each of their~~
491.11 ~~clients within five days of admission. Providers of day treatment services must complete a~~
491.12 ~~diagnostic assessment within five days after the adult's second visit or within 30 days after~~
491.13 ~~intake, whichever occurs first. In cases where a diagnostic assessment is available and has~~
491.14 ~~been completed within three years preceding admission, only an adult diagnostic assessment~~
491.15 ~~update is necessary. An "adult diagnostic assessment update" means a written summary by~~
491.16 ~~a mental health professional of the adult's current mental health status and service needs~~
491.17 ~~and includes a face-to-face interview with the adult. If the adult's mental health status has~~
491.18 ~~changed markedly since the adult's most recent diagnostic assessment, a new diagnostic~~
491.19 ~~assessment is required. Compliance with the provisions of this subdivision does not ensure~~
491.20 ~~eligibility for medical assistance reimbursement under chapter 256B. Providers of services~~
491.21 ~~governed by this section must complete a diagnostic assessment according to the standards~~
491.22 ~~of section 245I.10, subdivisions 4 to 6.~~

491.23 Sec. 24. Minnesota Statutes 2020, section 245.467, subdivision 3, is amended to read:

491.24 Subd. 3. **Individual treatment plans.** ~~All providers of outpatient services, day treatment~~
491.25 ~~services, residential treatment, acute care hospital inpatient treatment, and all regional~~
491.26 ~~treatment centers must develop an individual treatment plan for each of their adult clients.~~
491.27 ~~The individual treatment plan must be based on a diagnostic assessment. To the extent~~
491.28 ~~possible, the adult client shall be involved in all phases of developing and implementing~~
491.29 ~~the individual treatment plan. Providers of residential treatment and acute care hospital~~
491.30 ~~inpatient treatment, and all regional treatment centers must develop the individual treatment~~
491.31 ~~plan within ten days of client intake and must review the individual treatment plan every~~
491.32 ~~90 days after intake. Providers of day treatment services must develop the individual~~
491.33 ~~treatment plan before the completion of five working days in which service is provided or~~

492.1 ~~within 30 days after the diagnostic assessment is completed or obtained, whichever occurs~~
 492.2 ~~first. Providers of outpatient services must develop the individual treatment plan within 30~~
 492.3 ~~days after the diagnostic assessment is completed or obtained or by the end of the second~~
 492.4 ~~session of an outpatient service, not including the session in which the diagnostic assessment~~
 492.5 ~~was provided, whichever occurs first. Outpatient and day treatment services providers must~~
 492.6 ~~review the individual treatment plan every 90 days after intake. Providers of services~~
 492.7 ~~governed by this section must complete an individual treatment plan according to the~~
 492.8 ~~standards of section 245I.10, subdivisions 7 and 8.~~

492.9 Sec. 25. Minnesota Statutes 2020, section 245.470, subdivision 1, is amended to read:

492.10 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or
 492.11 contract for enough outpatient services within the county to meet the needs of adults with
 492.12 mental illness residing in the county. Services may be provided directly by the county
 492.13 through county-operated ~~mental health centers or mental health clinics approved by the~~
 492.14 ~~commissioner under section 245.69, subdivision 2 meeting the standards of chapter 245I;~~
 492.15 by contract with privately operated ~~mental health centers or mental health clinics approved~~
 492.16 ~~by the commissioner under section 245.69, subdivision 2 meeting the standards of chapter~~
 492.17 245I; by contract with hospital mental health outpatient programs certified by the Joint
 492.18 Commission on Accreditation of Hospital Organizations; or by contract with a ~~licensed~~
 492.19 ~~mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6).~~
 492.20 Clients may be required to pay a fee according to section 245.481. Outpatient services
 492.21 include:

492.22 (1) conducting diagnostic assessments;

492.23 (2) conducting psychological testing;

492.24 (3) developing or modifying individual treatment plans;

492.25 (4) making referrals and recommending placements as appropriate;

492.26 (5) treating an adult's mental health needs through therapy;

492.27 (6) prescribing and managing medication and evaluating the effectiveness of prescribed
 492.28 medication; and

492.29 (7) preventing placement in settings that are more intensive, costly, or restrictive than
 492.30 necessary and appropriate to meet client needs.

492.31 (b) County boards may request a waiver allowing outpatient services to be provided in
 492.32 a nearby trade area if it is determined that the client can best be served outside the county.

493.1 Sec. 26. Minnesota Statutes 2020, section 245.4712, subdivision 2, is amended to read:

493.2 Subd. 2. **Day treatment services provided.** (a) Day treatment services must be developed
493.3 as a part of the community support services available to adults with serious and persistent
493.4 mental illness residing in the county. Adults may be required to pay a fee according to
493.5 section 245.481. Day treatment services must be designed to:

493.6 (1) provide a structured environment for treatment;

493.7 (2) provide support for residing in the community;

493.8 (3) prevent placement in settings that are more intensive, costly, or restrictive than
493.9 necessary and appropriate to meet client need;

493.10 (4) coordinate with or be offered in conjunction with a local education agency's special
493.11 education program; and

493.12 (5) operate on a continuous basis throughout the year.

493.13 (b) ~~For purposes of complying with medical assistance requirements, an adult day~~
493.14 ~~treatment program must comply with the method of clinical supervision specified in~~
493.15 ~~Minnesota Rules, part 9505.0371, subpart 4. The clinical supervision must be performed~~
493.16 ~~by a qualified supervisor who satisfies the requirements of Minnesota Rules, part 9505.0371,~~
493.17 ~~subpart 5. An adult day treatment program must comply with medical assistance requirements~~
493.18 ~~in section 256B.0671, subdivision 3.~~

493.19 ~~A day treatment program must demonstrate compliance with this clinical supervision~~
493.20 ~~requirement by the commissioner's review and approval of the program according to~~
493.21 ~~Minnesota Rules, part 9505.0372, subpart 8.~~

493.22 (c) County boards may request a waiver from including day treatment services if they
493.23 can document that:

493.24 (1) an alternative plan of care exists through the county's community support services
493.25 for clients who would otherwise need day treatment services;

493.26 (2) day treatment, if included, would be duplicative of other components of the
493.27 community support services; and

493.28 (3) county demographics and geography make the provision of day treatment services
493.29 cost ineffective and infeasible.

494.1 Sec. 27. Minnesota Statutes 2020, section 245.472, subdivision 2, is amended to read:

494.2 Subd. 2. **Specific requirements.** Providers of residential services must be licensed under
 494.3 chapter 245I or applicable rules adopted by the commissioner and must be clinically
 494.4 supervised by a mental health professional. Persons employed in facilities licensed under
 494.5 Minnesota Rules, parts 9520.0500 to 9520.0670, in the capacity of program director as of
 494.6 July 1, 1987, in accordance with Minnesota Rules, parts 9520.0500 to 9520.0670, may be
 494.7 allowed to continue providing clinical supervision within a facility, provided they continue
 494.8 to be employed as a program director in a facility licensed under Minnesota Rules, parts
 494.9 9520.0500 to 9520.0670. Residential services must be provided under treatment supervision.

494.10 Sec. 28. Minnesota Statutes 2020, section 245.4863, is amended to read:

494.11 **245.4863 INTEGRATED CO-OCCURRING DISORDER TREATMENT.**

494.12 (a) The commissioner shall require individuals who perform chemical dependency
 494.13 assessments to screen clients for co-occurring mental health disorders, and staff who perform
 494.14 mental health diagnostic assessments to screen for co-occurring substance use disorders.
 494.15 Screening tools must be approved by the commissioner. If a client screens positive for a
 494.16 co-occurring mental health or substance use disorder, the individual performing the screening
 494.17 must document what actions will be taken in response to the results and whether further
 494.18 assessments must be performed.

494.19 (b) Notwithstanding paragraph (a), screening is not required when:

494.20 (1) the presence of co-occurring disorders was documented for the client in the past 12
 494.21 months;

494.22 (2) the client is currently receiving co-occurring disorders treatment;

494.23 (3) the client is being referred for co-occurring disorders treatment; or

494.24 (4) a mental health professional, ~~as defined in Minnesota Rules, part 9505.0370, subpart~~
 494.25 ~~18,~~ who is competent to perform diagnostic assessments of co-occurring disorders is
 494.26 performing a diagnostic assessment ~~that meets the requirements in Minnesota Rules, part~~
 494.27 ~~9533.0090, subpart 5,~~ to identify whether the client may have co-occurring mental health
 494.28 and chemical dependency disorders. If an individual is identified to have co-occurring
 494.29 mental health and substance use disorders, the assessing mental health professional must
 494.30 document what actions will be taken to address the client's co-occurring disorders.

494.31 (c) The commissioner shall adopt rules as necessary to implement this section. The
 494.32 commissioner shall ensure that the rules are effective on July 1, 2013, thereby establishing

495.1 a certification process for integrated dual disorder treatment providers and a system through
 495.2 which individuals receive integrated dual diagnosis treatment if assessed as having both a
 495.3 substance use disorder and either a serious mental illness or emotional disturbance.

495.4 (d) The commissioner shall apply for any federal waivers necessary to secure, to the
 495.5 extent allowed by law, federal financial participation for the provision of integrated dual
 495.6 diagnosis treatment to persons with co-occurring disorders.

495.7 Sec. 29. Minnesota Statutes 2020, section 245.4871, subdivision 9a, is amended to read:

495.8 Subd. 9a. **Crisis ~~assistance~~ planning**. "~~Crisis assistance~~ planning" means ~~assistance to~~
 495.9 ~~the child, the child's family, and all providers of services to the child to: recognize factors~~
 495.10 ~~precipitating a mental health crisis, identify behaviors related to the crisis, and be informed~~
 495.11 ~~of available resources to resolve the crisis. Crisis assistance requires the development of a~~
 495.12 ~~plan which addresses prevention and intervention strategies to be used in a potential crisis.~~
 495.13 ~~Other interventions include: (1) arranging for admission to acute care hospital inpatient~~
 495.14 ~~treatment~~ the development of a written plan to assist a child and the child's family in
 495.15 preventing and addressing a potential crisis and is distinct from mobile crisis services defined
 495.16 in section 256B.0624. The plan must address prevention, deescalation, and intervention
 495.17 strategies to be used in a crisis. The plan identifies factors that might precipitate a crisis,
 495.18 behaviors or symptoms related to the emergence of a crisis, and the resources available to
 495.19 resolve a crisis. The plan must address the following potential needs: (1) acute care; (2)
 495.20 crisis placement; (3) community resources for follow-up; and (4) emotional support to the
 495.21 family during crisis. When appropriate for the child's needs, the plan must include strategies
 495.22 to reduce the child's risk of suicide and self-injurious behavior. ~~Crisis assistance~~ planning
 495.23 does not include services designed to secure the safety of a child who is at risk of abuse or
 495.24 neglect or necessary emergency services.

495.25 Sec. 30. Minnesota Statutes 2020, section 245.4871, subdivision 10, is amended to read:

495.26 Subd. 10. **Day treatment services**. "Day treatment," "day treatment services," or "day
 495.27 treatment program" means a structured program of treatment and care provided to a child
 495.28 in:

495.29 (1) an outpatient hospital accredited by the Joint Commission on Accreditation of Health
 495.30 Organizations and licensed under sections 144.50 to 144.55;

495.31 (2) a community mental health center under section 245.62;

496.1 (3) an entity that is under contract with the county board to operate a program that meets
 496.2 the requirements of section 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170
 496.3 to 9505.0475; ~~or~~

496.4 (4) an entity that operates a program that meets the requirements of section 245.4884,
 496.5 subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475, that is under contract
 496.6 with an entity that is under contract with a county board; or

496.7 (5) a program certified under section 256B.0943.

496.8 Day treatment consists of group psychotherapy and other intensive therapeutic services
 496.9 that are provided for a minimum two-hour time block by a multidisciplinary staff under the
 496.10 ~~clinical~~ treatment supervision of a mental health professional. Day treatment may include
 496.11 education and consultation provided to families and other individuals as an extension of the
 496.12 treatment process. The services are aimed at stabilizing the child's mental health status, and
 496.13 developing and improving the child's daily independent living and socialization skills. Day
 496.14 treatment services are distinguished from day care by their structured therapeutic program
 496.15 of psychotherapy services. Day treatment services are not a part of inpatient hospital or
 496.16 residential treatment services.

496.17 A day treatment service must be available to a child up to 15 hours a week throughout
 496.18 the year and must be coordinated with, integrated with, or part of an education program
 496.19 offered by the child's school.

496.20 Sec. 31. Minnesota Statutes 2020, section 245.4871, subdivision 11a, is amended to read:

496.21 Subd. 11a. **Diagnostic assessment.** ~~(a) "Diagnostic assessment" has the meaning given~~
 496.22 ~~in Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota~~
 496.23 ~~Rules, part 9505.0372, subpart 1, items A, B, C, and E. Diagnostic assessment includes a~~
 496.24 ~~standard, extended, or brief diagnostic assessment, or an adult update~~ section 245I.10,
 496.25 subdivisions 4 to 6.

496.26 ~~(b) A brief diagnostic assessment must include a face-to-face interview with the client~~
 496.27 ~~and a written evaluation of the client by a mental health professional or a clinical trainee,~~
 496.28 ~~as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or~~
 496.29 ~~clinical trainee must gather initial components of a standard diagnostic assessment, including~~
 496.30 ~~the client's:~~

496.31 ~~(1) age;~~

496.32 ~~(2) description of symptoms, including reason for referral;~~

497.1 ~~(3) history of mental health treatment;~~

497.2 ~~(4) cultural influences and their impact on the client; and~~

497.3 ~~(5) mental status examination.~~

497.4 ~~(e) On the basis of the brief components, the professional or clinical trainee must draw~~
 497.5 ~~a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's~~
 497.6 ~~immediate needs or presenting problem.~~

497.7 ~~(d) Treatment sessions conducted under authorization of a brief assessment may be used~~
 497.8 ~~to gather additional information necessary to complete a standard diagnostic assessment or~~
 497.9 ~~an extended diagnostic assessment.~~

497.10 ~~(e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
 497.11 ~~unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible~~
 497.12 ~~for psychological testing as part of the diagnostic process.~~

497.13 ~~(f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
 497.14 ~~unit (c), prior to completion of a client's initial diagnostic assessment, but in conjunction~~
 497.15 ~~with the diagnostic assessment process, a client is eligible for up to three individual or family~~
 497.16 ~~psychotherapy sessions or family psychoeducation sessions or a combination of the above~~
 497.17 ~~sessions not to exceed three sessions.~~

497.18 Sec. 32. Minnesota Statutes 2020, section 245.4871, subdivision 17, is amended to read:

497.19 Subd. 17. **Family community support services.** "Family community support services"
 497.20 means services provided under the ~~clinical~~ treatment supervision of a mental health
 497.21 professional and designed to help each child with severe emotional disturbance to function
 497.22 and remain with the child's family in the community. Family community support services
 497.23 do not include acute care hospital inpatient treatment, residential treatment services, or
 497.24 regional treatment center services. Family community support services include:

497.25 (1) client outreach to each child with severe emotional disturbance and the child's family;

497.26 (2) medication monitoring where necessary;

497.27 (3) assistance in developing independent living skills;

497.28 (4) assistance in developing parenting skills necessary to address the needs of the child
 497.29 with severe emotional disturbance;

497.30 (5) assistance with leisure and recreational activities;

497.31 (6) crisis assistance planning, including crisis placement and respite care;

- 498.1 (7) professional home-based family treatment;
- 498.2 (8) foster care with therapeutic supports;
- 498.3 (9) day treatment;
- 498.4 (10) assistance in locating respite care and special needs day care; and
- 498.5 (11) assistance in obtaining potential financial resources, including those benefits listed
- 498.6 in section 245.4884, subdivision 5.

498.7 Sec. 33. Minnesota Statutes 2020, section 245.4871, subdivision 21, is amended to read:

498.8 Subd. 21. **Individual treatment plan.** "Individual treatment plan" means ~~a written plan~~

498.9 ~~of intervention, treatment, and services for a child with an emotional disturbance that is~~

498.10 ~~developed by a service provider under the clinical supervision of a mental health professional~~

498.11 ~~on the basis of a diagnostic assessment. An individual treatment plan for a child must be~~

498.12 ~~developed in conjunction with the family unless clinically inappropriate. The plan identifies~~

498.13 ~~goals and objectives of treatment, treatment strategy, a schedule for accomplishing treatment~~

498.14 ~~goals and objectives, and the individuals responsible for providing treatment to the child~~

498.15 ~~with an emotional disturbance~~ the formulation of planned services that are responsive to

498.16 the needs and goals of a client. An individual treatment plan must be completed according

498.17 to section 245I.10, subdivisions 7 and 8.

498.18 Sec. 34. Minnesota Statutes 2020, section 245.4871, subdivision 26, is amended to read:

498.19 Subd. 26. **Mental health practitioner.** "Mental health practitioner" ~~has the meaning~~

498.20 ~~given in section 245.462, subdivision 17~~ means a staff person who is qualified according

498.21 to section 245I.04, subdivision 4.

498.22 Sec. 35. Minnesota Statutes 2020, section 245.4871, subdivision 27, is amended to read:

498.23 Subd. 27. **Mental health professional.** "Mental health professional" means a staff person

498.24 ~~providing clinical services in the diagnosis and treatment of children's emotional disorders.~~

498.25 ~~A mental health professional must have training and experience in working with children~~

498.26 ~~consistent with the age group to which the mental health professional is assigned. A mental~~

498.27 ~~health professional must be qualified in at least one of the following ways: who is qualified~~

498.28 according to section 245I.04, subdivision 2.

498.29 ~~(1) in psychiatric nursing, the mental health professional must be a registered nurse who~~

498.30 ~~is licensed under sections 148.171 to 148.285 and who is certified as a clinical specialist in~~

498.31 ~~child and adolescent psychiatric or mental health nursing by a national nurse certification~~

499.1 ~~organization or who has a master's degree in nursing or one of the behavioral sciences or~~
499.2 ~~related fields from an accredited college or university or its equivalent, with at least 4,000~~
499.3 ~~hours of post-master's supervised experience in the delivery of clinical services in the~~
499.4 ~~treatment of mental illness;~~

499.5 ~~(2) in clinical social work, the mental health professional must be a person licensed as~~
499.6 ~~an independent clinical social worker under chapter 148D, or a person with a master's degree~~
499.7 ~~in social work from an accredited college or university, with at least 4,000 hours of~~
499.8 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~
499.9 ~~mental disorders;~~

499.10 ~~(3) in psychology, the mental health professional must be an individual licensed by the~~
499.11 ~~board of psychology under sections 148.88 to 148.98 who has stated to the board of~~
499.12 ~~psychology competencies in the diagnosis and treatment of mental disorders;~~

499.13 ~~(4) in psychiatry, the mental health professional must be a physician licensed under~~
499.14 ~~chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible~~
499.15 ~~for board certification in psychiatry or an osteopathic physician licensed under chapter 147~~
499.16 ~~and certified by the American Osteopathic Board of Neurology and Psychiatry or eligible~~
499.17 ~~for board certification in psychiatry;~~

499.18 ~~(5) in marriage and family therapy, the mental health professional must be a marriage~~
499.19 ~~and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of~~
499.20 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~
499.21 ~~mental disorders or emotional disturbances;~~

499.22 ~~(6) in licensed professional clinical counseling, the mental health professional shall be~~
499.23 ~~a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours~~
499.24 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~
499.25 ~~of mental disorders or emotional disturbances; or~~

499.26 ~~(7) in allied fields, the mental health professional must be a person with a master's degree~~
499.27 ~~from an accredited college or university in one of the behavioral sciences or related fields,~~
499.28 ~~with at least 4,000 hours of post-master's supervised experience in the delivery of clinical~~
499.29 ~~services in the treatment of emotional disturbances.~~

499.30 Sec. 36. Minnesota Statutes 2020, section 245.4871, subdivision 29, is amended to read:

499.31 Subd. 29. **Outpatient services.** "Outpatient services" means mental health services,
499.32 excluding day treatment and community support services programs, provided by or under
499.33 the clinical treatment supervision of a mental health professional to children with emotional

500.1 disturbances who live outside a hospital. Outpatient services include clinical activities such
500.2 as individual, group, and family therapy; individual treatment planning; diagnostic
500.3 assessments; medication management; and psychological testing.

500.4 Sec. 37. Minnesota Statutes 2020, section 245.4871, subdivision 31, is amended to read:

500.5 Subd. 31. **Professional home-based family treatment.** "Professional home-based family
500.6 treatment" means intensive mental health services provided to children because of an
500.7 emotional disturbance (1) who are at risk of out-of-home placement; (2) who are in
500.8 out-of-home placement; or (3) who are returning from out-of-home placement. Services
500.9 are provided to the child and the child's family primarily in the child's home environment.
500.10 Services may also be provided in the child's school, child care setting, or other community
500.11 setting appropriate to the child. Services must be provided on an individual family basis,
500.12 must be child-oriented and family-oriented, and must be designed using information from
500.13 diagnostic and functional assessments to meet the specific mental health needs of the child
500.14 and the child's family. Examples of services are: (1) individual therapy; (2) family therapy;
500.15 (3) client outreach; (4) assistance in developing individual living skills; (5) assistance in
500.16 developing parenting skills necessary to address the needs of the child; (6) assistance with
500.17 leisure and recreational services; (7) ~~assistance~~ crisis planning, including crisis respite care
500.18 and arranging for crisis placement; and (8) assistance in locating respite and child care.
500.19 Services must be coordinated with other services provided to the child and family.

500.20 Sec. 38. Minnesota Statutes 2020, section 245.4871, subdivision 32, is amended to read:

500.21 Subd. 32. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program
500.22 under the ~~clinical~~ treatment supervision of a mental health professional, in a community
500.23 residential setting other than an acute care hospital or regional treatment center inpatient
500.24 unit, that must be licensed as a residential treatment program for children with emotional
500.25 disturbances under Minnesota Rules, parts 2960.0580 to 2960.0700, or other rules adopted
500.26 by the commissioner.

500.27 Sec. 39. Minnesota Statutes 2020, section 245.4871, subdivision 34, is amended to read:

500.28 Subd. 34. **Therapeutic support of foster care.** "Therapeutic support of foster care"
500.29 means the mental health training and mental health support services and ~~clinical~~ treatment
500.30 supervision provided by a mental health professional to foster families caring for children
500.31 with severe emotional disturbance to provide a therapeutic family environment and support
500.32 for the child's improved functioning. Therapeutic support of foster care includes services
500.33 provided under section 256B.0946.

501.1 Sec. 40. Minnesota Statutes 2020, section 245.4871, is amended by adding a subdivision
501.2 to read:

501.3 Subd. 36. **Treatment supervision.** "Treatment supervision" means the treatment
501.4 supervision described by section 245I.06.

501.5 Sec. 41. Minnesota Statutes 2020, section 245.4876, subdivision 2, is amended to read:

501.6 ~~Subd. 2. **Diagnostic assessment.** All residential treatment facilities and acute care~~
501.7 ~~hospital inpatient treatment facilities that provide mental health services for children must~~
501.8 ~~complete a diagnostic assessment for each of their child clients within five working days~~
501.9 ~~of admission. Providers of day treatment services for children must complete a diagnostic~~
501.10 ~~assessment within five days after the child's second visit or 30 days after intake, whichever~~
501.11 ~~occurs first. In cases where a diagnostic assessment is available and has been completed~~
501.12 ~~within 180 days preceding admission, only updating is necessary. "Updating" means a~~
501.13 ~~written summary by a mental health professional of the child's current mental health status~~
501.14 ~~and service needs. If the child's mental health status has changed markedly since the child's~~
501.15 ~~most recent diagnostic assessment, a new diagnostic assessment is required. Compliance~~
501.16 ~~with the provisions of this subdivision does not ensure eligibility for medical assistance~~
501.17 ~~reimbursement under chapter 256B. Providers of services governed by this section shall~~
501.18 ~~complete a diagnostic assessment according to the standards of section 245I.10, subdivisions~~
501.19 ~~4 to 6.~~

501.20 Sec. 42. Minnesota Statutes 2020, section 245.4876, subdivision 3, is amended to read:

501.21 ~~Subd. 3. **Individual treatment plans.** All providers of outpatient services, day treatment~~
501.22 ~~services, professional home-based family treatment, residential treatment, and acute care~~
501.23 ~~hospital inpatient treatment, and all regional treatment centers that provide mental health~~
501.24 ~~services for children must develop an individual treatment plan for each child client. The~~
501.25 ~~individual treatment plan must be based on a diagnostic assessment. To the extent appropriate,~~
501.26 ~~the child and the child's family shall be involved in all phases of developing and~~
501.27 ~~implementing the individual treatment plan. Providers of residential treatment, professional~~
501.28 ~~home-based family treatment, and acute care hospital inpatient treatment, and regional~~
501.29 ~~treatment centers must develop the individual treatment plan within ten working days of~~
501.30 ~~client intake or admission and must review the individual treatment plan every 90 days after~~
501.31 ~~intake, except that the administrative review of the treatment plan of a child placed in a~~
501.32 ~~residential facility shall be as specified in sections 260C.203 and 260C.212, subdivision 9.~~
501.33 ~~Providers of day treatment services must develop the individual treatment plan before the~~

502.1 ~~completion of five working days in which service is provided or within 30 days after the~~
 502.2 ~~diagnostic assessment is completed or obtained, whichever occurs first. Providers of~~
 502.3 ~~outpatient services must develop the individual treatment plan within 30 days after the~~
 502.4 ~~diagnostic assessment is completed or obtained or by the end of the second session of an~~
 502.5 ~~outpatient service, not including the session in which the diagnostic assessment was provided,~~
 502.6 ~~whichever occurs first. Providers of outpatient and day treatment services must review the~~
 502.7 ~~individual treatment plan every 90 days after intake. Providers of services governed by this~~
 502.8 ~~section shall complete an individual treatment plan according to the standards of section~~
 502.9 ~~245I.10, subdivisions 7 and 8.~~

502.10 Sec. 43. Minnesota Statutes 2020, section 245.488, subdivision 1, is amended to read:

502.11 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or
 502.12 contract for enough outpatient services within the county to meet the needs of each child
 502.13 with emotional disturbance residing in the county and the child's family. Services may be
 502.14 provided directly by the county through county-operated ~~mental health centers or mental~~
 502.15 ~~health clinics approved by the commissioner under section 245.69, subdivision 2~~ meeting
 502.16 the standards of chapter 245I; by contract with privately operated ~~mental health centers or~~
 502.17 ~~mental health clinics approved by the commissioner under section 245.69, subdivision 2~~
 502.18 meeting the standards of chapter 245I; by contract with hospital mental health outpatient
 502.19 programs certified by the Joint Commission on Accreditation of Hospital Organizations;
 502.20 or by contract with a ~~licensed~~ mental health professional ~~as defined in section 245.4871,~~
 502.21 ~~subdivision 27, clauses (1) to (6).~~ A child or a child's parent may be required to pay a fee
 502.22 based in accordance with section 245.481. Outpatient services include:

502.23 (1) conducting diagnostic assessments;

502.24 (2) conducting psychological testing;

502.25 (3) developing or modifying individual treatment plans;

502.26 (4) making referrals and recommending placements as appropriate;

502.27 (5) treating the child's mental health needs through therapy; and

502.28 (6) prescribing and managing medication and evaluating the effectiveness of prescribed
 502.29 medication.

502.30 (b) County boards may request a waiver allowing outpatient services to be provided in
 502.31 a nearby trade area if it is determined that the child requires necessary and appropriate
 502.32 services that are only available outside the county.

503.1 (c) Outpatient services offered by the county board to prevent placement must be at the
503.2 level of treatment appropriate to the child's diagnostic assessment.

503.3 Sec. 44. Minnesota Statutes 2020, section 245.4901, subdivision 2, is amended to read:

503.4 Subd. 2. **Eligible applicants.** An eligible applicant for school-linked mental health grants
503.5 is an entity that is:

503.6 (1) a mental health clinic certified under ~~Minnesota Rules, parts 9520.0750 to 9520.0870~~
503.7 section 245I.20;

503.8 (2) a community mental health center under section 256B.0625, subdivision 5;

503.9 (3) an Indian health service facility or a facility owned and operated by a tribe or tribal
503.10 organization operating under United States Code, title 25, section 5321;

503.11 (4) a provider of children's therapeutic services and supports as defined in section
503.12 256B.0943; or

503.13 (5) enrolled in medical assistance as a mental health or substance use disorder provider
503.14 agency and employs at least two full-time equivalent mental health professionals qualified
503.15 according to section ~~245I.16~~ 245I.04, subdivision 2, or two alcohol and drug counselors
503.16 licensed or exempt from licensure under chapter 148F who are qualified to provide clinical
503.17 services to children and families.

503.18 Sec. 45. Minnesota Statutes 2020, section 245.62, subdivision 2, is amended to read:

503.19 Subd. 2. **Definition.** A community mental health center is a private nonprofit corporation
503.20 or public agency approved under the ~~rules promulgated by the commissioner pursuant to~~
503.21 ~~subdivision 4~~ standards of section 256B.0625, subdivision 5.

503.22 Sec. 46. Minnesota Statutes 2020, section 245.735, subdivision 3, is amended to read:

503.23 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall
503.24 establish a state certification process for certified community behavioral health clinics
503.25 (CCBHCs). Entities that choose to be CCBHCs must:

503.26 (1) comply with the CCBHC criteria published by the United States Department of
503.27 Health and Human Services;

503.28 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,
503.29 including licensed mental health professionals and licensed alcohol and drug counselors,

504.1 and staff who are culturally and linguistically trained to meet the needs of the population
504.2 the clinic serves;

504.3 (3) ensure that clinic services are available and accessible to individuals and families of
504.4 all ages and genders and that crisis management services are available 24 hours per day;

504.5 (4) establish fees for clinic services for individuals who are not enrolled in medical
504.6 assistance using a sliding fee scale that ensures that services to patients are not denied or
504.7 limited due to an individual's inability to pay for services;

504.8 (5) comply with quality assurance reporting requirements and other reporting
504.9 requirements, including any required reporting of encounter data, clinical outcomes data,
504.10 and quality data;

504.11 (6) provide crisis mental health and substance use services, withdrawal management
504.12 services, emergency crisis intervention services, and stabilization services; screening,
504.13 assessment, and diagnosis services, including risk assessments and level of care
504.14 determinations; person- and family-centered treatment planning; outpatient mental health
504.15 and substance use services; targeted case management; psychiatric rehabilitation services;
504.16 peer support and counselor services and family support services; and intensive
504.17 community-based mental health services, including mental health services for members of
504.18 the armed forces and veterans;

504.19 (7) provide coordination of care across settings and providers to ensure seamless
504.20 transitions for individuals being served across the full spectrum of health services, including
504.21 acute, chronic, and behavioral needs. Care coordination may be accomplished through
504.22 partnerships or formal contracts with:

504.23 (i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified
504.24 health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or
504.25 community-based mental health providers; and

504.26 (ii) other community services, supports, and providers, including schools, child welfare
504.27 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally
504.28 licensed health care and mental health facilities, urban Indian health clinics, Department of
504.29 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,
504.30 and hospital outpatient clinics;

504.31 (8) be ~~certified as mental health clinics under section 245.69, subdivision 2~~ meeting the
504.32 standards of chapter 245I;

- 505.1 (9) ~~comply with standards relating to mental health services in Minnesota Rules, parts~~
505.2 ~~9505.0370 to 9505.0372~~ be a co-occurring disorder specialist;
- 505.3 (10) be licensed to provide substance use disorder treatment under chapter 245G;
- 505.4 (11) be certified to provide children's therapeutic services and supports under section
505.5 256B.0943;
- 505.6 (12) be certified to provide adult rehabilitative mental health services under section
505.7 256B.0623;
- 505.8 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section
505.9 256B.0624 and 256B.0944;
- 505.10 (14) be enrolled to provide mental health targeted case management under section
505.11 256B.0625, subdivision 20;
- 505.12 (15) comply with standards relating to mental health case management in Minnesota
505.13 Rules, parts 9520.0900 to 9520.0926;
- 505.14 (16) provide services that comply with the evidence-based practices described in
505.15 paragraph (e); and
- 505.16 (17) comply with standards relating to peer services under sections 256B.0615,
505.17 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
505.18 services are provided.
- 505.19 (b) If an entity is unable to provide one or more of the services listed in paragraph (a),
505.20 clauses (6) to (17), the commissioner may certify the entity as a CCBHC, if the entity has
505.21 a current contract with another entity that has the required authority to provide that service
505.22 and that meets federal CCBHC criteria as a designated collaborating organization, or, to
505.23 the extent allowed by the federal CCBHC criteria, the commissioner may approve a referral
505.24 arrangement. The CCBHC must meet federal requirements regarding the type and scope of
505.25 services to be provided directly by the CCBHC.
- 505.26 (c) Notwithstanding any other law that requires a county contract or other form of county
505.27 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets
505.28 CCBHC requirements may receive the prospective payment under section 256B.0625,
505.29 subdivision 5m, for those services without a county contract or county approval. As part of
505.30 the certification process in paragraph (a), the commissioner shall require a letter of support
505.31 from the CCBHC's host county confirming that the CCBHC and the county or counties it
505.32 serves have an ongoing relationship to facilitate access and continuity of care, especially
505.33 for individuals who are uninsured or who may go on and off medical assistance.

506.1 (d) When the standards listed in paragraph (a) or other applicable standards conflict or
506.2 address similar issues in duplicative or incompatible ways, the commissioner may grant
506.3 variances to state requirements if the variances do not conflict with federal requirements.
506.4 If standards overlap, the commissioner may substitute all or a part of a licensure or
506.5 certification that is substantially the same as another licensure or certification. The
506.6 commissioner shall consult with stakeholders, as described in subdivision 4, before granting
506.7 variances under this provision. For the CCBHC that is certified but not approved for
506.8 prospective payment under section 256B.0625, subdivision 5m, the commissioner may
506.9 grant a variance under this paragraph if the variance does not increase the state share of
506.10 costs.

506.11 (e) The commissioner shall issue a list of required evidence-based practices to be
506.12 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.
506.13 The commissioner may update the list to reflect advances in outcomes research and medical
506.14 services for persons living with mental illnesses or substance use disorders. The commissioner
506.15 shall take into consideration the adequacy of evidence to support the efficacy of the practice,
506.16 the quality of workforce available, and the current availability of the practice in the state.
506.17 At least 30 days before issuing the initial list and any revisions, the commissioner shall
506.18 provide stakeholders with an opportunity to comment.

506.19 (f) The commissioner shall recertify CCBHCs at least every three years. The
506.20 commissioner shall establish a process for decertification and shall require corrective action,
506.21 medical assistance repayment, or decertification of a CCBHC that no longer meets the
506.22 requirements in this section or that fails to meet the standards provided by the commissioner
506.23 in the application and certification process.

506.24 Sec. 47. Minnesota Statutes 2020, section 245A.04, subdivision 5, is amended to read:

506.25 Subd. 5. **Commissioner's right of access.** (a) When the commissioner is exercising the
506.26 powers conferred by this chapter, ~~sections 245.69 and~~ section 626.557, and chapter 260E,
506.27 the commissioner must be given access to:

506.28 (1) the physical plant and grounds where the program is provided;

506.29 (2) documents and records, including records maintained in electronic format;

506.30 (3) persons served by the program; and

506.31 (4) staff and personnel records of current and former staff whenever the program is in
506.32 operation and the information is relevant to inspections or investigations conducted by the

507.1 commissioner. Upon request, the license holder must provide the commissioner verification
507.2 of documentation of staff work experience, training, or educational requirements.

507.3 The commissioner must be given access without prior notice and as often as the
507.4 commissioner considers necessary if the commissioner is investigating alleged maltreatment,
507.5 conducting a licensing inspection, or investigating an alleged violation of applicable laws
507.6 or rules. In conducting inspections, the commissioner may request and shall receive assistance
507.7 from other state, county, and municipal governmental agencies and departments. The
507.8 applicant or license holder shall allow the commissioner to photocopy, photograph, and
507.9 make audio and video tape recordings during the inspection of the program at the
507.10 commissioner's expense. The commissioner shall obtain a court order or the consent of the
507.11 subject of the records or the parents or legal guardian of the subject before photocopying
507.12 hospital medical records.

507.13 (b) Persons served by the program have the right to refuse to consent to be interviewed,
507.14 photographed, or audio or videotaped. Failure or refusal of an applicant or license holder
507.15 to fully comply with this subdivision is reasonable cause for the commissioner to deny the
507.16 application or immediately suspend or revoke the license.

507.17 Sec. 48. Minnesota Statutes 2020, section 245A.10, subdivision 4, is amended to read:

507.18 Subd. 4. **License or certification fee for certain programs.** (a) Child care centers shall
507.19 pay an annual nonrefundable license fee based on the following schedule:

507.20		Child Care Center
507.21	Licensed Capacity	License Fee
507.22	1 to 24 persons	\$200
507.23	25 to 49 persons	\$300
507.24	50 to 74 persons	\$400
507.25	75 to 99 persons	\$500
507.26	100 to 124 persons	\$600
507.27	125 to 149 persons	\$700
507.28	150 to 174 persons	\$800
507.29	175 to 199 persons	\$900
507.30	200 to 224 persons	\$1,000
507.31	225 or more persons	\$1,100

507.32 (b)(1) A program licensed to provide one or more of the home and community-based
507.33 services and supports identified under chapter 245D to persons with disabilities or age 65
507.34 and older, shall pay an annual nonrefundable license fee based on revenues derived from

508.1 the provision of services that would require licensure under chapter 245D during the calendar
 508.2 year immediately preceding the year in which the license fee is paid, according to the
 508.3 following schedule:

508.4	License Holder Annual Revenue	License Fee
508.5	less than or equal to \$10,000	\$200
508.6	greater than \$10,000 but less than or	
508.7	equal to \$25,000	\$300
508.8	greater than \$25,000 but less than or	
508.9	equal to \$50,000	\$400
508.10	greater than \$50,000 but less than or	
508.11	equal to \$100,000	\$500
508.12	greater than \$100,000 but less than or	
508.13	equal to \$150,000	\$600
508.14	greater than \$150,000 but less than or	
508.15	equal to \$200,000	\$800
508.16	greater than \$200,000 but less than or	
508.17	equal to \$250,000	\$1,000
508.18	greater than \$250,000 but less than or	
508.19	equal to \$300,000	\$1,200
508.20	greater than \$300,000 but less than or	
508.21	equal to \$350,000	\$1,400
508.22	greater than \$350,000 but less than or	
508.23	equal to \$400,000	\$1,600
508.24	greater than \$400,000 but less than or	
508.25	equal to \$450,000	\$1,800
508.26	greater than \$450,000 but less than or	
508.27	equal to \$500,000	\$2,000
508.28	greater than \$500,000 but less than or	
508.29	equal to \$600,000	\$2,250
508.30	greater than \$600,000 but less than or	
508.31	equal to \$700,000	\$2,500
508.32	greater than \$700,000 but less than or	
508.33	equal to \$800,000	\$2,750
508.34	greater than \$800,000 but less than or	
508.35	equal to \$900,000	\$3,000
508.36	greater than \$900,000 but less than or	
508.37	equal to \$1,000,000	\$3,250
508.38	greater than \$1,000,000 but less than or	
508.39	equal to \$1,250,000	\$3,500
508.40	greater than \$1,250,000 but less than or	
508.41	equal to \$1,500,000	\$3,750
508.42	greater than \$1,500,000 but less than or	
508.43	equal to \$1,750,000	\$4,000

509.1	greater than \$1,750,000 but less than or	
509.2	equal to \$2,000,000	\$4,250
509.3	greater than \$2,000,000 but less than or	
509.4	equal to \$2,500,000	\$4,500
509.5	greater than \$2,500,000 but less than or	
509.6	equal to \$3,000,000	\$4,750
509.7	greater than \$3,000,000 but less than or	
509.8	equal to \$3,500,000	\$5,000
509.9	greater than \$3,500,000 but less than or	
509.10	equal to \$4,000,000	\$5,500
509.11	greater than \$4,000,000 but less than or	
509.12	equal to \$4,500,000	\$6,000
509.13	greater than \$4,500,000 but less than or	
509.14	equal to \$5,000,000	\$6,500
509.15	greater than \$5,000,000 but less than or	
509.16	equal to \$7,500,000	\$7,000
509.17	greater than \$7,500,000 but less than or	
509.18	equal to \$10,000,000	\$8,500
509.19	greater than \$10,000,000 but less than or	
509.20	equal to \$12,500,000	\$10,000
509.21	greater than \$12,500,000 but less than or	
509.22	equal to \$15,000,000	\$14,000
509.23	greater than \$15,000,000	\$18,000

509.24 (2) If requested, the license holder shall provide the commissioner information to verify
 509.25 the license holder's annual revenues or other information as needed, including copies of
 509.26 documents submitted to the Department of Revenue.

509.27 (3) At each annual renewal, a license holder may elect to pay the highest renewal fee,
 509.28 and not provide annual revenue information to the commissioner.

509.29 (4) A license holder that knowingly provides the commissioner incorrect revenue amounts
 509.30 for the purpose of paying a lower license fee shall be subject to a civil penalty in the amount
 509.31 of double the fee the provider should have paid.

509.32 (5) Notwithstanding clause (1), a license holder providing services under one or more
 509.33 licenses under chapter 245B that are in effect on May 15, 2013, shall pay an annual license
 509.34 fee for calendar years 2014, 2015, and 2016, equal to the total license fees paid by the license
 509.35 holder for all licenses held under chapter 245B for calendar year 2013. For calendar year
 509.36 2017 and thereafter, the license holder shall pay an annual license fee according to clause
 509.37 (1).

510.1 (c) A chemical dependency treatment program licensed under chapter 245G, to provide
 510.2 chemical dependency treatment shall pay an annual nonrefundable license fee based on the
 510.3 following schedule:

510.4	Licensed Capacity	License Fee
510.5	1 to 24 persons	\$600
510.6	25 to 49 persons	\$800
510.7	50 to 74 persons	\$1,000
510.8	75 to 99 persons	\$1,200
510.9	100 or more persons	\$1,400

510.10 (d) A chemical dependency program licensed under Minnesota Rules, parts 9530.6510
 510.11 to 9530.6590, to provide detoxification services shall pay an annual nonrefundable license
 510.12 fee based on the following schedule:

510.13	Licensed Capacity	License Fee
510.14	1 to 24 persons	\$760
510.15	25 to 49 persons	\$960
510.16	50 or more persons	\$1,160

510.17 (e) Except for child foster care, a residential facility licensed under Minnesota Rules,
 510.18 chapter 2960, to serve children shall pay an annual nonrefundable license fee based on the
 510.19 following schedule:

510.20	Licensed Capacity	License Fee
510.21	1 to 24 persons	\$1,000
510.22	25 to 49 persons	\$1,100
510.23	50 to 74 persons	\$1,200
510.24	75 to 99 persons	\$1,300
510.25	100 or more persons	\$1,400

510.26 (f) A residential facility licensed under section 245I.23 or Minnesota Rules, parts
 510.27 9520.0500 to 9520.0670, to serve persons with mental illness shall pay an annual
 510.28 nonrefundable license fee based on the following schedule:

510.29	Licensed Capacity	License Fee
510.30	1 to 24 persons	\$2,525
510.31	25 or more persons	\$2,725

510.32 (g) A residential facility licensed under Minnesota Rules, parts 9570.2000 to 9570.3400,
 510.33 to serve persons with physical disabilities shall pay an annual nonrefundable license fee
 510.34 based on the following schedule:

	Licensed Capacity	License Fee
511.1		
511.2	1 to 24 persons	\$450
511.3	25 to 49 persons	\$650
511.4	50 to 74 persons	\$850
511.5	75 to 99 persons	\$1,050
511.6	100 or more persons	\$1,250

511.7 (h) A program licensed to provide independent living assistance for youth under section
511.8 245A.22 shall pay an annual nonrefundable license fee of \$1,500.

511.9 (i) A private agency licensed to provide foster care and adoption services under Minnesota
511.10 Rules, parts 9545.0755 to 9545.0845, shall pay an annual nonrefundable license fee of \$875.

511.11 (j) A program licensed as an adult day care center licensed under Minnesota Rules, parts
511.12 9555.9600 to 9555.9730, shall pay an annual nonrefundable license fee based on the
511.13 following schedule:

	Licensed Capacity	License Fee
511.14		
511.15	1 to 24 persons	\$500
511.16	25 to 49 persons	\$700
511.17	50 to 74 persons	\$900
511.18	75 to 99 persons	\$1,100
511.19	100 or more persons	\$1,300

511.20 (k) A program licensed to provide treatment services to persons with sexual psychopathic
511.21 personalities or sexually dangerous persons under Minnesota Rules, parts 9515.3000 to
511.22 9515.3110, shall pay an annual nonrefundable license fee of \$20,000.

511.23 (l) ~~A mental health center or mental health clinic requesting certification for purposes~~
511.24 ~~of insurance and subscriber contract reimbursement under Minnesota Rules, parts 9520.0750~~
511.25 ~~to 9520.0870~~ certified under section 245I.20; shall pay a an annual nonrefundable certification
511.26 fee of \$1,550 ~~per year~~. If the ~~mental health center or~~ mental health clinic provides services
511.27 at a primary location with satellite facilities, the satellite facilities shall be certified with the
511.28 primary location without an additional charge.

511.29 Sec. 49. Minnesota Statutes 2020, section 245A.65, subdivision 2, is amended to read:

511.30 Subd. 2. **Abuse prevention plans.** All license holders shall establish and enforce ongoing
511.31 written program abuse prevention plans and individual abuse prevention plans as required
511.32 under section 626.557, subdivision 14.

512.1 (a) The scope of the program abuse prevention plan is limited to the population, physical
512.2 plant, and environment within the control of the license holder and the location where
512.3 licensed services are provided. In addition to the requirements in section 626.557, subdivision
512.4 14, the program abuse prevention plan shall meet the requirements in clauses (1) to (5).

512.5 (1) The assessment of the population shall include an evaluation of the following factors:
512.6 age, gender, mental functioning, physical and emotional health or behavior of the client;
512.7 the need for specialized programs of care for clients; the need for training of staff to meet
512.8 identified individual needs; and the knowledge a license holder may have regarding previous
512.9 abuse that is relevant to minimizing risk of abuse for clients.

512.10 (2) The assessment of the physical plant where the licensed services are provided shall
512.11 include an evaluation of the following factors: the condition and design of the building as
512.12 it relates to the safety of the clients; and the existence of areas in the building which are
512.13 difficult to supervise.

512.14 (3) The assessment of the environment for each facility and for each site when living
512.15 arrangements are provided by the agency shall include an evaluation of the following factors:
512.16 the location of the program in a particular neighborhood or community; the type of grounds
512.17 and terrain surrounding the building; the type of internal programming; and the program's
512.18 staffing patterns.

512.19 (4) The license holder shall provide an orientation to the program abuse prevention plan
512.20 for clients receiving services. If applicable, the client's legal representative must be notified
512.21 of the orientation. The license holder shall provide this orientation for each new person
512.22 within 24 hours of admission, or for persons who would benefit more from a later orientation,
512.23 the orientation may take place within 72 hours.

512.24 (5) The license holder's governing body or the governing body's delegated representative
512.25 shall review the plan at least annually using the assessment factors in the plan and any
512.26 substantiated maltreatment findings that occurred since the last review. The governing body
512.27 or the governing body's delegated representative shall revise the plan, if necessary, to reflect
512.28 the review results.

512.29 (6) A copy of the program abuse prevention plan shall be posted in a prominent location
512.30 in the program and be available upon request to mandated reporters, persons receiving
512.31 services, and legal representatives.

512.32 (b) In addition to the requirements in section 626.557, subdivision 14, the individual
512.33 abuse prevention plan shall meet the requirements in clauses (1) and (2).

513.1 (1) The plan shall include a statement of measures that will be taken to minimize the
 513.2 risk of abuse to the vulnerable adult when the individual assessment required in section
 513.3 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the
 513.4 specific measures identified in the program abuse prevention plan. The measures shall
 513.5 include the specific actions the program will take to minimize the risk of abuse within the
 513.6 scope of the licensed services, and will identify referrals made when the vulnerable adult
 513.7 is susceptible to abuse outside the scope or control of the licensed services. When the
 513.8 assessment indicates that the vulnerable adult does not need specific risk reduction measures
 513.9 in addition to those identified in the program abuse prevention plan, the individual abuse
 513.10 prevention plan shall document this determination.

513.11 (2) An individual abuse prevention plan shall be developed for each new person as part
 513.12 of the initial individual program plan or service plan required under the applicable licensing
 513.13 rule or statute. The review and evaluation of the individual abuse prevention plan shall be
 513.14 done as part of the review of the program plan ~~or~~, service plan, or treatment plan. The person
 513.15 receiving services shall participate in the development of the individual abuse prevention
 513.16 plan to the full extent of the person's abilities. If applicable, the person's legal representative
 513.17 shall be given the opportunity to participate with or for the person in the development of
 513.18 the plan. The interdisciplinary team shall document the review of all abuse prevention plans
 513.19 at least annually, using the individual assessment and any reports of abuse relating to the
 513.20 person. The plan shall be revised to reflect the results of this review.

513.21 Sec. 50. Minnesota Statutes 2020, section 245D.02, subdivision 20, is amended to read:

513.22 Subd. 20. **Mental health crisis intervention team.** "Mental health crisis intervention
 513.23 team" means a mental health crisis response provider as identified in section 256B.0624,
 513.24 ~~subdivision 2, paragraph (d), for adults, and in section 256B.0944, subdivision 1, paragraph~~
 513.25 ~~(d), for children.~~

513.26 Sec. 51. Minnesota Statutes 2020, section 254B.05, subdivision 5, is amended to read:

513.27 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
 513.28 use disorder services and service enhancements funded under this chapter.

513.29 (b) Eligible substance use disorder treatment services include:

513.30 (1) outpatient treatment services that are licensed according to sections 245G.01 to
 513.31 245G.17, or applicable tribal license;

514.1 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
514.2 and 245G.05;

514.3 (3) care coordination services provided according to section 245G.07, subdivision 1,
514.4 paragraph (a), clause (5);

514.5 (4) peer recovery support services provided according to section 245G.07, subdivision
514.6 2, clause (8);

514.7 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
514.8 services provided according to chapter 245F;

514.9 (6) medication-assisted therapy services that are licensed according to sections 245G.01
514.10 to 245G.17 and 245G.22, or applicable tribal license;

514.11 (7) medication-assisted therapy plus enhanced treatment services that meet the
514.12 requirements of clause (6) and provide nine hours of clinical services each week;

514.13 (8) high, medium, and low intensity residential treatment services that are licensed
514.14 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
514.15 provide, respectively, 30, 15, and five hours of clinical services each week;

514.16 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
514.17 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
514.18 144.56;

514.19 (10) adolescent treatment programs that are licensed as outpatient treatment programs
514.20 according to sections 245G.01 to 245G.18 or as residential treatment programs according
514.21 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
514.22 applicable tribal license;

514.23 (11) high-intensity residential treatment services that are licensed according to sections
514.24 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
514.25 clinical services each week provided by a state-operated vendor or to clients who have been
514.26 civilly committed to the commissioner, present the most complex and difficult care needs,
514.27 and are a potential threat to the community; and

514.28 (12) room and board facilities that meet the requirements of subdivision 1a.

514.29 (c) The commissioner shall establish higher rates for programs that meet the requirements
514.30 of paragraph (b) and one of the following additional requirements:

514.31 (1) programs that serve parents with their children if the program:

514.32 (i) provides on-site child care during the hours of treatment activity that:

515.1 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
515.2 9503; or

515.3 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
515.4 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

515.5 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
515.6 licensed under chapter 245A as:

515.7 (A) a child care center under Minnesota Rules, chapter 9503; or

515.8 (B) a family child care home under Minnesota Rules, chapter 9502;

515.9 (2) culturally specific programs as defined in section 254B.01, subdivision 4a, or
515.10 programs or subprograms serving special populations, if the program or subprogram meets
515.11 the following requirements:

515.12 (i) is designed to address the unique needs of individuals who share a common language,
515.13 racial, ethnic, or social background;

515.14 (ii) is governed with significant input from individuals of that specific background; and

515.15 (iii) employs individuals to provide individual or group therapy, at least 50 percent of
515.16 whom are of that specific background, except when the common social background of the
515.17 individuals served is a traumatic brain injury or cognitive disability and the program employs
515.18 treatment staff who have the necessary professional training, as approved by the
515.19 commissioner, to serve clients with the specific disabilities that the program is designed to
515.20 serve;

515.21 (3) programs that offer medical services delivered by appropriately credentialed health
515.22 care staff in an amount equal to two hours per client per week if the medical needs of the
515.23 client and the nature and provision of any medical services provided are documented in the
515.24 client file; and

515.25 (4) programs that offer services to individuals with co-occurring mental health and
515.26 chemical dependency problems if:

515.27 (i) the program meets the co-occurring requirements in section 245G.20;

515.28 (ii) 25 percent of the counseling staff are licensed mental health professionals, as defined
515.29 ~~in section 245.462, subdivision 18, clauses (1) to (6)~~ qualified according to section 245I.04,
515.30 subdivision 2, or are students or licensing candidates under the supervision of a licensed
515.31 alcohol and drug counselor supervisor and ~~licensed~~ mental health professional, except that

516.1 no more than 50 percent of the mental health staff may be students or licensing candidates
516.2 with time documented to be directly related to provisions of co-occurring services;

516.3 (iii) clients scoring positive on a standardized mental health screen receive a mental
516.4 health diagnostic assessment within ten days of admission;

516.5 (iv) the program has standards for multidisciplinary case review that include a monthly
516.6 review for each client that, at a minimum, includes a ~~licensed~~ mental health professional
516.7 and licensed alcohol and drug counselor, and their involvement in the review is documented;

516.8 (v) family education is offered that addresses mental health and substance abuse disorders
516.9 and the interaction between the two; and

516.10 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
516.11 training annually.

516.12 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
516.13 that provides arrangements for off-site child care must maintain current documentation at
516.14 the chemical dependency facility of the child care provider's current licensure to provide
516.15 child care services. Programs that provide child care according to paragraph (c), clause (1),
516.16 must be deemed in compliance with the licensing requirements in section 245G.19.

516.17 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
516.18 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
516.19 in paragraph (c), clause (4), items (i) to (iv).

516.20 (f) Subject to federal approval, chemical dependency services that are otherwise covered
516.21 as direct face-to-face services may be provided via two-way interactive video. The use of
516.22 two-way interactive video must be medically appropriate to the condition and needs of the
516.23 person being served. Reimbursement shall be at the same rates and under the same conditions
516.24 that would otherwise apply to direct face-to-face services. The interactive video equipment
516.25 and connection must comply with Medicare standards in effect at the time the service is
516.26 provided.

516.27 (g) For the purpose of reimbursement under this section, substance use disorder treatment
516.28 services provided in a group setting without a group participant maximum or maximum
516.29 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
516.30 At least one of the attending staff must meet the qualifications as established under this
516.31 chapter for the type of treatment service provided. A recovery peer may not be included as
516.32 part of the staff ratio.

517.1 Sec. 52. Minnesota Statutes 2020, section 256B.0615, subdivision 1, is amended to read:

517.2 Subdivision 1. **Scope.** Medical assistance covers mental health certified peer specialist
517.3 services, as established in subdivision 2, subject to federal approval, if provided to recipients
517.4 who are eligible for services under sections 256B.0622, 256B.0623, and 256B.0624 and
517.5 are provided by a mental health certified peer specialist who has completed the training
517.6 under subdivision 5 and is qualified according to section 245I.04, subdivision 10.

517.7 Sec. 53. Minnesota Statutes 2020, section 256B.0615, subdivision 5, is amended to read:

517.8 Subd. 5. **Certified peer specialist training and certification.** The commissioner of
517.9 human services shall develop a training and certification process for certified peer specialists,
517.10 ~~who must be at least 21 years of age.~~ The candidates must have had a primary diagnosis of
517.11 mental illness, be a current or former consumer of mental health services, and must
517.12 demonstrate leadership and advocacy skills and a strong dedication to recovery. The training
517.13 curriculum must teach participating consumers specific skills relevant to providing peer
517.14 support to other consumers. In addition to initial training and certification, the commissioner
517.15 shall develop ongoing continuing educational workshops on pertinent issues related to peer
517.16 support counseling.

517.17 Sec. 54. Minnesota Statutes 2020, section 256B.0616, subdivision 1, is amended to read:

517.18 Subdivision 1. **Scope.** Medical assistance covers mental health certified family peer
517.19 specialists services, as established in subdivision 2, subject to federal approval, if provided
517.20 to recipients who have an emotional disturbance or severe emotional disturbance under
517.21 chapter 245, and are provided by a mental health certified family peer specialist who has
517.22 completed the training under subdivision 5 and is qualified according to section 245I.04,
517.23 subdivision 12. A family peer specialist cannot provide services to the peer specialist's
517.24 family.

517.25 Sec. 55. Minnesota Statutes 2020, section 256B.0616, subdivision 3, is amended to read:

517.26 Subd. 3. **Eligibility.** Family peer support services may be ~~located in~~ provided to recipients
517.27 of inpatient hospitalization, partial hospitalization, residential treatment, intensive treatment
517.28 in foster care, day treatment, children's therapeutic services and supports, or crisis services.

517.29 Sec. 56. Minnesota Statutes 2020, section 256B.0616, subdivision 5, is amended to read:

517.30 Subd. 5. **Certified family peer specialist training and certification.** The commissioner
517.31 shall develop a training and certification process for certified family peer specialists ~~who~~

518.1 ~~must be at least 21 years of age.~~ The candidates must have raised or be currently raising a
518.2 child with a mental illness, have had experience navigating the children's mental health
518.3 system, and must demonstrate leadership and advocacy skills and a strong dedication to
518.4 family-driven and family-focused services. The training curriculum must teach participating
518.5 family peer specialists specific skills relevant to providing peer support to other parents. In
518.6 addition to initial training and certification, the commissioner shall develop ongoing
518.7 continuing educational workshops on pertinent issues related to family peer support
518.8 counseling.

518.9 Sec. 57. Minnesota Statutes 2020, section 256B.0622, subdivision 1, is amended to read:

518.10 Subdivision 1. **Scope.** (a) Subject to federal approval, medical assistance covers medically
518.11 necessary, assertive community treatment for clients as defined in subdivision 2a and
518.12 intensive residential treatment services for clients as defined in subdivision 3, when the
518.13 services are provided by an entity certified under and meeting the standards in this section.

518.14 (b) Subject to federal approval, medical assistance covers medically necessary, intensive
518.15 residential treatment services when the services are provided by an entity licensed under
518.16 and meeting the standards in section 245I.23.

518.17 (c) The provider entity must make reasonable and good faith efforts to report individual
518.18 client outcomes to the commissioner, using instruments and protocols approved by the
518.19 commissioner.

518.20 Sec. 58. Minnesota Statutes 2020, section 256B.0622, subdivision 2, is amended to read:

518.21 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
518.22 meanings given them.

518.23 (b) "ACT team" means the group of interdisciplinary mental health staff who work as
518.24 a team to provide assertive community treatment.

518.25 (c) "Assertive community treatment" means intensive nonresidential treatment and
518.26 rehabilitative mental health services provided according to the assertive community treatment
518.27 model. Assertive community treatment provides a single, fixed point of responsibility for
518.28 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per
518.29 day, seven days per week, in a community-based setting.

518.30 (d) "Individual treatment plan" means ~~the document that results from a person-centered~~
518.31 ~~planning process of determining real-life outcomes with clients and developing strategies~~
518.32 ~~to achieve those outcomes~~ a plan described by section 245I.10, subdivisions 7 and 8.

519.1 ~~(e) "Assertive engagement" means the use of collaborative strategies to engage clients~~
519.2 ~~to receive services.~~

519.3 ~~(f) "Benefits and finance support" means assisting clients in capably managing financial~~
519.4 ~~affairs. Services include, but are not limited to, assisting clients in applying for benefits;~~
519.5 ~~assisting with redetermination of benefits; providing financial crisis management; teaching~~
519.6 ~~and supporting budgeting skills and asset development; and coordinating with a client's~~
519.7 ~~representative payee, if applicable.~~

519.8 ~~(g) "Co-occurring disorder treatment" means the treatment of co-occurring mental illness~~
519.9 ~~and substance use disorders and is characterized by assertive outreach, stage-wise~~
519.10 ~~comprehensive treatment, treatment goal setting, and flexibility to work within each stage~~
519.11 ~~of treatment. Services include, but are not limited to, assessing and tracking clients' stages~~
519.12 ~~of change readiness and treatment; applying the appropriate treatment based on stages of~~
519.13 ~~change, such as outreach and motivational interviewing techniques to work with clients in~~
519.14 ~~earlier stages of change readiness and cognitive behavioral approaches and relapse prevention~~
519.15 ~~to work with clients in later stages of change; and facilitating access to community supports.~~

519.16 ~~(h)~~ (e) "Crisis assessment and intervention" means mental health crisis response services
519.17 as defined in section 256B.0624, subdivision 2, paragraphs (e) to (e).

519.18 ~~(i) "Employment services" means assisting clients to work at jobs of their choosing.~~
519.19 ~~Services must follow the principles of the individual placement and support (IPS)~~
519.20 ~~employment model, including focusing on competitive employment; emphasizing individual~~
519.21 ~~client preferences and strengths; ensuring employment services are integrated with mental~~
519.22 ~~health services; conducting rapid job searches and systematic job development according~~
519.23 ~~to client preferences and choices; providing benefits counseling; and offering all services~~
519.24 ~~in an individualized and time-unlimited manner. Services shall also include educating clients~~
519.25 ~~about opportunities and benefits of work and school and assisting the client in learning job~~
519.26 ~~skills, navigating the work place, and managing work relationships.~~

519.27 ~~(j) "Family psychoeducation and support" means services provided to the client's family~~
519.28 ~~and other natural supports to restore and strengthen the client's unique social and family~~
519.29 ~~relationships. Services include, but are not limited to, individualized psychoeducation about~~
519.30 ~~the client's illness and the role of the family and other significant people in the therapeutic~~
519.31 ~~process; family intervention to restore contact, resolve conflict, and maintain relationships~~
519.32 ~~with family and other significant people in the client's life; ongoing communication and~~
519.33 ~~collaboration between the ACT team and the family; introduction and referral to family~~
519.34 ~~self-help programs and advocacy organizations that promote recovery and family~~

520.1 ~~engagement, individual supportive counseling, parenting training, and service coordination~~
520.2 ~~to help clients fulfill parenting responsibilities; coordinating services for the child and~~
520.3 ~~restoring relationships with children who are not in the client's custody; and coordinating~~
520.4 ~~with child welfare and family agencies, if applicable. These services must be provided with~~
520.5 ~~the client's agreement and consent.~~

520.6 ~~(k) "Housing access support" means assisting clients to find, obtain, retain, and move~~
520.7 ~~to safe and adequate housing of their choice. Housing access support includes, but is not~~
520.8 ~~limited to, locating housing options with a focus on integrated independent settings; applying~~
520.9 ~~for housing subsidies, programs, or resources; assisting the client in developing relationships~~
520.10 ~~with local landlords; providing tenancy support and advocacy for the individual's tenancy~~
520.11 ~~rights at the client's home; and assisting with relocation.~~

520.12 ~~(l)~~ (f) "Individual treatment team" means a minimum of three members of the ACT team
520.13 who are responsible for consistently carrying out most of a client's assertive community
520.14 treatment services.

520.15 ~~(m) "Intensive residential treatment services treatment team" means all staff who provide~~
520.16 ~~intensive residential treatment services under this section to clients. At a minimum, this~~
520.17 ~~includes the clinical supervisor; mental health professionals as defined in section 245.462,~~
520.18 ~~subdivision 18, clauses (1) to (6); mental health practitioners as defined in section 245.462,~~
520.19 ~~subdivision 17; mental health rehabilitation workers under section 256B.0623, subdivision~~
520.20 ~~5, paragraph (a), clause (4); and mental health certified peer specialists under section~~
520.21 ~~256B.0615.~~

520.22 ~~(n) "Intensive residential treatment services" means short-term, time-limited services~~
520.23 ~~provided in a residential setting to clients who are in need of more restrictive settings and~~
520.24 ~~are at risk of significant functional deterioration if they do not receive these services. Services~~
520.25 ~~are designed to develop and enhance psychiatric stability, personal and emotional adjustment,~~
520.26 ~~self-sufficiency, and skills to live in a more independent setting. Services must be directed~~
520.27 ~~toward a targeted discharge date with specified client outcomes.~~

520.28 ~~(o) "Medication assistance and support" means assisting clients in accessing medication,~~
520.29 ~~developing the ability to take medications with greater independence, and providing~~
520.30 ~~medication setup. This includes the prescription, administration, and order of medication~~
520.31 ~~by appropriate medical staff.~~

520.32 ~~(p) "Medication education" means educating clients on the role and effects of medications~~
520.33 ~~in treating symptoms of mental illness and the side effects of medications.~~

521.1 ~~(q) "Overnight staff" means a member of the intensive residential treatment services~~
521.2 ~~team who is responsible during hours when clients are typically asleep.~~

521.3 ~~(r) "Mental health certified peer specialist services" has the meaning given in section~~
521.4 ~~256B.0615.~~

521.5 ~~(s) "Physical health services" means any service or treatment to meet the physical health~~
521.6 ~~needs of the client to support the client's mental health recovery. Services include, but are~~
521.7 ~~not limited to, education on primary health issues, including wellness education; medication~~
521.8 ~~administration and monitoring; providing and coordinating medical screening and follow-up;~~
521.9 ~~scheduling routine and acute medical and dental care visits; tobacco cessation strategies;~~
521.10 ~~assisting clients in attending appointments; communicating with other providers; and~~
521.11 ~~integrating all physical and mental health treatment.~~

521.12 ~~(t)~~ (g) "Primary team member" means the person who leads and coordinates the activities
521.13 of the individual treatment team and is the individual treatment team member who has
521.14 primary responsibility for establishing and maintaining a therapeutic relationship with the
521.15 client on a continuing basis.

521.16 ~~(u) "Rehabilitative mental health services" means mental health services that are~~
521.17 ~~rehabilitative and enable the client to develop and enhance psychiatric stability, social~~
521.18 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~
521.19 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~

521.20 ~~(v) "Symptom management" means supporting clients in identifying and targeting the~~
521.21 ~~symptoms and occurrence patterns of their mental illness and developing strategies to reduce~~
521.22 ~~the impact of those symptoms.~~

521.23 ~~(w) "Therapeutic interventions" means empirically supported techniques to address~~
521.24 ~~specific symptoms and behaviors such as anxiety, psychotic symptoms, emotional~~
521.25 ~~dysregulation, and trauma symptoms. Interventions include empirically supported~~
521.26 ~~psychotherapies including, but not limited to, cognitive behavioral therapy, exposure therapy,~~
521.27 ~~acceptance and commitment therapy, interpersonal therapy, and motivational interviewing.~~

521.28 ~~(x) "Wellness self-management and prevention" means a combination of approaches to~~
521.29 ~~working with the client to build and apply skills related to recovery, and to support the client~~
521.30 ~~in participating in leisure and recreational activities, civic participation, and meaningful~~
521.31 ~~structure.~~

521.32 ~~(h) "Certified rehabilitation specialist" means a staff person who is qualified according~~
521.33 ~~to section 245I.04, subdivision 8.~~

522.1 (i) "Clinical trainee" means a staff person who is qualified according to section 245I.04,
 522.2 subdivision 6.

522.3 (j) "Mental health certified peer specialist" means a staff person who is qualified
 522.4 according to section 245I.04, subdivision 10.

522.5 (k) "Mental health practitioner" means a staff person who is qualified according to section
 522.6 245I.04, subdivision 4.

522.7 (l) "Mental health professional" means a staff person who is qualified according to
 522.8 section 245I.04, subdivision 2.

522.9 (m) "Mental health rehabilitation worker" means a staff person who is qualified according
 522.10 to section 245I.04, subdivision 14.

522.11 Sec. 59. Minnesota Statutes 2020, section 256B.0622, subdivision 3a, is amended to read:

522.12 Subd. 3a. **Provider certification and contract requirements for assertive community**
 522.13 **treatment.** (a) The assertive community treatment provider must:

522.14 (1) have a contract with the host county to provide assertive community treatment
 522.15 services; and

522.16 (2) have each ACT team be certified by the state following the certification process and
 522.17 procedures developed by the commissioner. The certification process determines whether
 522.18 the ACT team meets the standards for assertive community treatment under this section as
 522.19 ~~well as,~~ the standards in chapter 245I as required in section 245I.011, subdivision 5, and
 522.20 minimum program fidelity standards as measured by a nationally recognized fidelity tool
 522.21 approved by the commissioner. Recertification must occur at least every three years.

522.22 (b) An ACT team certified under this subdivision must meet the following standards:

522.23 (1) have capacity to recruit, hire, manage, and train required ACT team members;

522.24 (2) have adequate administrative ability to ensure availability of services;

522.25 ~~(3) ensure adequate preservice and ongoing training for staff;~~

522.26 ~~(4) ensure that staff is capable of implementing culturally specific services that are~~
 522.27 ~~culturally responsive and appropriate as determined by the client's culture, beliefs, values,~~
 522.28 ~~and language as identified in the individual treatment plan;~~

522.29 ~~(5)~~ (3) ensure flexibility in service delivery to respond to the changing and intermittent
 522.30 care needs of a client as identified by the client and the individual treatment plan;

522.31 ~~(6) develop and maintain client files, individual treatment plans, and contact charting;~~

523.1 ~~(7) develop and maintain staff training and personnel files;~~

523.2 ~~(8) submit information as required by the state;~~

523.3 ~~(9)~~ (4) keep all necessary records required by law;

523.4 ~~(10) comply with all applicable laws;~~

523.5 ~~(11)~~ (5) be an enrolled Medicaid provider; and

523.6 ~~(12)~~ (6) establish and maintain a quality assurance plan to determine specific service

523.7 outcomes and the client's satisfaction with services; ~~and.~~

523.8 ~~(13) develop and maintain written policies and procedures regarding service provision~~

523.9 ~~and administration of the provider entity.~~

523.10 (c) The commissioner may intervene at any time and decertify an ACT team with cause.

523.11 The commissioner shall establish a process for decertification of an ACT team and shall

523.12 require corrective action, medical assistance repayment, or decertification of an ACT team

523.13 that no longer meets the requirements in this section or that fails to meet the clinical quality

523.14 standards or administrative standards provided by the commissioner in the application and

523.15 certification process. The decertification is subject to appeal to the state.

523.16 Sec. 60. Minnesota Statutes 2020, section 256B.0622, subdivision 4, is amended to read:

523.17 Subd. 4. **Provider entity licensure and contract requirements for intensive residential**

523.18 **treatment services.** ~~(a) The intensive residential treatment services provider entity must:~~

523.19 ~~(1) be licensed under Minnesota Rules, parts 9520.0500 to 9520.0670;~~

523.20 ~~(2) not exceed 16 beds per site; and~~

523.21 ~~(3) comply with the additional standards in this section.~~

523.22 ~~(b)~~ (a) The commissioner shall develop procedures for counties and providers to submit

523.23 other documentation as needed to allow the commissioner to determine whether the standards

523.24 in this section are met.

523.25 ~~(e)~~ (b) A provider entity must specify in the provider entity's application what geographic

523.26 area and populations will be served by the proposed program. A provider entity must

523.27 document that the capacity or program specialties of existing programs are not sufficient

523.28 to meet the service needs of the target population. A provider entity must submit evidence

523.29 of ongoing relationships with other providers and levels of care to facilitate referrals to and

523.30 from the proposed program.

524.1 ~~(d)~~ (c) A provider entity must submit documentation that the provider entity requested
 524.2 a statement of need from each county board and tribal authority that serves as a local mental
 524.3 health authority in the proposed service area. The statement of need must specify if the local
 524.4 mental health authority supports or does not support the need for the proposed program and
 524.5 the basis for this determination. If a local mental health authority does not respond within
 524.6 60 days of the receipt of the request, the commissioner shall determine the need for the
 524.7 program based on the documentation submitted by the provider entity.

524.8 Sec. 61. Minnesota Statutes 2020, section 256B.0622, subdivision 7, is amended to read:

524.9 Subd. 7. **Assertive community treatment service standards.** (a) ACT teams must offer
 524.10 and have the capacity to directly provide the following services:

524.11 (1) assertive engagement using collaborative strategies to encourage clients to receive
 524.12 services;

524.13 (2) benefits and finance support that assists clients to capably manage financial affairs.
 524.14 Services include but are not limited to assisting clients in applying for benefits, assisting
 524.15 with redetermination of benefits, providing financial crisis management, teaching and
 524.16 supporting budgeting skills and asset development, and coordinating with a client's
 524.17 representative payee, if applicable;

524.18 (3) co-occurring substance use disorder treatment as defined in section 245I.02,
 524.19 subdivision 11;

524.20 (4) crisis assessment and intervention;

524.21 (5) employment services that assist clients to work at jobs of the clients' choosing.
 524.22 Services must follow the principles of the individual placement and support employment
 524.23 model, including focusing on competitive employment, emphasizing individual client
 524.24 preferences and strengths, ensuring employment services are integrated with mental health
 524.25 services, conducting rapid job searches and systematic job development according to client
 524.26 preferences and choices, providing benefits counseling, and offering all services in an
 524.27 individualized and time-unlimited manner. Services must also include educating clients
 524.28 about opportunities and benefits of work and school and assisting the client in learning job
 524.29 skills, navigating the workplace, workplace accommodations, and managing work
 524.30 relationships;

524.31 (6) family psychoeducation and support provided to the client's family and other natural
 524.32 supports to restore and strengthen the client's unique social and family relationships. Services
 524.33 include but are not limited to individualized psychoeducation about the client's illness and

525.1 the role of the family and other significant people in the therapeutic process; family
525.2 intervention to restore contact, resolve conflict, and maintain relationships with family and
525.3 other significant people in the client's life; ongoing communication and collaboration between
525.4 the ACT team and the family; introduction and referral to family self-help programs and
525.5 advocacy organizations that promote recovery and family engagement, individual supportive
525.6 counseling, parenting training, and service coordination to help clients fulfill parenting
525.7 responsibilities; coordinating services for the child and restoring relationships with children
525.8 who are not in the client's custody; and coordinating with child welfare and family agencies,
525.9 if applicable. These services must be provided with the client's agreement and consent;

525.10 (7) housing access support that assists clients to find, obtain, retain, and move to safe
525.11 and adequate housing of their choice. Housing access support includes but is not limited to
525.12 locating housing options with a focus on integrated independent settings; applying for
525.13 housing subsidies, programs, or resources; assisting the client in developing relationships
525.14 with local landlords; providing tenancy support and advocacy for the individual's tenancy
525.15 rights at the client's home; and assisting with relocation;

525.16 (8) medication assistance and support that assists clients in accessing medication,
525.17 developing the ability to take medications with greater independence, and providing
525.18 medication setup. Medication assistance and support includes assisting the client with the
525.19 prescription, administration, and ordering of medication by appropriate medical staff;

525.20 (9) medication education that educates clients on the role and effects of medications in
525.21 treating symptoms of mental illness and the side effects of medications;

525.22 (10) mental health certified peer specialists services according to section 256B.0615;

525.23 (11) physical health services to meet the physical health needs of the client to support
525.24 the client's mental health recovery. Services include but are not limited to education on
525.25 primary health and wellness issues, medication administration and monitoring, providing
525.26 and coordinating medical screening and follow-up, scheduling routine and acute medical
525.27 and dental care visits, tobacco cessation strategies, assisting clients in attending appointments,
525.28 communicating with other providers, and integrating all physical and mental health treatment;

525.29 (12) rehabilitative mental health services as defined in section 245I.02, subdivision 33;

525.30 (13) symptom management that supports clients in identifying and targeting the symptoms
525.31 and occurrence patterns of their mental illness and developing strategies to reduce the impact
525.32 of those symptoms;

526.1 (14) therapeutic interventions to address specific symptoms and behaviors such as
 526.2 anxiety, psychotic symptoms, emotional dysregulation, and trauma symptoms. Interventions
 526.3 include empirically supported psychotherapies including but not limited to cognitive
 526.4 behavioral therapy, exposure therapy, acceptance and commitment therapy, interpersonal
 526.5 therapy, and motivational interviewing;

526.6 (15) wellness self-management and prevention that includes a combination of approaches
 526.7 to working with the client to build and apply skills related to recovery, and to support the
 526.8 client in participating in leisure and recreational activities, civic participation, and meaningful
 526.9 structure; and

526.10 (16) other services based on client needs as identified in a client's assertive community
 526.11 treatment individual treatment plan.

526.12 (b) ACT teams must ensure the provision of all services necessary to meet a client's
 526.13 needs as identified in the client's individual treatment plan.

526.14 Sec. 62. Minnesota Statutes 2020, section 256B.0622, subdivision 7a, is amended to read:

526.15 Subd. 7a. **Assertive community treatment team staff requirements and roles.** (a)

526.16 The required treatment staff qualifications and roles for an ACT team are:

526.17 (1) the team leader:

526.18 (i) shall be a ~~licensed~~ mental health professional ~~who is qualified under Minnesota Rules,~~
 526.19 ~~part 9505.0371, subpart 5, item A.~~ Individuals who are not licensed but who are eligible
 526.20 for licensure and are otherwise qualified may also fulfill this role but must obtain full
 526.21 licensure within 24 months of assuming the role of team leader;

526.22 (ii) must be an active member of the ACT team and provide some direct services to
 526.23 clients;

526.24 (iii) must be a single full-time staff member, dedicated to the ACT team, who is
 526.25 responsible for overseeing the administrative operations of the team, providing ~~clinical~~
 526.26 ~~oversight~~ treatment supervision of services in conjunction with the psychiatrist or psychiatric
 526.27 care provider, and supervising team members to ensure delivery of best and ethical practices;
 526.28 and

526.29 (iv) must be available to provide overall ~~clinical oversight~~ treatment supervision to the
 526.30 ACT team after regular business hours and on weekends and holidays. The team leader may
 526.31 delegate this duty to another qualified member of the ACT team;

526.32 (2) the psychiatric care provider:

527.1 (i) must be a ~~licensed psychiatrist certified by the American Board of Psychiatry and~~
527.2 ~~Neurology or eligible for board certification or certified by the American Osteopathic Board~~
527.3 ~~of Neurology and Psychiatry or eligible for board certification, or a psychiatric nurse who~~
527.4 ~~is qualified under Minnesota Rules, part 9505.0371, subpart 5, item A~~ mental health
527.5 professional permitted to prescribe psychiatric medications as part of the mental health
527.6 professional's scope of practice. The psychiatric care provider must have demonstrated
527.7 clinical experience working with individuals with serious and persistent mental illness;

527.8 (ii) shall collaborate with the team leader in sharing overall clinical responsibility for
527.9 screening and admitting clients; monitoring clients' treatment and team member service
527.10 delivery; educating staff on psychiatric and nonpsychiatric medications, their side effects,
527.11 and health-related conditions; actively collaborating with nurses; and helping provide ~~clinical~~
527.12 treatment supervision to the team;

527.13 (iii) shall fulfill the following functions for assertive community treatment clients:
527.14 provide assessment and treatment of clients' symptoms and response to medications, including
527.15 side effects; provide brief therapy to clients; provide diagnostic and medication education
527.16 to clients, with medication decisions based on shared decision making; monitor clients'
527.17 nonpsychiatric medical conditions and nonpsychiatric medications; and conduct home and
527.18 community visits;

527.19 (iv) shall serve as the point of contact for psychiatric treatment if a client is hospitalized
527.20 for mental health treatment and shall communicate directly with the client's inpatient
527.21 psychiatric care providers to ensure continuity of care;

527.22 (v) shall have a minimum full-time equivalency that is prorated at a rate of 16 hours per
527.23 50 clients. Part-time psychiatric care providers shall have designated hours to work on the
527.24 team, with sufficient blocks of time on consistent days to carry out the provider's clinical,
527.25 supervisory, and administrative responsibilities. No more than two psychiatric care providers
527.26 may share this role;

527.27 (vi) may not provide specific roles and responsibilities by telemedicine unless approved
527.28 by the commissioner; and

527.29 (vii) shall provide psychiatric backup to the program after regular business hours and
527.30 on weekends and holidays. The psychiatric care provider may delegate this duty to another
527.31 qualified psychiatric provider;

527.32 (3) the nursing staff:

528.1 (i) shall consist of one to three registered nurses or advanced practice registered nurses,
528.2 of whom at least one has a minimum of one-year experience working with adults with
528.3 serious mental illness and a working knowledge of psychiatric medications. No more than
528.4 two individuals can share a full-time equivalent position;

528.5 (ii) are responsible for managing medication, administering and documenting medication
528.6 treatment, and managing a secure medication room; and

528.7 (iii) shall develop strategies, in collaboration with clients, to maximize taking medications
528.8 as prescribed; screen and monitor clients' mental and physical health conditions and
528.9 medication side effects; engage in health promotion, prevention, and education activities;
528.10 communicate and coordinate services with other medical providers; facilitate the development
528.11 of the individual treatment plan for clients assigned; and educate the ACT team in monitoring
528.12 psychiatric and physical health symptoms and medication side effects;

528.13 (4) the co-occurring disorder specialist:

528.14 (i) shall be a full-time equivalent co-occurring disorder specialist who has received
528.15 specific training on co-occurring disorders that is consistent with national evidence-based
528.16 practices. The training must include practical knowledge of common substances and how
528.17 they affect mental illnesses, the ability to assess substance use disorders and the client's
528.18 stage of treatment, motivational interviewing, and skills necessary to provide counseling to
528.19 clients at all different stages of change and treatment. The co-occurring disorder specialist
528.20 may also be an individual who is a licensed alcohol and drug counselor as described in
528.21 section 148F.01, subdivision 5, or a counselor who otherwise meets the training, experience,
528.22 and other requirements in section 245G.11, subdivision 5. No more than two co-occurring
528.23 disorder specialists may occupy this role; and

528.24 (ii) shall provide or facilitate the provision of co-occurring disorder treatment to clients.
528.25 The co-occurring disorder specialist shall serve as a consultant and educator to fellow ACT
528.26 team members on co-occurring disorders;

528.27 (5) the vocational specialist:

528.28 (i) shall be a full-time vocational specialist who has at least one-year experience providing
528.29 employment services or advanced education that involved field training in vocational services
528.30 to individuals with mental illness. An individual who does not meet these qualifications
528.31 may also serve as the vocational specialist upon completing a training plan approved by the
528.32 commissioner;

529.1 (ii) shall provide or facilitate the provision of vocational services to clients. The vocational
529.2 specialist serves as a consultant and educator to fellow ACT team members on these services;
529.3 and

529.4 (iii) ~~should~~ must not refer individuals to receive any type of vocational services or linkage
529.5 by providers outside of the ACT team;

529.6 (6) the mental health certified peer specialist:

529.7 (i) shall be a full-time equivalent ~~mental health certified peer specialist as defined in~~
529.8 ~~section 256B.0615~~. No more than two individuals can share this position. The mental health
529.9 certified peer specialist is a fully integrated team member who provides highly individualized
529.10 services in the community and promotes the self-determination and shared decision-making
529.11 abilities of clients. This requirement may be waived due to workforce shortages upon
529.12 approval of the commissioner;

529.13 (ii) must provide coaching, mentoring, and consultation to the clients to promote recovery,
529.14 self-advocacy, and self-direction, promote wellness management strategies, and assist clients
529.15 in developing advance directives; and

529.16 (iii) must model recovery values, attitudes, beliefs, and personal action to encourage
529.17 wellness and resilience, provide consultation to team members, promote a culture where
529.18 the clients' points of view and preferences are recognized, understood, respected, and
529.19 integrated into treatment, and serve in a manner equivalent to other team members;

529.20 (7) the program administrative assistant shall be a full-time office-based program
529.21 administrative assistant position assigned to solely work with the ACT team, providing a
529.22 range of supports to the team, clients, and families; and

529.23 (8) additional staff:

529.24 (i) shall be based on team size. Additional treatment team staff may include ~~licensed~~
529.25 ~~mental health professionals as defined in Minnesota Rules, part 9505.0371, subpart 5, item~~
529.26 ~~A; clinical trainees; certified rehabilitation specialists; mental health practitioners as defined~~
529.27 ~~in section 245.462, subdivision 17; a mental health practitioner working as a clinical trainee~~
529.28 ~~according to Minnesota Rules, part 9505.0371, subpart 5, item C; or mental health~~
529.29 ~~rehabilitation workers as defined in section 256B.0623, subdivision 5, paragraph (a), clause~~
529.30 ~~(4)~~. These individuals shall have the knowledge, skills, and abilities required by the
529.31 population served to carry out rehabilitation and support functions; and

529.32 (ii) shall be selected based on specific program needs or the population served.

529.33 (b) Each ACT team must clearly document schedules for all ACT team members.

530.1 (c) Each ACT team member must serve as a primary team member for clients assigned
530.2 by the team leader and are responsible for facilitating the individual treatment plan process
530.3 for those clients. The primary team member for a client is the responsible team member
530.4 knowledgeable about the client's life and circumstances and writes the individual treatment
530.5 plan. The primary team member provides individual supportive therapy or counseling, and
530.6 provides primary support and education to the client's family and support system.

530.7 (d) Members of the ACT team must have strong clinical skills, professional qualifications,
530.8 experience, and competency to provide a full breadth of rehabilitation services. Each staff
530.9 member shall be proficient in their respective discipline and be able to work collaboratively
530.10 as a member of a multidisciplinary team to deliver the majority of the treatment,
530.11 rehabilitation, and support services clients require to fully benefit from receiving assertive
530.12 community treatment.

530.13 (e) Each ACT team member must fulfill training requirements established by the
530.14 commissioner.

530.15 Sec. 63. Minnesota Statutes 2020, section 256B.0622, subdivision 7b, is amended to read:

530.16 Subd. 7b. **Assertive community treatment program size and opportunities.** (a) Each
530.17 ACT team shall maintain an annual average caseload that does not exceed 100 clients.
530.18 Staff-to-client ratios shall be based on team size as follows:

530.19 (1) a small ACT team must:

530.20 (i) employ at least six but no more than seven full-time treatment team staff, excluding
530.21 the program assistant and the psychiatric care provider;

530.22 (ii) serve an annual average maximum of no more than 50 clients;

530.23 (iii) ensure at least one full-time equivalent position for every eight clients served;

530.24 (iv) schedule ACT team staff for at least eight-hour shift coverage on weekdays and
530.25 on-call duty to provide crisis services and deliver services after hours when staff are not
530.26 working;

530.27 (v) provide crisis services during business hours if the small ACT team does not have
530.28 sufficient staff numbers to operate an after-hours on-call system. During all other hours,
530.29 the ACT team may arrange for coverage for crisis assessment and intervention services
530.30 through a reliable crisis-intervention provider as long as there is a mechanism by which the
530.31 ACT team communicates routinely with the crisis-intervention provider and the on-call

531.1 ACT team staff are available to see clients face-to-face when necessary or if requested by
531.2 the crisis-intervention services provider;

531.3 (vi) adjust schedules and provide staff to carry out the needed service activities in the
531.4 evenings or on weekend days or holidays, when necessary;

531.5 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care
531.6 provider is not regularly scheduled to work. If availability of the ACT team's psychiatric
531.7 care provider during all hours is not feasible, alternative psychiatric prescriber backup must
531.8 be arranged and a mechanism of timely communication and coordination established in
531.9 writing; and

531.10 (viii) be composed of, at minimum, one full-time team leader, at least 16 hours each
531.11 week per 50 clients of psychiatric provider time, or equivalent if fewer clients, one full-time
531.12 equivalent nursing, one full-time ~~substance abuse~~ co-occurring disorder specialist, one
531.13 full-time equivalent mental health certified peer specialist, one full-time vocational specialist,
531.14 one full-time program assistant, and at least one additional full-time ACT team member
531.15 who has mental health professional, certified rehabilitation specialist, clinical trainee, or
531.16 mental health practitioner status; and

531.17 (2) a midsize ACT team shall:

531.18 (i) be composed of, at minimum, one full-time team leader, at least 16 hours of psychiatry
531.19 time for 51 clients, with an additional two hours for every six clients added to the team, 1.5
531.20 to two full-time equivalent nursing staff, one full-time ~~substance abuse~~ co-occurring disorder
531.21 specialist, one full-time equivalent mental health certified peer specialist, one full-time
531.22 vocational specialist, one full-time program assistant, and at least 1.5 to two additional
531.23 full-time equivalent ACT members, with at least one dedicated full-time staff member with
531.24 mental health professional status. Remaining team members may have mental health
531.25 professional, certified rehabilitation specialist, clinical trainee, or mental health practitioner
531.26 status;

531.27 (ii) employ seven or more treatment team full-time equivalents, excluding the program
531.28 assistant and the psychiatric care provider;

531.29 (iii) serve an annual average maximum caseload of 51 to 74 clients;

531.30 (iv) ensure at least one full-time equivalent position for every nine clients served;

531.31 (v) schedule ACT team staff for a minimum of ten-hour shift coverage on weekdays
531.32 and six- to eight-hour shift coverage on weekends and holidays. In addition to these minimum

532.1 specifications, staff are regularly scheduled to provide the necessary services on a
532.2 client-by-client basis in the evenings and on weekends and holidays;

532.3 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services
532.4 when staff are not working;

532.5 (vii) have the authority to arrange for coverage for crisis assessment and intervention
532.6 services through a reliable crisis-intervention provider as long as there is a mechanism by
532.7 which the ACT team communicates routinely with the crisis-intervention provider and the
532.8 on-call ACT team staff are available to see clients face-to-face when necessary or if requested
532.9 by the crisis-intervention services provider; and

532.10 (viii) arrange for and provide psychiatric backup during all hours the psychiatric care
532.11 provider is not regularly scheduled to work. If availability of the psychiatric care provider
532.12 during all hours is not feasible, alternative psychiatric prescriber backup must be arranged
532.13 and a mechanism of timely communication and coordination established in writing;

532.14 (3) a large ACT team must:

532.15 (i) be composed of, at minimum, one full-time team leader, at least 32 hours each week
532.16 per 100 clients, or equivalent of psychiatry time, three full-time equivalent nursing staff,
532.17 one full-time ~~substance-abuse~~ co-occurring disorder specialist, one full-time equivalent
532.18 mental health certified peer specialist, one full-time vocational specialist, one full-time
532.19 program assistant, and at least two additional full-time equivalent ACT team members, with
532.20 at least one dedicated full-time staff member with mental health professional status.

532.21 Remaining team members may have mental health professional or mental health practitioner
532.22 status;

532.23 (ii) employ nine or more treatment team full-time equivalents, excluding the program
532.24 assistant and psychiatric care provider;

532.25 (iii) serve an annual average maximum caseload of 75 to 100 clients;

532.26 (iv) ensure at least one full-time equivalent position for every nine individuals served;

532.27 (v) schedule staff to work two eight-hour shifts, with a minimum of two staff on the
532.28 second shift providing services at least 12 hours per day weekdays. For weekends and
532.29 holidays, the team must operate and schedule ACT team staff to work one eight-hour shift,
532.30 with a minimum of two staff each weekend day and every holiday;

532.31 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services
532.32 when staff are not working; and

533.1 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care
 533.2 provider is not regularly scheduled to work. If availability of the ACT team psychiatric care
 533.3 provider during all hours is not feasible, alternative psychiatric backup must be arranged
 533.4 and a mechanism of timely communication and coordination established in writing.

533.5 (b) An ACT team of any size may have a staff-to-client ratio that is lower than the
 533.6 requirements described in paragraph (a) upon approval by the commissioner, but may not
 533.7 exceed a one-to-ten staff-to-client ratio.

533.8 Sec. 64. Minnesota Statutes 2020, section 256B.0622, subdivision 7d, is amended to read:

533.9 Subd. 7d. **Assertive community treatment assessment and individual treatment**
 533.10 **plan.** (a) An initial assessment, ~~including a diagnostic assessment that meets the requirements~~
 533.11 ~~of Minnesota Rules, part 9505.0372, subpart 1, and a 30-day treatment plan~~ shall be
 533.12 completed the day of the client's admission to assertive community treatment by the ACT
 533.13 team leader or the psychiatric care provider, with participation by designated ACT team
 533.14 members and the client. The initial assessment must include obtaining or completing a
 533.15 standard diagnostic assessment according to section 245I.10, subdivision 6, and completing
 533.16 a 30-day individual treatment plan. The team leader, psychiatric care provider, or other
 533.17 mental health professional designated by the team leader or psychiatric care provider, must
 533.18 update the client's diagnostic assessment at least annually.

533.19 (b) ~~An initial~~ A functional assessment must be completed ~~within ten days of intake and~~
 533.20 ~~updated every six months for assertive community treatment, or prior to discharge from the~~
 533.21 ~~service, whichever comes first~~ according to section 245I.10, subdivision 9.

533.22 (c) ~~Within 30 days of the client's assertive community treatment admission, the ACT~~
 533.23 ~~team shall complete an in-depth assessment of the domains listed under section 245.462,~~
 533.24 ~~subdivision 11a.~~

533.25 (d) Each part of the ~~in-depth~~ functional assessment areas shall be completed by each
 533.26 respective team specialist or an ACT team member with skill and knowledge in the area
 533.27 being assessed. ~~The assessments are based upon all available information, including that~~
 533.28 ~~from client interview family and identified natural supports, and written summaries from~~
 533.29 ~~other agencies, including police, courts, county social service agencies, outpatient facilities,~~
 533.30 ~~and inpatient facilities, where applicable.~~

533.31 (e) ~~(c)~~ Between 30 and 45 days after the client's admission to assertive community
 533.32 treatment, the entire ACT team must hold a comprehensive case conference, where all team
 533.33 members, including the psychiatric provider, present information discovered from the

534.1 completed ~~in-depth~~ assessments and provide treatment recommendations. The conference
534.2 must serve as the basis for the first ~~six-month~~ individual treatment plan, which must be
534.3 written by the primary team member.

534.4 ~~(f)~~ (d) The client's psychiatric care provider, primary team member, and individual
534.5 treatment team members shall assume responsibility for preparing the written narrative of
534.6 the results from the psychiatric and social functioning history timeline and the comprehensive
534.7 assessment.

534.8 ~~(g)~~ (e) The primary team member and individual treatment team members shall be
534.9 assigned by the team leader in collaboration with the psychiatric care provider by the time
534.10 of the first treatment planning meeting or 30 days after admission, whichever occurs first.

534.11 ~~(h)~~ (f) Individual treatment plans must be developed through the following treatment
534.12 planning process:

534.13 (1) The individual treatment plan shall be developed in collaboration with the client and
534.14 the client's preferred natural supports, and guardian, if applicable and appropriate. The ACT
534.15 team shall evaluate, together with each client, the client's needs, strengths, and preferences
534.16 and develop the individual treatment plan collaboratively. The ACT team shall make every
534.17 effort to ensure that the client and the client's family and natural supports, with the client's
534.18 consent, are in attendance at the treatment planning meeting, are involved in ongoing
534.19 meetings related to treatment, and have the necessary supports to fully participate. The
534.20 client's participation in the development of the individual treatment plan shall be documented.

534.21 (2) The client and the ACT team shall work together to formulate and prioritize the
534.22 issues, set goals, research approaches and interventions, and establish the plan. The plan is
534.23 individually tailored so that the treatment, rehabilitation, and support approaches and
534.24 interventions achieve optimum symptom reduction, help fulfill the personal needs and
534.25 aspirations of the client, take into account the cultural beliefs and realities of the individual,
534.26 and improve all the aspects of psychosocial functioning that are important to the client. The
534.27 process supports strengths, rehabilitation, and recovery.

534.28 (3) Each client's individual treatment plan shall identify service needs, strengths and
534.29 capacities, and barriers, and set specific and measurable short- and long-term goals for each
534.30 service need. The individual treatment plan must clearly specify the approaches and
534.31 interventions necessary for the client to achieve the individual goals, when the interventions
534.32 shall happen, and identify which ACT team member shall carry out the approaches and
534.33 interventions.

535.1 (4) The primary team member and the individual treatment team, together with the client
535.2 and the client's family and natural supports with the client's consent, are responsible for
535.3 reviewing and rewriting the treatment goals and individual treatment plan whenever there
535.4 is a major decision point in the client's course of treatment or at least every six months.

535.5 (5) The primary team member shall prepare a summary that thoroughly describes in
535.6 writing the client's and the individual treatment team's evaluation of the client's progress
535.7 and goal attainment, the effectiveness of the interventions, and the satisfaction with services
535.8 since the last individual treatment plan. The client's most recent diagnostic assessment must
535.9 be included with the treatment plan summary.

535.10 (6) The individual treatment plan and review must be ~~signed~~ approved or acknowledged
535.11 by the client, the primary team member, the team leader, the psychiatric care provider, and
535.12 all individual treatment team members. A copy of the ~~signed~~ approved individual treatment
535.13 plan ~~is~~ must be made available to the client.

535.14 Sec. 65. Minnesota Statutes 2020, section 256B.0623, subdivision 1, is amended to read:

535.15 Subdivision 1. **Scope.** Subject to federal approval, medical assistance covers medically
535.16 necessary adult rehabilitative mental health services as defined in subdivision 2, subject to
535.17 federal approval, if provided to recipients as defined in subdivision 3 and provided by a
535.18 qualified provider entity meeting the standards in this section and by a qualified individual
535.19 provider working within the provider's scope of practice and identified in the recipient's
535.20 individual treatment plan as defined in section 245.462, subdivision 14, and if determined
535.21 to be medically necessary according to section 62Q.53 when the services are provided by
535.22 an entity meeting the standards in this section. The provider entity must make reasonable
535.23 and good faith efforts to report individual client outcomes to the commissioner, using
535.24 instruments and protocols approved by the commissioner.

535.25 Sec. 66. Minnesota Statutes 2020, section 256B.0623, subdivision 2, is amended to read:

535.26 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
535.27 given them.

535.28 (a) "Adult rehabilitative mental health services" means ~~mental health services which are~~
535.29 ~~rehabilitative and enable the recipient to develop and enhance psychiatric stability, social~~
535.30 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~
535.31 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~
535.32 ~~Adult rehabilitative mental health services are also appropriate when provided to enable a~~
535.33 ~~recipient to retain stability and functioning, if the recipient would be at risk of significant~~

536.1 ~~functional decompensation or more restrictive service settings without these services~~ the
 536.2 services described in section 245I.02, subdivision 33.

536.3 ~~(1) Adult rehabilitative mental health services instruct, assist, and support the recipient~~
 536.4 ~~in areas such as: interpersonal communication skills, community resource utilization and~~
 536.5 ~~integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting~~
 536.6 ~~and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,~~
 536.7 ~~transportation skills, medication education and monitoring, mental illness symptom~~
 536.8 ~~management skills, household management skills, employment-related skills, parenting~~
 536.9 ~~skills, and transition to community living services.~~

536.10 ~~(2) These services shall be provided to the recipient on a one-to-one basis in the recipient's~~
 536.11 ~~home or another community setting or in groups.~~

536.12 (b) "Medication education services" means services provided individually or in groups
 536.13 which focus on educating the recipient about mental illness and symptoms; the role and
 536.14 effects of medications in treating symptoms of mental illness; and the side effects of
 536.15 medications. Medication education is coordinated with medication management services
 536.16 and does not duplicate it. Medication education services are provided by physicians, advanced
 536.17 practice registered nurses, pharmacists, physician assistants, or registered nurses.

536.18 (c) "Transition to community living services" means services which maintain continuity
 536.19 of contact between the rehabilitation services provider and the recipient and which facilitate
 536.20 discharge from a hospital, residential treatment program ~~under Minnesota Rules, chapter~~
 536.21 ~~9505~~, board and lodging facility, or nursing home. Transition to community living services
 536.22 are not intended to provide other areas of adult rehabilitative mental health services.

536.23 Sec. 67. Minnesota Statutes 2020, section 256B.0623, subdivision 3, is amended to read:

536.24 Subd. 3. **Eligibility.** An eligible recipient is an individual who:

536.25 (1) is age 18 or older;

536.26 (2) is diagnosed with a medical condition, such as mental illness or traumatic brain
 536.27 injury, for which adult rehabilitative mental health services are needed;

536.28 (3) has substantial disability and functional impairment in three or more of the areas
 536.29 listed in section ~~245.462, subdivision 11a~~ 245I.10, subdivision 9, clause (4), so that
 536.30 self-sufficiency is markedly reduced; and

536.31 (4) has had a recent standard diagnostic assessment ~~or an adult diagnostic assessment~~
 536.32 ~~update~~ by a qualified professional that documents adult rehabilitative mental health services

537.1 are medically necessary to address identified disability and functional impairments and
 537.2 individual recipient goals.

537.3 Sec. 68. Minnesota Statutes 2020, section 256B.0623, subdivision 4, is amended to read:

537.4 Subd. 4. **Provider entity standards.** (a) The provider entity must be certified by the
 537.5 state following the certification process and procedures developed by the commissioner.

537.6 (b) The certification process is a determination as to whether the entity meets the standards
 537.7 in this ~~subdivision~~ section and chapter 245I, as required in section 245I.011, subdivision 5.
 537.8 The certification must specify which adult rehabilitative mental health services the entity
 537.9 is qualified to provide.

537.10 (c) A noncounty provider entity must obtain additional certification from each county
 537.11 in which it will provide services. The additional certification must be based on the adequacy
 537.12 of the entity's knowledge of that county's local health and human service system, and the
 537.13 ability of the entity to coordinate its services with the other services available in that county.
 537.14 A county-operated entity must obtain this additional certification from any other county in
 537.15 which it will provide services.

537.16 (d) State-level recertification must occur at least every three years.

537.17 (e) The commissioner may intervene at any time and decertify providers with cause.
 537.18 The decertification is subject to appeal to the state. A county board may recommend that
 537.19 the state decertify a provider for cause.

537.20 (f) The adult rehabilitative mental health services provider entity must meet the following
 537.21 standards:

537.22 (1) have capacity to recruit, hire, manage, and train ~~mental health professionals, mental~~
 537.23 ~~health practitioners, and mental health rehabilitation workers~~ qualified staff;

537.24 (2) have adequate administrative ability to ensure availability of services;

537.25 ~~(3) ensure adequate preservice and inservice and ongoing training for staff;~~

537.26 ~~(4)~~ (3) ensure that ~~mental health professionals, mental health practitioners, and mental~~
 537.27 ~~health rehabilitation workers~~ staff are skilled in the delivery of the specific adult rehabilitative
 537.28 mental health services provided to the individual eligible recipient;

537.29 ~~(5) ensure that staff is capable of implementing culturally specific services that are~~
 537.30 ~~culturally competent and appropriate as determined by the recipient's culture, beliefs, values,~~
 537.31 ~~and language as identified in the individual treatment plan;~~

538.1 ~~(6)~~ (4) ensure enough flexibility in service delivery to respond to the changing and
 538.2 intermittent care needs of a recipient as identified by the recipient and the individual treatment
 538.3 plan;

538.4 ~~(7) ensure that the mental health professional or mental health practitioner, who is under~~
 538.5 ~~the clinical supervision of a mental health professional, involved in a recipient's services~~
 538.6 ~~participates in the development of the individual treatment plan;~~

538.7 ~~(8)~~ (5) assist the recipient in arranging needed crisis assessment, intervention, and
 538.8 stabilization services;

538.9 ~~(9)~~ (6) ensure that services are coordinated with other recipient mental health services
 538.10 providers and the county mental health authority and the federally recognized American
 538.11 Indian authority and necessary others after obtaining the consent of the recipient. Services
 538.12 must also be coordinated with the recipient's case manager or care coordinator if the recipient
 538.13 is receiving case management or care coordination services;

538.14 ~~(10) develop and maintain recipient files, individual treatment plans, and contact charting;~~

538.15 ~~(11) develop and maintain staff training and personnel files;~~

538.16 ~~(12) submit information as required by the state;~~

538.17 ~~(13) establish and maintain a quality assurance plan to evaluate the outcome of services~~
 538.18 ~~provided;~~

538.19 ~~(14)~~ (7) keep all necessary records required by law;

538.20 ~~(15)~~ (8) deliver services as required by section 245.461;

538.21 ~~(16) comply with all applicable laws;~~

538.22 ~~(17)~~ (9) be an enrolled Medicaid provider; and

538.23 ~~(18)~~ (10) maintain a quality assurance plan to determine specific service outcomes and
 538.24 the recipient's satisfaction with services; and.

538.25 ~~(19) develop and maintain written policies and procedures regarding service provision~~
 538.26 ~~and administration of the provider entity.~~

538.27 Sec. 69. Minnesota Statutes 2020, section 256B.0623, subdivision 5, is amended to read:

538.28 Subd. 5. **Qualifications of provider staff.** (a) Adult rehabilitative mental health services
 538.29 must be provided by qualified individual provider staff of a certified provider entity.

538.30 Individual provider staff must be qualified under one of the following criteria as:

539.1 (1) a mental health professional as defined in section 245.462, subdivision 18, clauses
539.2 (1) to (6). If the recipient has a current diagnostic assessment by a licensed mental health
539.3 professional as defined in section 245.462, subdivision 18, clauses (1) to (6), recommending
539.4 receipt of adult mental health rehabilitative services, the definition of mental health
539.5 professional for purposes of this section includes a person who is qualified under section
539.6 245.462, subdivision 18, clause (7), and who holds a current and valid national certification
539.7 as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner
539.8 who is qualified according to section 245I.04, subdivision 2;

539.9 (2) a certified rehabilitation specialist who is qualified according to section 245I.04,
539.10 subdivision 8;

539.11 (3) a clinical trainee who is qualified according to section 245I.04, subdivision 6;

539.12 (4) a mental health practitioner as defined in section 245.462, subdivision 17. The mental
539.13 health practitioner must work under the clinical supervision of a mental health professional
539.14 qualified according to section 245I.04, subdivision 4;

539.15 ~~(3)~~ (5) a mental health certified peer specialist under section 256B.0615. The certified
539.16 peer specialist must work under the clinical supervision of a mental health professional who
539.17 is qualified according to section 245I.04, subdivision 10; or

539.18 ~~(4)~~ (6) a mental health rehabilitation worker who is qualified according to section 245I.04,
539.19 subdivision 14. A mental health rehabilitation worker means a staff person working under
539.20 the direction of a mental health practitioner or mental health professional and under the
539.21 clinical supervision of a mental health professional in the implementation of rehabilitative
539.22 mental health services as identified in the recipient's individual treatment plan who:

539.23 (i) is at least 21 years of age;

539.24 (ii) has a high school diploma or equivalent;

539.25 (iii) ~~has successfully completed 30 hours of training during the two years immediately~~
539.26 ~~prior to the date of hire, or before provision of direct services, in all of the following areas:~~
539.27 ~~recovery from mental illness, mental health de-escalation techniques, recipient rights,~~
539.28 ~~recipient-centered individual treatment planning, behavioral terminology, mental illness,~~
539.29 ~~co-occurring mental illness and substance abuse, psychotropic medications and side effects,~~
539.30 ~~functional assessment, local community resources, adult vulnerability, recipient~~
539.31 ~~confidentiality; and~~

539.32 (iv) ~~meets the qualifications in paragraph (b).~~

540.1 ~~(b) In addition to the requirements in paragraph (a), a mental health rehabilitation worker~~
540.2 ~~must also meet the qualifications in clause (1), (2), or (3):~~

540.3 ~~(1) has an associates of arts degree, two years of full-time postsecondary education, or~~
540.4 ~~a total of 15 semester hours or 23 quarter hours in behavioral sciences or related fields; is~~
540.5 ~~a registered nurse; or within the previous ten years has:~~

540.6 ~~(i) three years of personal life experience with serious mental illness;~~

540.7 ~~(ii) three years of life experience as a primary caregiver to an adult with a serious mental~~
540.8 ~~illness, traumatic brain injury, substance use disorder, or developmental disability; or~~

540.9 ~~(iii) 2,000 hours of supervised work experience in the delivery of mental health services~~
540.10 ~~to adults with a serious mental illness, traumatic brain injury, substance use disorder, or~~
540.11 ~~developmental disability;~~

540.12 ~~(2)(i) is fluent in the non-English language or competent in the culture of the ethnic~~
540.13 ~~group to which at least 20 percent of the mental health rehabilitation worker's clients belong;~~

540.14 ~~(ii) receives during the first 2,000 hours of work, monthly documented individual clinical~~
540.15 ~~supervision by a mental health professional;~~

540.16 ~~(iii) has 18 hours of documented field supervision by a mental health professional or~~
540.17 ~~mental health practitioner during the first 160 hours of contact work with recipients, and at~~
540.18 ~~least six hours of field supervision quarterly during the following year;~~

540.19 ~~(iv) has review and cosignature of charting of recipient contacts during field supervision~~
540.20 ~~by a mental health professional or mental health practitioner; and~~

540.21 ~~(v) has 15 hours of additional continuing education on mental health topics during the~~
540.22 ~~first year of employment and 15 hours during every additional year of employment; or~~

540.23 ~~(3) for providers of crisis residential services, intensive residential treatment services,~~
540.24 ~~partial hospitalization, and day treatment services:~~

540.25 ~~(i) satisfies clause (2), items (ii) to (iv); and~~

540.26 ~~(ii) has 40 hours of additional continuing education on mental health topics during the~~
540.27 ~~first year of employment.~~

540.28 ~~(c) A mental health rehabilitation worker who solely acts and is scheduled as overnight~~
540.29 ~~staff is not required to comply with paragraph (a), clause (4), item (iv).~~

540.30 ~~(d) For purposes of this subdivision, "behavioral sciences or related fields" means an~~
540.31 ~~education from an accredited college or university and includes but is not limited to social~~

541.1 ~~work, psychology, sociology, community counseling, family social science, child~~
 541.2 ~~development, child psychology, community mental health, addiction counseling, counseling~~
 541.3 ~~and guidance, special education, and other fields as approved by the commissioner.~~

541.4 Sec. 70. Minnesota Statutes 2020, section 256B.0623, subdivision 6, is amended to read:

541.5 Subd. 6. **Required training and supervision.** ~~(a) Mental health rehabilitation workers~~
 541.6 ~~must receive ongoing continuing education training of at least 30 hours every two years in~~
 541.7 ~~areas of mental illness and mental health services and other areas specific to the population~~
 541.8 ~~being served. Mental health rehabilitation workers must also be subject to the ongoing~~
 541.9 ~~direction and clinical supervision standards in paragraphs (c) and (d).~~

541.10 ~~(b) Mental health practitioners must receive ongoing continuing education training as~~
 541.11 ~~required by their professional license; or if the practitioner is not licensed, the practitioner~~
 541.12 ~~must receive ongoing continuing education training of at least 30 hours every two years in~~
 541.13 ~~areas of mental illness and mental health services. Mental health practitioners must meet~~
 541.14 ~~the ongoing clinical supervision standards in paragraph (c).~~

541.15 ~~(c) Clinical supervision may be provided by a full- or part-time qualified professional~~
 541.16 ~~employed by or under contract with the provider entity. Clinical supervision may be provided~~
 541.17 ~~by interactive videoconferencing according to procedures developed by the commissioner.~~
 541.18 ~~A mental health professional providing clinical supervision of staff delivering adult~~
 541.19 ~~rehabilitative mental health services must provide the following guidance:~~

541.20 ~~(1) review the information in the recipient's file;~~

541.21 ~~(2) review and approve initial and updates of individual treatment plans;~~

541.22 ~~(a) A treatment supervisor providing treatment supervision required by section 245I.06~~
 541.23 ~~must:~~

541.24 ~~(3) (1) meet with mental health rehabilitation workers and practitioners, individually or~~
 541.25 ~~in small groups, staff receiving treatment supervision at least monthly to discuss treatment~~
 541.26 ~~topics of interest to the workers and practitioners;~~

541.27 ~~(4) meet with mental health rehabilitation workers and practitioners, individually or in~~
 541.28 ~~small groups, at least monthly to discuss and treatment plans of recipients, and approve by~~
 541.29 ~~signature and document in the recipient's file any resulting plan updates; and~~

541.30 ~~(5) (2) meet at least monthly with the directing clinical trainee or mental health~~
 541.31 ~~practitioner, if there is one, to review needs of the adult rehabilitative mental health services~~
 541.32 ~~program, review staff on-site observations and evaluate mental health rehabilitation workers,~~

542.1 plan staff training, review program evaluation and development, and consult with the
 542.2 directing clinical trainee or mental health practitioner; ~~and~~.

542.3 ~~(6) be available for urgent consultation as the individual recipient needs or the situation~~
 542.4 ~~necessitates.~~

542.5 ~~(d)~~ (b) An adult rehabilitative mental health services provider entity must have a treatment
 542.6 director who is a ~~mental health practitioner or mental health professional~~ clinical trainee,
 542.7 certified rehabilitation specialist, or mental health practitioner. The treatment director must
 542.8 ensure the following:

542.9 ~~(1) while delivering direct services to recipients, a newly hired mental health rehabilitation~~
 542.10 ~~worker must be directly observed delivering services to recipients by a mental health~~
 542.11 ~~practitioner or mental health professional for at least six hours per 40 hours worked during~~
 542.12 ~~the first 160 hours that the mental health rehabilitation worker works~~ ensure the direct
 542.13 observation of mental health rehabilitation workers required by section 245I.06, subdivision
 542.14 3, is provided;

542.15 ~~(2) the mental health rehabilitation worker must receive ongoing on-site direct service~~
 542.16 ~~observation by a mental health professional or mental health practitioner for at least six~~
 542.17 ~~hours for every six months of employment;~~

542.18 ~~(3) progress notes are reviewed from on-site service observation prepared by the mental~~
 542.19 ~~health rehabilitation worker and mental health practitioner for accuracy and consistency~~
 542.20 ~~with actual recipient contact and the individual treatment plan and goals;~~

542.21 ~~(4)~~ (2) ensure immediate availability by phone or in person for consultation by a mental
 542.22 health professional, certified rehabilitation specialist, clinical trainee, or a mental health
 542.23 practitioner to the mental health rehabilitation services worker during service provision;

542.24 ~~(5) oversee the identification of changes in individual recipient treatment strategies,~~
 542.25 ~~revise the plan, and communicate treatment instructions and methodologies as appropriate~~
 542.26 ~~to ensure that treatment is implemented correctly;~~

542.27 ~~(6)~~ (3) model service practices which: respect the recipient, include the recipient in
 542.28 planning and implementation of the individual treatment plan, recognize the recipient's
 542.29 strengths, collaborate and coordinate with other involved parties and providers;

542.30 ~~(7)~~ (4) ensure that clinical trainees, mental health practitioners, and mental health
 542.31 rehabilitation workers are able to effectively communicate with the recipients, significant
 542.32 others, and providers; and

543.1 ~~(8)~~ (5) oversee the record of the results of ~~on-site~~ direct observation ~~and charting, progress~~
 543.2 note evaluation, and corrective actions taken to modify the work of the clinical trainees,
 543.3 mental health practitioners, and mental health rehabilitation workers.

543.4 ~~(e)~~ (c) A clinical trainee or mental health practitioner who is providing treatment direction
 543.5 for a provider entity must receive treatment supervision at least monthly ~~from a mental~~
 543.6 ~~health professional~~ to:

- 543.7 (1) identify and plan for general needs of the recipient population served;
- 543.8 (2) identify and plan to address provider entity program needs and effectiveness;
- 543.9 (3) identify and plan provider entity staff training and personnel needs and issues; and
- 543.10 (4) plan, implement, and evaluate provider entity quality improvement programs.

543.11 Sec. 71. Minnesota Statutes 2020, section 256B.0623, subdivision 9, is amended to read:

543.12 Subd. 9. **Functional assessment.** (a) Providers of adult rehabilitative mental health
 543.13 services must complete a written functional assessment ~~as defined in section 245.462,~~
 543.14 ~~subdivision 11a~~ according to section 245I.10, subdivision 9, for each recipient. ~~The functional~~
 543.15 ~~assessment must be completed within 30 days of intake, and reviewed and updated at least~~
 543.16 ~~every six months after it is developed, unless there is a significant change in the functioning~~
 543.17 ~~of the recipient. If there is a significant change in functioning, the assessment must be~~
 543.18 ~~updated. A single functional assessment can meet case management and adult rehabilitative~~
 543.19 ~~mental health services requirements if agreed to by the recipient. Unless the recipient refuses,~~
 543.20 ~~the recipient must have significant participation in the development of the functional~~
 543.21 ~~assessment.~~

543.22 (b) When a provider of adult rehabilitative mental health services completes a written
 543.23 functional assessment, the provider must also complete a level of care assessment as defined
 543.24 in section 245I.02, subdivision 19, for the recipient.

543.25 Sec. 72. Minnesota Statutes 2020, section 256B.0623, subdivision 12, is amended to read:

543.26 Subd. 12. **Additional requirements.** (a) Providers of adult rehabilitative mental health
 543.27 services must comply with the requirements relating to referrals for case management in
 543.28 section 245.467, subdivision 4.

543.29 (b) Adult rehabilitative mental health services are provided for most recipients in the
 543.30 recipient's home and community. Services may also be provided at the home of a relative
 543.31 or significant other, job site, psychosocial clubhouse, drop-in center, social setting, classroom,

544.1 or other places in the community. Except for "transition to community services," the place
544.2 of service does not include a regional treatment center, nursing home, residential treatment
544.3 facility licensed under Minnesota Rules, parts 9520.0500 to 9520.0670 (Rule 36), or section
544.4 245I.23, or an acute care hospital.

544.5 (c) Adult rehabilitative mental health services may be provided in group settings if
544.6 appropriate to each participating recipient's needs and individual treatment plan. A group
544.7 is defined as two to ten clients, at least one of whom is a recipient, who is concurrently
544.8 receiving a service which is identified in this section. The service and group must be specified
544.9 in the recipient's individual treatment plan. No more than two qualified staff may bill
544.10 Medicaid for services provided to the same group of recipients. If two adult rehabilitative
544.11 mental health workers bill for recipients in the same group session, they must each bill for
544.12 different recipients.

544.13 (d) Adult rehabilitative mental health services are appropriate if provided to enable a
544.14 recipient to retain stability and functioning, when the recipient is at risk of significant
544.15 functional decompensation or requiring more restrictive service settings without these
544.16 services.

544.17 (e) Adult rehabilitative mental health services instruct, assist, and support the recipient
544.18 in areas including: interpersonal communication skills, community resource utilization and
544.19 integration skills, crisis planning, relapse prevention skills, health care directives, budgeting
544.20 and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,
544.21 transportation skills, medication education and monitoring, mental illness symptom
544.22 management skills, household management skills, employment-related skills, parenting
544.23 skills, and transition to community living services.

544.24 (f) Community intervention, including consultation with relatives, guardians, friends,
544.25 employers, treatment providers, and other significant individuals, is appropriate when
544.26 directed exclusively to the treatment of the client.

544.27 Sec. 73. Minnesota Statutes 2020, section 256B.0625, subdivision 3b, is amended to read:

544.28 Subd. 3b. **Telemedicine services.** (a) Medical assistance covers medically necessary
544.29 services and consultations delivered by a licensed health care provider via telemedicine in
544.30 the same manner as if the service or consultation was delivered in person. Coverage is
544.31 limited to three telemedicine services per enrollee per calendar week, except as provided
544.32 in paragraph (f). Telemedicine services shall be paid at the full allowable rate.

545.1 (b) The commissioner shall establish criteria that a health care provider must attest to
545.2 in order to demonstrate the safety or efficacy of delivering a particular service via
545.3 telemedicine. The attestation may include that the health care provider:

545.4 (1) has identified the categories or types of services the health care provider will provide
545.5 via telemedicine;

545.6 (2) has written policies and procedures specific to telemedicine services that are regularly
545.7 reviewed and updated;

545.8 (3) has policies and procedures that adequately address patient safety before, during,
545.9 and after the telemedicine service is rendered;

545.10 (4) has established protocols addressing how and when to discontinue telemedicine
545.11 services; and

545.12 (5) has an established quality assurance process related to telemedicine services.

545.13 (c) As a condition of payment, a licensed health care provider must document each
545.14 occurrence of a health service provided by telemedicine to a medical assistance enrollee.
545.15 Health care service records for services provided by telemedicine must meet the requirements
545.16 set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must document:

545.17 (1) the type of service provided by telemedicine;

545.18 (2) the time the service began and the time the service ended, including an a.m. and p.m.
545.19 designation;

545.20 (3) the licensed health care provider's basis for determining that telemedicine is an
545.21 appropriate and effective means for delivering the service to the enrollee;

545.22 (4) the mode of transmission of the telemedicine service and records evidencing that a
545.23 particular mode of transmission was utilized;

545.24 (5) the location of the originating site and the distant site;

545.25 (6) if the claim for payment is based on a physician's telemedicine consultation with
545.26 another physician, the written opinion from the consulting physician providing the
545.27 telemedicine consultation; and

545.28 (7) compliance with the criteria attested to by the health care provider in accordance
545.29 with paragraph (b).

545.30 (d) For purposes of this subdivision, unless otherwise covered under this chapter,
545.31 "telemedicine" is defined as the delivery of health care services or consultations while the

546.1 patient is at an originating site and the licensed health care provider is at a distant site. A
 546.2 communication between licensed health care providers, or a licensed health care provider
 546.3 and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission
 546.4 does not constitute telemedicine consultations or services. Telemedicine may be provided
 546.5 by means of real-time two-way, interactive audio and visual communications, including the
 546.6 application of secure video conferencing or store-and-forward technology to provide or
 546.7 support health care delivery, which facilitate the assessment, diagnosis, consultation,
 546.8 treatment, education, and care management of a patient's health care.

546.9 (e) For purposes of this section, "licensed health care provider" means a licensed health
 546.10 care provider under section 62A.671, subdivision 6, a community paramedic as defined
 546.11 under section 144E.001, subdivision 5f, or a clinical trainee who is qualified according to
 546.12 section 245I.04, subdivision 6, a mental health practitioner defined under section 245.462,
 546.13 subdivision 17, or 245.4871, subdivision 26, working under the general supervision of a
 546.14 mental health professional qualified according to section 245I.04, subdivision 4, and a
 546.15 community health worker who meets the criteria under subdivision 49, paragraph (a); "health
 546.16 care provider" is defined under section 62A.671, subdivision 3; and "originating site" is
 546.17 defined under section 62A.671, subdivision 7.

546.18 (f) The limit on coverage of three telemedicine services per enrollee per calendar week
 546.19 does not apply if:

546.20 (1) the telemedicine services provided by the licensed health care provider are for the
 546.21 treatment and control of tuberculosis; and

546.22 (2) the services are provided in a manner consistent with the recommendations and best
 546.23 practices specified by the Centers for Disease Control and Prevention and the commissioner
 546.24 of health.

546.25 Sec. 74. Minnesota Statutes 2020, section 256B.0625, subdivision 5, is amended to read:

546.26 Subd. 5. **Community mental health center services.** Medical assistance covers
 546.27 community mental health center services provided by a community mental health center
 546.28 that meets the requirements in paragraphs (a) to (j).

546.29 (a) The provider is ~~licensed under Minnesota Rules, parts 9520.0750 to 9520.0870~~
 546.30 certified as a mental health clinic under section 245I.20.

546.31 (b) ~~The provider provides mental health services under the clinical supervision of a~~
 546.32 ~~mental health professional who is licensed for independent practice at the doctoral level or~~
 546.33 ~~by a board-certified psychiatrist or a psychiatrist who is eligible for board certification.~~

- 547.1 ~~Clinical supervision has the meaning given in Minnesota Rules, part 9505.0370, subpart 6.~~
547.2 In addition to the policies and procedures required by section 245I.03, the provider must
547.3 establish, enforce, and maintain policies and procedures for the oversight of clinical services
547.4 by a doctoral level psychologist or a board-certified or board-eligible psychiatrist. These
547.5 policies and procedures must be developed with the involvement of a doctoral level
547.6 psychologist and a board-certified or board-eligible psychiatrist. These policies and
547.7 procedures must include:
- 547.8 (1) requirements for when to seek clinical consultation with a doctoral level psychologist
547.9 or a board-certified or board-eligible psychiatrist;
- 547.10 (2) requirements for the involvement of a doctoral level psychologist or a board-certified
547.11 or board-eligible psychiatrist in the direction of clinical services; and
- 547.12 (3) involvement of a doctoral level psychologist or a board-certified or board-eligible
547.13 psychiatrist in quality improvement initiatives and review as part of a multidisciplinary care
547.14 team.
- 547.15 (c) The provider must be a private nonprofit corporation or a governmental agency and
547.16 have a community board of directors as specified by section 245.66.
- 547.17 (d) The provider must have a sliding fee scale that meets the requirements in section
547.18 245.481, and agree to serve within the limits of its capacity all individuals residing in its
547.19 service delivery area.
- 547.20 (e) At a minimum, the provider must provide the following outpatient mental health
547.21 services: a diagnostic assessment; explanation of findings; family, group, and individual
547.22 psychotherapy, including crisis intervention psychotherapy services, ~~multiple family group~~
547.23 psychotherapy, psychological testing, and medication management. In addition, the provider
547.24 must provide or be capable of providing upon request of the local mental health authority
547.25 day treatment services, ~~multiple family group psychotherapy,~~ and professional home-based
547.26 mental health services. The provider must have the capacity to provide such services to
547.27 specialized populations such as the elderly, families with children, persons who are seriously
547.28 and persistently mentally ill, and children who are seriously emotionally disturbed.
- 547.29 (f) The provider must be capable of providing the services specified in paragraph (e) to
547.30 individuals who are ~~diagnosed with both~~ dually diagnosed with mental illness or emotional
547.31 disturbance, and ~~chemical dependency~~ substance use disorder, and to individuals who are
547.32 dually diagnosed with a mental illness or emotional disturbance and developmental disability.

548.1 (g) The provider must provide 24-hour emergency care services or demonstrate the
548.2 capacity to assist recipients in need of such services to access such services on a 24-hour
548.3 basis.

548.4 (h) The provider must have a contract with the local mental health authority to provide
548.5 one or more of the services specified in paragraph (e).

548.6 (i) The provider must agree, upon request of the local mental health authority, to enter
548.7 into a contract with the county to provide mental health services not reimbursable under
548.8 the medical assistance program.

548.9 (j) The provider may not be enrolled with the medical assistance program as both a
548.10 hospital and a community mental health center. The community mental health center's
548.11 administrative, organizational, and financial structure must be separate and distinct from
548.12 that of the hospital.

548.13 (k) The commissioner may require the provider to annually attest, on forms that the
548.14 commissioner provides, to meeting the requirements in this subdivision.

548.15 **EFFECTIVE DATE.** Paragraphs (e), (f), and (k) are effective the day following final
548.16 enactment.

548.17 Sec. 75. Minnesota Statutes 2020, section 256B.0625, subdivision 19c, is amended to
548.18 read:

548.19 Subd. 19c. **Personal care.** Medical assistance covers personal care assistance services
548.20 provided by an individual who is qualified to provide the services according to subdivision
548.21 19a and sections 256B.0651 to 256B.0654, provided in accordance with a plan, and
548.22 supervised by a qualified professional.

548.23 "Qualified professional" means a mental health professional ~~as defined in section 245.462,~~
548.24 ~~subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6);~~ a registered
548.25 nurse as defined in sections 148.171 to 148.285, a licensed social worker as defined in
548.26 sections 148E.010 and 148E.055, or a qualified designated coordinator under section
548.27 245D.081, subdivision 2. The qualified professional shall perform the duties required in
548.28 section 256B.0659.

548.29 Sec. 76. Minnesota Statutes 2020, section 256B.0625, subdivision 28a, is amended to
548.30 read:

548.31 Subd. 28a. **Licensed physician assistant services.** (a) Medical assistance covers services
548.32 performed by a licensed physician assistant if the service is otherwise covered under this

549.1 chapter as a physician service and if the service is within the scope of practice of a licensed
549.2 physician assistant as defined in section 147A.09.

549.3 (b) Licensed physician assistants, who are supervised by a physician certified by the
549.4 American Board of Psychiatry and Neurology or eligible for board certification in psychiatry,
549.5 may bill for medication management and evaluation and management services provided to
549.6 medical assistance enrollees in inpatient hospital settings, and in outpatient settings after
549.7 the licensed physician assistant completes 2,000 hours of clinical experience in the evaluation
549.8 and treatment of mental health, consistent with their authorized scope of practice, as defined
549.9 in section 147A.09, with the exception of performing psychotherapy or diagnostic
549.10 assessments or providing ~~clinical~~ treatment supervision.

549.11 Sec. 77. Minnesota Statutes 2020, section 256B.0625, subdivision 42, is amended to read:

549.12 Subd. 42. **Mental health professional.** Notwithstanding Minnesota Rules, part
549.13 9505.0175, subpart 28, the definition of a mental health professional ~~shall include a person~~
549.14 ~~who is qualified as specified in~~ according to section 245.462, subdivision 18, clauses (1) to
549.15 ~~(6); or 245.4871, subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2, for the purpose
549.16 of this section and Minnesota Rules, parts 9505.0170 to 9505.0475.

549.17 Sec. 78. Minnesota Statutes 2020, section 256B.0625, subdivision 48, is amended to read:

549.18 Subd. 48. **Psychiatric consultation to primary care practitioners.** Medical assistance
549.19 covers consultation provided by a ~~psychiatrist, a psychologist, an advanced practice registered~~
549.20 ~~nurse certified in psychiatric mental health, a licensed independent clinical social worker,~~
549.21 ~~as defined in section 245.462, subdivision 18, clause (2), or a licensed marriage and family~~
549.22 ~~therapist, as defined in section 245.462, subdivision 18, clause (5)~~ mental health professional
549.23 qualified according to section 245I.04, subdivision 2, except a licensed professional clinical
549.24 counselor licensed under section 148B.5301, via telephone, e-mail, facsimile, or other means
549.25 of communication to primary care practitioners, including pediatricians. The need for
549.26 consultation and the receipt of the consultation must be documented in the patient record
549.27 maintained by the primary care practitioner. If the patient consents, and subject to federal
549.28 limitations and data privacy provisions, the consultation may be provided without the patient
549.29 present.

550.1 Sec. 79. Minnesota Statutes 2020, section 256B.0625, subdivision 49, is amended to read:

550.2 Subd. 49. **Community health worker.** (a) Medical assistance covers the care
550.3 coordination and patient education services provided by a community health worker if the
550.4 community health worker has:

550.5 ~~(1) received a certificate from the Minnesota State Colleges and Universities System~~
550.6 ~~approved community health worker curriculum; or~~

550.7 ~~(2) at least five years of supervised experience with an enrolled physician, registered~~
550.8 ~~nurse, advanced practice registered nurse, mental health professional as defined in section~~
550.9 ~~245.462, subdivision 18, clauses (1) to (6), and section 245.4871, subdivision 27, clauses~~
550.10 ~~(1) to (5), or dentist, or at least five years of supervised experience by a certified public~~
550.11 ~~health nurse operating under the direct authority of an enrolled unit of government.~~

550.12 ~~Community health workers eligible for payment under clause (2) must complete the~~
550.13 ~~certification program by January 1, 2010, to continue to be eligible for payment.~~

550.14 (b) Community health workers must work under the supervision of a medical assistance
550.15 enrolled physician, registered nurse, advanced practice registered nurse, mental health
550.16 professional as defined in section 245.462, subdivision 18, clauses (1) to (6), and section
550.17 245.4871, subdivision 27, clauses (1) to (5), or dentist, or work under the supervision of a
550.18 certified public health nurse operating under the direct authority of an enrolled unit of
550.19 government.

550.20 (c) Care coordination and patient education services covered under this subdivision
550.21 include, but are not limited to, services relating to oral health and dental care.

550.22 Sec. 80. Minnesota Statutes 2020, section 256B.0625, subdivision 56a, is amended to
550.23 read:

550.24 Subd. 56a. **Officer-involved community-based care coordination.** (a) Medical
550.25 assistance covers officer-involved community-based care coordination for an individual
550.26 who:

550.27 (1) has screened positive for benefiting from treatment for a mental illness or substance
550.28 use disorder using a tool approved by the commissioner;

550.29 (2) does not require the security of a public detention facility and is not considered an
550.30 inmate of a public institution as defined in Code of Federal Regulations, title 42, section
550.31 435.1010;

550.32 (3) meets the eligibility requirements in section 256B.056; and

551.1 (4) has agreed to participate in officer-involved community-based care coordination.

551.2 (b) Officer-involved community-based care coordination means navigating services to
551.3 address a client's mental health, chemical health, social, economic, and housing needs, or
551.4 any other activity targeted at reducing the incidence of jail utilization and connecting
551.5 individuals with existing covered services available to them, including, but not limited to,
551.6 targeted case management, waiver case management, or care coordination.

551.7 (c) Officer-involved community-based care coordination must be provided by an
551.8 individual who is an employee of or is under contract with a county, or is an employee of
551.9 or under contract with an Indian health service facility or facility owned and operated by a
551.10 tribe or a tribal organization operating under Public Law 93-638 as a 638 facility to provide
551.11 officer-involved community-based care coordination and is qualified under one of the
551.12 following criteria:

551.13 (1) ~~a licensed mental health professional as defined in section 245.462, subdivision 18,~~
551.14 ~~clauses (1) to (6);~~

551.15 (2) a clinical trainee qualified according to section 245I.04, subdivision 6, working under
551.16 the treatment supervision of a mental health professional according to section 245I.06;

551.17 (3) a mental health practitioner as defined in section 245.462, subdivision 17 qualified
551.18 according to section 245I.04, subdivision 4, working under the clinical treatment supervision
551.19 of a mental health professional according to section 245I.06;

551.20 (3) (4) a mental health certified peer specialist under section 256B.0615 qualified
551.21 according to section 245I.04, subdivision 10, working under the clinical treatment supervision
551.22 of a mental health professional according to section 245I.06;

551.23 (4) an individual qualified as an alcohol and drug counselor under section 245G.11,
551.24 subdivision 5; or

551.25 (5) a recovery peer qualified under section 245G.11, subdivision 8, working under the
551.26 supervision of an individual qualified as an alcohol and drug counselor under section
551.27 245G.11, subdivision 5.

551.28 (d) Reimbursement is allowed for up to 60 days following the initial determination of
551.29 eligibility.

551.30 (e) Providers of officer-involved community-based care coordination shall annually
551.31 report to the commissioner on the number of individuals served, and number of the
551.32 community-based services that were accessed by recipients. The commissioner shall ensure
551.33 that services and payments provided under officer-involved community-based care

552.1 coordination do not duplicate services or payments provided under section 256B.0625,
 552.2 subdivision 20, 256B.0753, 256B.0755, or 256B.0757.

552.3 (f) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of cost for
 552.4 officer-involved community-based care coordination services shall be provided by the
 552.5 county providing the services, from sources other than federal funds or funds used to match
 552.6 other federal funds.

552.7 Sec. 81. Minnesota Statutes 2020, section 256B.0757, subdivision 4c, is amended to read:

552.8 Subd. 4c. **Behavioral health home services staff qualifications.** (a) A behavioral health
 552.9 home services provider must maintain staff with required professional qualifications
 552.10 appropriate to the setting.

552.11 (b) If behavioral health home services are offered in a mental health setting, the
 552.12 integration specialist must be a registered nurse licensed under the Minnesota Nurse Practice
 552.13 Act, sections 148.171 to 148.285.

552.14 (c) If behavioral health home services are offered in a primary care setting, the integration
 552.15 specialist must be a mental health professional ~~as defined in~~ who is qualified according to
 552.16 ~~section 245.462, subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1)~~
 552.17 ~~to (6)~~ 245I.04, subdivision 2.

552.18 (d) If behavioral health home services are offered in either a primary care setting or
 552.19 mental health setting, the systems navigator must be a mental health practitioner ~~as defined~~
 552.20 ~~in~~ who is qualified according to section 245.462, subdivision 17 245I.04, subdivision 4, or
 552.21 a community health worker as defined in section 256B.0625, subdivision 49.

552.22 (e) If behavioral health home services are offered in either a primary care setting or
 552.23 mental health setting, the qualified health home specialist must be one of the following:

552.24 (1) a mental health certified peer support specialist as defined in who is qualified
 552.25 according to section 256B.0615 245I.04, subdivision 10;

552.26 (2) a mental health certified family peer support specialist as defined in who is qualified
 552.27 according to section 256B.0616 245I.04, subdivision 12;

552.28 (3) a case management associate as defined in section 245.462, subdivision 4, paragraph
 552.29 (g), or 245.4871, subdivision 4, paragraph (j);

552.30 (4) a mental health rehabilitation worker ~~as defined in~~ who is qualified according to
 552.31 ~~section 256B.0623, subdivision 5, clause (4)~~ 245I.04, subdivision 14;

552.32 (5) a community paramedic as defined in section 144E.28, subdivision 9;

- 553.1 (6) a peer recovery specialist as defined in section 245G.07, subdivision 1, clause (5);
553.2 or
553.3 (7) a community health worker as defined in section 256B.0625, subdivision 49.

553.4 Sec. 82. Minnesota Statutes 2020, section 256B.0941, subdivision 1, is amended to read:

553.5 Subdivision 1. **Eligibility.** (a) An individual who is eligible for mental health treatment
553.6 services in a psychiatric residential treatment facility must meet all of the following criteria:

553.7 (1) before admission, services are determined to be medically necessary according to
553.8 Code of Federal Regulations, title 42, section 441.152;

553.9 (2) is younger than 21 years of age at the time of admission. Services may continue until
553.10 the individual meets criteria for discharge or reaches 22 years of age, whichever occurs
553.11 first;

553.12 (3) has a mental health diagnosis as defined in the most recent edition of the Diagnostic
553.13 and Statistical Manual for Mental Disorders, as well as clinical evidence of severe aggression,
553.14 or a finding that the individual is a risk to self or others;

553.15 (4) has functional impairment and a history of difficulty in functioning safely and
553.16 successfully in the community, school, home, or job; an inability to adequately care for
553.17 one's physical needs; or caregivers, guardians, or family members are unable to safely fulfill
553.18 the individual's needs;

553.19 (5) requires psychiatric residential treatment under the direction of a physician to improve
553.20 the individual's condition or prevent further regression so that services will no longer be
553.21 needed;

553.22 (6) utilized and exhausted other community-based mental health services, or clinical
553.23 evidence indicates that such services cannot provide the level of care needed; and

553.24 (7) was referred for treatment in a psychiatric residential treatment facility by a ~~qualified~~
553.25 mental health professional ~~licensed as defined in~~ qualified according to section 245.4871,
553.26 ~~subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

553.27 (b) The commissioner shall provide oversight and review the use of referrals for clients
553.28 admitted to psychiatric residential treatment facilities to ensure that eligibility criteria,
553.29 clinical services, and treatment planning reflect clinical, state, and federal standards for
553.30 psychiatric residential treatment facility level of care. The commissioner shall coordinate
553.31 the production of a statewide list of children and youth who meet the medical necessity
553.32 criteria for psychiatric residential treatment facility level of care and who are awaiting

554.1 admission. The commissioner and any recipient of the list shall not use the statewide list to
 554.2 direct admission of children and youth to specific facilities.

554.3 Sec. 83. Minnesota Statutes 2020, section 256B.0943, subdivision 1, is amended to read:

554.4 Subdivision 1. **Definitions.** For purposes of this section, the following terms have the
 554.5 meanings given them.

554.6 (a) "Children's therapeutic services and supports" means the flexible package of mental
 554.7 health services for children who require varying therapeutic and rehabilitative levels of
 554.8 intervention to treat a diagnosed emotional disturbance, as defined in section 245.4871,
 554.9 subdivision 15, or a diagnosed mental illness, as defined in section 245.462, subdivision
 554.10 20. The services are time-limited interventions that are delivered using various treatment
 554.11 modalities and combinations of services designed to reach treatment outcomes identified
 554.12 in the individual treatment plan.

554.13 ~~(b) "Clinical supervision" means the overall responsibility of the mental health~~
 554.14 ~~professional for the control and direction of individualized treatment planning, service~~
 554.15 ~~delivery, and treatment review for each client. A mental health professional who is an~~
 554.16 ~~enrolled Minnesota health care program provider accepts full professional responsibility~~
 554.17 ~~for a supervisee's actions and decisions, instructs the supervisee in the supervisee's work,~~
 554.18 ~~and oversees or directs the supervisee's work.~~

554.19 ~~(e)~~ (b) "Clinical trainee" means a ~~mental health practitioner who meets the qualifications~~
 554.20 ~~specified in Minnesota Rules, part 9505.0371, subpart 5, item C~~ staff person who is qualified
 554.21 according to section 245I.04, subdivision 6.

554.22 ~~(d)~~ (c) "Crisis ~~assistance~~ planning" has the meaning given in section 245.4871, subdivision
 554.23 ~~9a. Crisis assistance entails the development of a written plan to assist a child's family to~~
 554.24 ~~contend with a potential crisis and is distinct from the immediate provision of crisis~~
 554.25 ~~intervention services.~~

554.26 ~~(e)~~ (d) "Culturally competent provider" means a provider who understands and can
 554.27 utilize to a client's benefit the client's culture when providing services to the client. A provider
 554.28 may be culturally competent because the provider is of the same cultural or ethnic group
 554.29 as the client or the provider has developed the knowledge and skills through training and
 554.30 experience to provide services to culturally diverse clients.

554.31 ~~(f)~~ (e) "Day treatment program" for children means a site-based structured mental health
 554.32 program consisting of psychotherapy for three or more individuals and individual or group

555.1 skills training provided by a ~~multidisciplinary~~ team, under the ~~clinical~~ treatment supervision
555.2 of a mental health professional.

555.3 ~~(g)~~ (f) "Standard diagnostic assessment" ~~has the meaning given in Minnesota Rules, part~~
555.4 ~~9505.0372, subpart 1~~ means the assessment described in 245I.10, subdivision 6.

555.5 ~~(h)~~ (g) "Direct service time" means the time that a mental health professional, clinical
555.6 trainee, mental health practitioner, or mental health behavioral aide spends face-to-face with
555.7 a client and the client's family or providing covered telemedicine services. Direct service
555.8 time includes time in which the provider obtains a client's history, develops a client's
555.9 treatment plan, records individual treatment outcomes, or provides service components of
555.10 children's therapeutic services and supports. Direct service time does not include time doing
555.11 work before and after providing direct services, including scheduling or maintaining clinical
555.12 records.

555.13 ~~(i)~~ (h) "Direction of mental health behavioral aide" means the activities of a mental
555.14 health professional, clinical trainee, or mental health practitioner in guiding the mental
555.15 health behavioral aide in providing services to a client. The direction of a mental health
555.16 behavioral aide must be based on the client's ~~individualized~~ individual treatment plan and
555.17 meet the requirements in subdivision 6, paragraph (b), clause (5).

555.18 ~~(j)~~ (i) "Emotional disturbance" has the meaning given in section 245.4871, subdivision
555.19 15.

555.20 ~~(k)~~ (j) "Individual behavioral plan" means a plan of intervention, treatment, and services
555.21 for a child written by a mental health professional or a clinical trainee or mental health
555.22 practitioner, under the ~~clinical~~ treatment supervision of a mental health professional, to
555.23 guide the work of the mental health behavioral aide. The individual behavioral plan may
555.24 be incorporated into the child's individual treatment plan so long as the behavioral plan is
555.25 separately communicable to the mental health behavioral aide.

555.26 ~~(l)~~ (k) "Individual treatment plan" ~~has the meaning given in Minnesota Rules, part~~
555.27 ~~9505.0371, subpart 7~~ means the plan described in section 245I.10, subdivisions 7 and 8.

555.28 ~~(m)~~ (l) "Mental health behavioral aide services" means medically necessary one-on-one
555.29 activities performed by a ~~trained paraprofessional qualified as provided in subdivision 7,~~
555.30 ~~paragraph (b), clause (3)~~ mental health behavioral aide qualified according to section 245I.04,
555.31 subdivision 16, to assist a child retain or generalize psychosocial skills as previously trained
555.32 by a mental health professional, clinical trainee, or mental health practitioner and as described
555.33 in the child's individual treatment plan and individual behavior plan. Activities involve

556.1 working directly with the child or child's family as provided in subdivision 9, paragraph
556.2 (b), clause (4).

556.3 (m) "Mental health certified family peer specialist" means a staff person who is qualified
556.4 according to section 245I.04, subdivision 12.

556.5 ~~(n) "Mental health practitioner" has the meaning given in section 245.462, subdivision~~
556.6 ~~17, except that a practitioner working in a day treatment setting may qualify as a mental~~
556.7 ~~health practitioner if the practitioner holds a bachelor's degree in one of the behavioral~~
556.8 ~~sciences or related fields from an accredited college or university, and: (1) has at least 2,000~~
556.9 ~~hours of clinically supervised experience in the delivery of mental health services to clients~~
556.10 ~~with mental illness; (2) is fluent in the language, other than English, of the cultural group~~
556.11 ~~that makes up at least 50 percent of the practitioner's clients, completes 40 hours of training~~
556.12 ~~on the delivery of services to clients with mental illness, and receives clinical supervision~~
556.13 ~~from a mental health professional at least once per week until meeting the required 2,000~~
556.14 ~~hours of supervised experience; or (3) receives 40 hours of training on the delivery of~~
556.15 ~~services to clients with mental illness within six months of employment, and clinical~~
556.16 ~~supervision from a mental health professional at least once per week until meeting the~~
556.17 ~~required 2,000 hours of supervised experience~~ means a staff person who is qualified according
556.18 to section 245I.04, subdivision 4.

556.19 ~~(o) "Mental health professional" means an individual as defined in Minnesota Rules,~~
556.20 ~~part 9505.0370, subpart 18~~ a staff person who is qualified according to section 245I.04,
556.21 subdivision 2.

556.22 (p) "Mental health service plan development" includes:

556.23 (1) the development, review, and revision of a child's individual treatment plan, as
556.24 ~~provided in Minnesota Rules, part 9505.0371, subpart 7,~~ including involvement of the client
556.25 or client's parents, primary caregiver, or other person authorized to consent to mental health
556.26 services for the client, and including arrangement of treatment and support activities specified
556.27 in the individual treatment plan; and

556.28 (2) administering and reporting the standardized outcome measurement instruments,
556.29 determined and updated by the commissioner measurements in section 245I.10, subdivision
556.30 6, paragraph (d), clauses (3) and (4), and other standardized outcome measurements approved
556.31 by the commissioner, as periodically needed to evaluate the effectiveness of treatment for
556.32 ~~children receiving clinical services and reporting outcome measures, as required by the~~
556.33 ~~commissioner.~~

557.1 (q) "Mental illness," for persons at least age 18 but under age 21, has the meaning given
557.2 in section 245.462, subdivision 20, paragraph (a).

557.3 (r) "Psychotherapy" means the treatment of mental or emotional disorders or
557.4 maladjustment by psychological means. Psychotherapy may be provided in many modalities
557.5 in accordance with Minnesota Rules, part 9505.0372, subpart 6, including patient and/or
557.6 family psychotherapy; family psychotherapy; psychotherapy for crisis; group psychotherapy;
557.7 or multiple family psychotherapy. Beginning with the American Medical Association's
557.8 Current Procedural Terminology, standard edition, 2014, the procedure "individual
557.9 psychotherapy" is replaced with "patient and/or family psychotherapy," a substantive change
557.10 that permits the therapist to work with the client's family without the client present to obtain
557.11 information about the client or to explain the client's treatment plan to the family.
557.12 Psychotherapy is appropriate for crisis response when a child has become dysregulated or
557.13 experienced new trauma since the diagnostic assessment was completed and needs
557.14 psychotherapy to address issues not currently included in the child's individual treatment
557.15 plan described in section 256B.0671, subdivision 11.

557.16 (s) "Rehabilitative services" or "psychiatric rehabilitation services" means ~~a series of~~
557.17 ~~multidisciplinary combination of psychiatric and psychosocial~~ interventions to: (1) restore
557.18 a child or adolescent to an age-appropriate developmental trajectory that had been disrupted
557.19 by a psychiatric illness; or (2) enable the child to self-monitor, compensate for, cope with,
557.20 counteract, or replace psychosocial skills deficits or maladaptive skills acquired over the
557.21 course of a psychiatric illness. Psychiatric rehabilitation services for children combine
557.22 coordinated psychotherapy to address internal psychological, emotional, and intellectual
557.23 processing deficits, and skills training to restore personal and social functioning. Psychiatric
557.24 rehabilitation services establish a progressive series of goals with each achievement building
557.25 upon a prior achievement. ~~Continuing progress toward goals is expected, and rehabilitative~~
557.26 ~~potential ceases when successive improvement is not observable over a period of time.~~

557.27 (t) "Skills training" means individual, family, or group training, delivered by or under
557.28 the supervision of a mental health professional, designed to facilitate the acquisition of
557.29 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate
557.30 developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child
557.31 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or
557.32 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject
557.33 to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

557.34 (u) "Treatment supervision" means the supervision described in section 245I.06.

558.1 Sec. 84. Minnesota Statutes 2020, section 256B.0943, subdivision 2, is amended to read:

558.2 Subd. 2. **Covered service components of children's therapeutic services and**
558.3 **supports.** (a) Subject to federal approval, medical assistance covers medically necessary
558.4 children's therapeutic services and supports ~~as defined in this section that~~ when the services
558.5 are provided by an eligible provider entity certified under subdivision 4 provides to a client
558.6 eligible under subdivision 3 and meeting the standards in this section. The provider entity
558.7 must make reasonable and good faith efforts to report individual client outcomes to the
558.8 commissioner, using instruments and protocols approved by the commissioner.

558.9 (b) The service components of children's therapeutic services and supports are:

558.10 (1) patient and/or family psychotherapy, family psychotherapy, psychotherapy for crisis,
558.11 and group psychotherapy;

558.12 (2) individual, family, or group skills training provided by a mental health professional,
558.13 clinical trainee, or mental health practitioner;

558.14 (3) ~~crisis assistance~~ planning;

558.15 (4) mental health behavioral aide services;

558.16 (5) direction of a mental health behavioral aide;

558.17 (6) mental health service plan development; and

558.18 (7) children's day treatment.

558.19 Sec. 85. Minnesota Statutes 2020, section 256B.0943, subdivision 3, is amended to read:

558.20 Subd. 3. **Determination of client eligibility.** (a) A client's eligibility to receive children's
558.21 therapeutic services and supports under this section shall be determined based on a standard
558.22 diagnostic assessment by a mental health professional or a ~~mental health practitioner who~~
558.23 ~~meets the requirements of a clinical trainee as defined in Minnesota Rules, part 9505.0371,~~
558.24 ~~subpart 5, item C,~~ clinical trainee that is performed within one year before the initial start
558.25 of service. The standard diagnostic assessment must ~~meet the requirements for a standard~~
558.26 ~~or extended diagnostic assessment as defined in Minnesota Rules, part 9505.0372, subpart~~
558.27 ~~1, items B and C,~~ and:

558.28 (1) ~~include current diagnoses, including any differential diagnosis, in accordance with~~
558.29 ~~all criteria for a complete diagnosis and diagnostic profile as specified in the current edition~~
558.30 ~~of the Diagnostic and Statistical Manual of the American Psychiatric Association, or, for~~
558.31 ~~children under age five, as specified in the current edition of the Diagnostic Classification~~
558.32 ~~of Mental Health Disorders of Infancy and Early Childhood;~~

559.1 ~~(2)~~ (1) determine whether a child under age 18 has a diagnosis of emotional disturbance
 559.2 or, if the person is between the ages of 18 and 21, whether the person has a mental illness;

559.3 ~~(3)~~ (2) document children's therapeutic services and supports as medically necessary to
 559.4 address an identified disability, functional impairment, and the individual client's needs and
 559.5 goals; and

559.6 ~~(4)~~ (3) be used in the development of the ~~individualized~~ individual treatment plan; and

559.7 ~~(5) be completed annually until age 18. For individuals between age 18 and 21, unless~~
 559.8 ~~a client's mental health condition has changed markedly since the client's most recent~~
 559.9 ~~diagnostic assessment, annual updating is necessary. For the purpose of this section,~~
 559.10 ~~"updating" means an adult diagnostic update as defined in Minnesota Rules, part 9505.0371,~~
 559.11 ~~subpart 2, item E.~~

559.12 (b) Notwithstanding paragraph (a), a client may be determined to be eligible for up to
 559.13 five days of day treatment under this section based on a hospital's medical history and
 559.14 presentation examination of the client.

559.15 Sec. 86. Minnesota Statutes 2020, section 256B.0943, subdivision 4, is amended to read:

559.16 Subd. 4. **Provider entity certification.** (a) The commissioner shall establish an initial
 559.17 provider entity application and certification process and recertification process to determine
 559.18 whether a provider entity has an administrative and clinical infrastructure that meets the
 559.19 requirements in subdivisions 5 and 6. A provider entity must be certified for the three core
 559.20 rehabilitation services of psychotherapy, skills training, and crisis ~~assistance~~ planning. The
 559.21 commissioner shall recertify a provider entity at least every three years. The commissioner
 559.22 shall establish a process for decertification of a provider entity and shall require corrective
 559.23 action, medical assistance repayment, or decertification of a provider entity that no longer
 559.24 meets the requirements in this section or that fails to meet the clinical quality standards or
 559.25 administrative standards provided by the commissioner in the application and certification
 559.26 process.

559.27 (b) For purposes of this section, a provider entity must meet the standards in this section
 559.28 and chapter 245I, as required in section 245I.011, subdivision 5, and be:

559.29 (1) an Indian health services facility or a facility owned and operated by a tribe or tribal
 559.30 organization operating as a 638 facility under Public Law 93-638 certified by the state;

559.31 (2) a county-operated entity certified by the state; or

559.32 (3) a noncounty entity certified by the state.

560.1 Sec. 87. Minnesota Statutes 2020, section 256B.0943, subdivision 5, is amended to read:

560.2 Subd. 5. **Provider entity administrative infrastructure requirements.** ~~(a) To be an~~
 560.3 ~~eligible provider entity under this section, a provider entity must have an administrative~~
 560.4 ~~infrastructure that establishes authority and accountability for decision making and oversight~~
 560.5 ~~of functions, including finance, personnel, system management, clinical practice, and~~
 560.6 ~~individual treatment outcomes measurement. An eligible provider entity shall demonstrate~~
 560.7 ~~the availability, by means of employment or contract, of at least one backup mental health~~
 560.8 ~~professional in the event of the primary mental health professional's absence. The provider~~
 560.9 ~~must have written policies and procedures that it reviews and updates every three years and~~
 560.10 ~~distributes to staff initially and upon each subsequent update.~~

560.11 ~~(b) The administrative infrastructure written~~ In addition to the policies and procedures
 560.12 required by section 245I.03, the policies and procedures must include:

560.13 ~~(1) personnel procedures, including a process for: (i) recruiting, hiring, training, and~~
 560.14 ~~retention of culturally and linguistically competent providers; (ii) conducting a criminal~~
 560.15 ~~background check on all direct service providers and volunteers; (iii) investigating, reporting,~~
 560.16 ~~and acting on violations of ethical conduct standards; (iv) investigating, reporting, and acting~~
 560.17 ~~on violations of data privacy policies that are compliant with federal and state laws; (v)~~
 560.18 ~~utilizing volunteers, including screening applicants, training and supervising volunteers,~~
 560.19 ~~and providing liability coverage for volunteers; and (vi) documenting that each mental~~
 560.20 ~~health professional, mental health practitioner, or mental health behavioral aide meets the~~
 560.21 ~~applicable provider qualification criteria, training criteria under subdivision 8, and clinical~~
 560.22 ~~supervision or direction of a mental health behavioral aide requirements under subdivision~~
 560.23 ~~6;~~

560.24 ~~(2) (1)~~ (1) fiscal procedures, including internal fiscal control practices and a process for
 560.25 collecting revenue that is compliant with federal and state laws; and

560.26 ~~(3) (2)~~ (2) a client-specific treatment outcomes measurement system, including baseline
 560.27 measures, to measure a client's progress toward achieving mental health rehabilitation goals.
 560.28 ~~Effective July 1, 2017, to be eligible for medical assistance payment, a provider entity must~~
 560.29 ~~report individual client outcomes to the commissioner, using instruments and protocols~~
 560.30 ~~approved by the commissioner; and~~

560.31 ~~(4) a process to establish and maintain individual client records. The client's records~~
 560.32 ~~must include:~~

560.33 ~~(i) the client's personal information;~~

561.1 ~~(ii) forms applicable to data privacy;~~

561.2 ~~(iii) the client's diagnostic assessment, updates, results of tests, individual treatment~~
 561.3 ~~plan, and individual behavior plan, if necessary;~~

561.4 ~~(iv) documentation of service delivery as specified under subdivision 6;~~

561.5 ~~(v) telephone contacts;~~

561.6 ~~(vi) discharge plan; and~~

561.7 ~~(vii) if applicable, insurance information.~~

561.8 (c) A provider entity that uses a restrictive procedure with a client must meet the
 561.9 requirements of section 245.8261.

561.10 Sec. 88. Minnesota Statutes 2020, section 256B.0943, subdivision 5a, is amended to read:

561.11 Subd. 5a. **Background studies.** The requirements for background studies under ~~this~~
 561.12 section 245I.011, subdivision 4, paragraph (d), may be met by a children's therapeutic
 561.13 services and supports services agency through the commissioner's NETStudy system as
 561.14 provided under sections 245C.03, subdivision 7, and 245C.10, subdivision 8.

561.15 Sec. 89. Minnesota Statutes 2020, section 256B.0943, subdivision 6, is amended to read:

561.16 Subd. 6. **Provider entity clinical infrastructure requirements.** (a) To be an eligible
 561.17 provider entity under this section, a provider entity must have a clinical infrastructure that
 561.18 utilizes diagnostic assessment, ~~individualized~~ individual treatment plans, service delivery,
 561.19 and individual treatment plan review that are culturally competent, child-centered, and
 561.20 family-driven to achieve maximum benefit for the client. The provider entity must review,
 561.21 and update as necessary, the clinical policies and procedures every three years, must distribute
 561.22 the policies and procedures to staff initially and upon each subsequent update, and must
 561.23 train staff accordingly.

561.24 (b) The clinical infrastructure written policies and procedures must include policies and
 561.25 procedures for meeting the requirements in this subdivision:

561.26 (1) providing or obtaining a client's standard diagnostic assessment, including a standard
 561.27 ~~diagnostic assessment performed by an outside or independent clinician, that identifies acute~~
 561.28 ~~and chronic clinical disorders, co-occurring medical conditions, and sources of psychological~~
 561.29 ~~and environmental problems, including baselines, and a functional assessment. The functional~~
 561.30 ~~assessment component must clearly summarize the client's individual strengths and needs.~~
 561.31 When required components of the standard diagnostic assessment, ~~such as baseline measures,~~

562.1 are not provided in an outside or independent assessment or ~~when baseline measures cannot~~
 562.2 ~~be attained in a one-session standard diagnostic assessment~~ immediately, the provider entity
 562.3 must determine the missing information within 30 days and amend the child's standard
 562.4 diagnostic assessment or incorporate the ~~baselines~~ information into the child's individual
 562.5 treatment plan;

562.6 (2) developing an individual treatment plan ~~that:~~₂

562.7 ~~(i) is based on the information in the client's diagnostic assessment and baselines;~~

562.8 ~~(ii) identified goals and objectives of treatment, treatment strategy, schedule for~~
 562.9 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~
 562.10 ~~treatment services and supports;~~

562.11 ~~(iii) is developed after completion of the client's diagnostic assessment by a mental health~~
 562.12 ~~professional or clinical trainee and before the provision of children's therapeutic services~~
 562.13 ~~and supports;~~

562.14 ~~(iv) is developed through a child-centered, family-driven, culturally appropriate planning~~
 562.15 ~~process, including allowing parents and guardians to observe or participate in individual~~
 562.16 ~~and family treatment services, assessment, and treatment planning;~~

562.17 ~~(v) is reviewed at least once every 90 days and revised to document treatment progress~~
 562.18 ~~on each treatment objective and next goals or, if progress is not documented, to document~~
 562.19 ~~changes in treatment; and~~

562.20 ~~(vi) is signed by the clinical supervisor and by the client or by the client's parent or other~~
 562.21 ~~person authorized by statute to consent to mental health services for the client. A client's~~
 562.22 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~
 562.23 ~~by documented oral approval that is later verified by written signature;~~

562.24 (3) developing an individual behavior plan that documents treatment strategies and
 562.25 describes interventions to be provided by the mental health behavioral aide. The individual
 562.26 behavior plan must include:

562.27 (i) detailed instructions on the ~~treatment strategies to be provided~~ psychosocial skills to
 562.28 be practiced;

562.29 (ii) time allocated to each treatment strategy intervention;

562.30 (iii) methods of documenting the child's behavior;

562.31 (iv) methods of monitoring the child's progress in reaching objectives; and

563.1 (v) goals to increase or decrease targeted behavior as identified in the individual treatment
563.2 plan;

563.3 (4) providing clinical treatment supervision plans for ~~mental health practitioners and~~
563.4 ~~mental health behavioral aides. A mental health professional must document the clinical~~
563.5 ~~supervision the professional provides by cosigning individual treatment plans and making~~
563.6 ~~entries in the client's record on supervisory activities. The clinical supervisor also shall~~
563.7 ~~document supervisee-specific supervision in the supervisee's personnel file. Clinical staff~~
563.8 according to section 245I.06. Treatment supervision does not include the authority to make
563.9 or terminate court-ordered placements of the child. A clinical treatment supervisor must be
563.10 available for urgent consultation as required by the individual client's needs or the situation.
563.11 ~~Clinical supervision may occur individually or in a small group to discuss treatment and~~
563.12 ~~review progress toward goals. The focus of clinical supervision must be the client's treatment~~
563.13 ~~needs and progress and the mental health practitioner's or behavioral aide's ability to provide~~
563.14 ~~services;~~

563.15 (4a) meeting day treatment program conditions in items (i) ~~to (iii)~~ and (ii):

563.16 (i) the clinical treatment supervisor must be present and available on the premises more
563.17 than 50 percent of the time in a provider's standard working week during which the supervisee
563.18 is providing a mental health service; and

563.19 ~~(ii) the diagnosis and the client's individual treatment plan or a change in the diagnosis~~
563.20 ~~or individual treatment plan must be made by or reviewed, approved, and signed by the~~
563.21 ~~clinical supervisor; and~~

563.22 ~~(iii)~~ (ii) every 30 days, the clinical treatment supervisor must review and sign the record
563.23 indicating the supervisor has reviewed the client's care for all activities in the preceding
563.24 30-day period;

563.25 (4b) meeting the clinical treatment supervision standards in items (i) ~~to (iv)~~ and (ii) for
563.26 all other services provided under CTSS:

563.27 ~~(i) medical assistance shall reimburse for services provided by a mental health practitioner~~
563.28 ~~who is delivering services that fall within the scope of the practitioner's practice and who~~
563.29 ~~is supervised by a mental health professional who accepts full professional responsibility;~~

563.30 ~~(ii) medical assistance shall reimburse for services provided by a mental health behavioral~~
563.31 ~~aide who is delivering services that fall within the scope of the aide's practice and who is~~
563.32 ~~supervised by a mental health professional who accepts full professional responsibility and~~
563.33 ~~has an approved plan for clinical supervision of the behavioral aide. Plans must be developed~~

564.1 ~~in accordance with supervision standards defined in Minnesota Rules, part 9505.0371,~~
564.2 ~~subpart 4, items A to D;~~

564.3 ~~(iii)~~ (i) the mental health professional is required to be present at the site of service
564.4 delivery for observation as clinically appropriate when the clinical trainee, mental health
564.5 practitioner, or mental health behavioral aide is providing CTSS services; and

564.6 ~~(iv)~~ (ii) when conducted, the on-site presence of the mental health professional must be
564.7 documented in the child's record and signed by the mental health professional who accepts
564.8 full professional responsibility;

564.9 (5) providing direction to a mental health behavioral aide. For entities that employ mental
564.10 health behavioral aides, the ~~clinical~~ treatment supervisor must be employed by the provider
564.11 entity or other provider certified to provide mental health behavioral aide services to ensure
564.12 necessary and appropriate oversight for the client's treatment and continuity of care. The
564.13 ~~mental health professional or mental health practitioner~~ staff giving direction must begin
564.14 with the goals on the ~~individualized~~ individual treatment plan, and instruct the mental health
564.15 behavioral aide on how to implement therapeutic activities and interventions that will lead
564.16 to goal attainment. The ~~professional or practitioner~~ staff giving direction must also instruct
564.17 the mental health behavioral aide about the client's diagnosis, functional status, and other
564.18 characteristics that are likely to affect service delivery. Direction must also include
564.19 determining that the mental health behavioral aide has the skills to interact with the client
564.20 and the client's family in ways that convey personal and cultural respect and that the aide
564.21 actively solicits information relevant to treatment from the family. The aide must be able
564.22 to clearly explain or demonstrate the activities the aide is doing with the client and the
564.23 activities' relationship to treatment goals. Direction is more didactic than is supervision and
564.24 requires the ~~professional or practitioner~~ staff providing it to continuously evaluate the mental
564.25 health behavioral aide's ability to carry out the activities of the ~~individualized~~ individual
564.26 treatment plan and the ~~individualized~~ individual behavior plan. When providing direction,
564.27 the ~~professional or practitioner~~ staff must:

564.28 (i) review progress notes prepared by the mental health behavioral aide for accuracy and
564.29 consistency with diagnostic assessment, treatment plan, and behavior goals and the
564.30 ~~professional or practitioner~~ staff must approve and sign the progress notes;

564.31 (ii) identify changes in treatment strategies, revise the individual behavior plan, and
564.32 communicate treatment instructions and methodologies as appropriate to ensure that treatment
564.33 is implemented correctly;

565.1 (iii) demonstrate family-friendly behaviors that support healthy collaboration among
 565.2 the child, the child's family, and providers as treatment is planned and implemented;

565.3 (iv) ensure that the mental health behavioral aide is able to effectively communicate
 565.4 with the child, the child's family, and the provider; ~~and~~

565.5 (v) record the results of any evaluation and corrective actions taken to modify the work
 565.6 of the mental health behavioral aide; and

565.7 (vi) ensure the immediate accessibility of a mental health professional, clinical trainee,
 565.8 or mental health practitioner to the behavioral aide during service delivery;

565.9 (6) providing service delivery that implements the individual treatment plan and meets
 565.10 the requirements under subdivision 9; and

565.11 (7) individual treatment plan review. The review must determine the extent to which
 565.12 the services have met each of the goals and objectives in the treatment plan. The review
 565.13 must assess the client's progress and ensure that services and treatment goals continue to
 565.14 be necessary and appropriate to the client and the client's family or foster family. ~~Revision~~
 565.15 ~~of the individual treatment plan does not require a new diagnostic assessment unless the~~
 565.16 ~~client's mental health status has changed markedly. The updated treatment plan must be~~
 565.17 ~~signed by the clinical supervisor and by the client, if appropriate, and by the client's parent~~
 565.18 ~~or other person authorized by statute to give consent to the mental health services for the~~
 565.19 ~~child.~~

565.20 Sec. 90. Minnesota Statutes 2020, section 256B.0943, subdivision 7, is amended to read:

565.21 Subd. 7. **Qualifications of individual and team providers.** (a) An individual or team
 565.22 provider working within the scope of the provider's practice or qualifications may provide
 565.23 service components of children's therapeutic services and supports that are identified as
 565.24 medically necessary in a client's individual treatment plan.

565.25 (b) An individual provider must be qualified as a:

565.26 (1) ~~a mental health professional as defined in subdivision 1, paragraph (e); or~~

565.27 (2) a clinical trainee;

565.28 (3) mental health practitioner or clinical trainee. ~~The mental health practitioner or clinical~~
 565.29 ~~trainee must work under the clinical supervision of a mental health professional; or~~

565.30 (4) mental health certified family peer specialist; or

566.1 ~~(3) a (5) mental health behavioral aide working under the clinical supervision of a mental~~
 566.2 ~~health professional to implement the rehabilitative mental health services previously~~
 566.3 ~~introduced by a mental health professional or practitioner and identified in the client's~~
 566.4 ~~individual treatment plan and individual behavior plan.~~

566.5 ~~(A) A level I mental health behavioral aide must:~~

566.6 ~~(i) be at least 18 years old;~~

566.7 ~~(ii) have a high school diploma or commissioner of education-selected high school~~
 566.8 ~~equivalency certification or two years of experience as a primary caregiver to a child with~~
 566.9 ~~severe emotional disturbance within the previous ten years; and~~

566.10 ~~(iii) meet preservice and continuing education requirements under subdivision 8.~~

566.11 ~~(B) A level II mental health behavioral aide must:~~

566.12 ~~(i) be at least 18 years old;~~

566.13 ~~(ii) have an associate or bachelor's degree or 4,000 hours of experience in delivering~~
 566.14 ~~clinical services in the treatment of mental illness concerning children or adolescents or~~
 566.15 ~~complete a certificate program established under subdivision 8a; and~~

566.16 ~~(iii) meet preservice and continuing education requirements in subdivision 8.~~

566.17 (c) A day treatment multidisciplinary team must include at least one mental health
 566.18 professional or clinical trainee and one mental health practitioner.

566.19 Sec. 91. Minnesota Statutes 2020, section 256B.0943, subdivision 9, is amended to read:

566.20 Subd. 9. **Service delivery criteria.** (a) In delivering services under this section, a certified
 566.21 provider entity must ensure that:

566.22 (1) ~~each individual provider's caseload size permits the provider to deliver services to~~
 566.23 ~~both clients with severe, complex needs and clients with less intensive needs. the provider's~~
 566.24 ~~caseload size should reasonably enable the provider to play an active role in service planning,~~
 566.25 ~~monitoring, and delivering services to meet the client's and client's family's needs, as specified~~
 566.26 ~~in each client's individual treatment plan;~~

566.27 (2) site-based programs, including day treatment programs, provide staffing and facilities
 566.28 to ensure the client's health, safety, and protection of rights, and that the programs are able
 566.29 to implement each client's individual treatment plan; and

566.30 (3) a day treatment program is provided to a group of clients by a multidisciplinary team
 566.31 under the clinical treatment supervision of a mental health professional. The day treatment

567.1 program must be provided in and by: (i) an outpatient hospital accredited by the Joint
567.2 Commission on Accreditation of Health Organizations and licensed under sections 144.50
567.3 to 144.55; (ii) a community mental health center under section 245.62; or (iii) an entity that
567.4 is certified under subdivision 4 to operate a program that meets the requirements of section
567.5 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475. The day
567.6 treatment program must stabilize the client's mental health status while developing and
567.7 improving the client's independent living and socialization skills. The goal of the day
567.8 treatment program must be to reduce or relieve the effects of mental illness and provide
567.9 training to enable the client to live in the community. The program must be available
567.10 year-round at least three to five days per week, two or three hours per day, unless the normal
567.11 five-day school week is shortened by a holiday, weather-related cancellation, or other
567.12 districtwide reduction in a school week. A child transitioning into or out of day treatment
567.13 must receive a minimum treatment of one day a week for a two-hour time block. The
567.14 two-hour time block must include at least one hour of patient and/or family or group
567.15 psychotherapy. The remainder of the structured treatment program may include patient
567.16 and/or family or group psychotherapy, and individual or group skills training, if included
567.17 in the client's individual treatment plan. Day treatment programs are not part of inpatient
567.18 or residential treatment services. When a day treatment group that meets the minimum group
567.19 size requirement temporarily falls below the minimum group size because of a member's
567.20 temporary absence, medical assistance covers a group session conducted for the group
567.21 members in attendance. A day treatment program may provide fewer than the minimally
567.22 required hours for a particular child during a billing period in which the child is transitioning
567.23 into, or out of, the program.

567.24 (b) To be eligible for medical assistance payment, a provider entity must deliver the
567.25 service components of children's therapeutic services and supports in compliance with the
567.26 following requirements:

567.27 (1) ~~patient and/or family, family, and group psychotherapy must be delivered as specified~~
567.28 ~~in Minnesota Rules, part 9505.0372, subpart 6.~~ psychotherapy to address the child's
567.29 underlying mental health disorder must be documented as part of the child's ongoing
567.30 treatment. A provider must deliver, or arrange for, medically necessary psychotherapy,
567.31 unless the child's parent or caregiver chooses not to receive it. When a provider delivering
567.32 other services to a child under this section deems it not medically necessary to provide
567.33 psychotherapy to the child for a period of 90 days or longer, the provider entity must
567.34 document the medical reasons why psychotherapy is not necessary. When a provider
567.35 determines that a child needs psychotherapy but psychotherapy cannot be delivered due to

568.1 a shortage of licensed mental health professionals in the child's community, the provider
568.2 must document the lack of access in the child's medical record;

568.3 (2) individual, family, or group skills training ~~must be provided by a mental health~~
568.4 ~~professional or a mental health practitioner who is delivering services that fall within the~~
568.5 ~~scope of the provider's practice and is supervised by a mental health professional who~~
568.6 ~~accepts full professional responsibility for the training.~~ Skills training is subject to the
568.7 following requirements:

568.8 (i) a mental health professional, clinical trainee, or mental health practitioner shall provide
568.9 skills training;

568.10 (ii) skills training delivered to a child or the child's family must be targeted to the specific
568.11 deficits or maladaptations of the child's mental health disorder and must be prescribed in
568.12 the child's individual treatment plan;

568.13 (iii) the mental health professional delivering or supervising the delivery of skills training
568.14 must document any underlying psychiatric condition and must document how skills training
568.15 is being used in conjunction with psychotherapy to address the underlying condition;

568.16 (iv) skills training delivered to the child's family must teach skills needed by parents to
568.17 enhance the child's skill development, to help the child utilize daily life skills taught by a
568.18 mental health professional, clinical trainee, or mental health practitioner, and to develop or
568.19 maintain a home environment that supports the child's progressive use of skills;

568.20 (v) group skills training may be provided to multiple recipients who, because of the
568.21 nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from
568.22 interaction in a group setting, which must be staffed as follows:

568.23 (A) one mental health professional ~~or one~~ clinical trainee, or mental health practitioner
568.24 ~~under supervision of a licensed mental health professional~~ must work with a group of three
568.25 to eight clients; or

568.26 (B) any combination of two mental health professionals, two clinical trainees, or mental
568.27 ~~health practitioners under supervision of a licensed mental health professional, or one mental~~
568.28 ~~health professional or clinical trainee and one mental health practitioner~~ must work with a
568.29 group of nine to 12 clients;

568.30 (vi) a mental health professional, clinical trainee, or mental health practitioner must have
568.31 taught the psychosocial skill before a mental health behavioral aide may practice that skill
568.32 with the client; and

569.1 (vii) for group skills training, when a skills group that meets the minimum group size
569.2 requirement temporarily falls below the minimum group size because of a group member's
569.3 temporary absence, the provider may conduct the session for the group members in
569.4 attendance;

569.5 (3) crisis ~~assistance~~ planning to a child and family must include development of a written
569.6 plan that anticipates the particular factors specific to the child that may precipitate a
569.7 psychiatric crisis for the child in the near future. The written plan must document actions
569.8 that the family should be prepared to take to resolve or stabilize a crisis, such as advance
569.9 arrangements for direct intervention and support services to the child and the child's family.
569.10 Crisis ~~assistance~~ planning must include preparing resources designed to address abrupt or
569.11 substantial changes in the functioning of the child or the child's family when sudden change
569.12 in behavior or a loss of usual coping mechanisms is observed, or the child begins to present
569.13 a danger to self or others;

569.14 (4) mental health behavioral aide services must be medically necessary treatment services,
569.15 identified in the child's individual treatment plan and individual behavior plan, ~~which are~~
569.16 ~~performed minimally by a paraprofessional qualified according to subdivision 7, paragraph~~
569.17 ~~(b), clause (3),~~ and which are designed to improve the functioning of the child in the
569.18 progressive use of developmentally appropriate psychosocial skills. Activities involve
569.19 working directly with the child, child-peer groupings, or child-family groupings to practice,
569.20 repeat, reintroduce, and master the skills defined in subdivision 1, paragraph (t), as previously
569.21 taught by a mental health professional, clinical trainee, or mental health practitioner including:

569.22 (i) providing cues or prompts in skill-building peer-to-peer or parent-child interactions
569.23 so that the child progressively recognizes and responds to the cues independently;

569.24 (ii) performing as a practice partner or role-play partner;

569.25 (iii) reinforcing the child's accomplishments;

569.26 (iv) generalizing skill-building activities in the child's multiple natural settings;

569.27 (v) assigning further practice activities; and

569.28 (vi) intervening as necessary to redirect the child's target behavior and to de-escalate
569.29 behavior that puts the child or other person at risk of injury.

569.30 To be eligible for medical assistance payment, mental health behavioral aide services must
569.31 be delivered to a child who has been diagnosed with an emotional disturbance or a mental
569.32 illness, as provided in subdivision 1, paragraph (a). The mental health behavioral aide must
569.33 implement treatment strategies in the individual treatment plan and the individual behavior

570.1 plan as developed by the mental health professional, clinical trainee, or mental health
 570.2 practitioner providing direction for the mental health behavioral aide. The mental health
 570.3 behavioral aide must document the delivery of services in written progress notes. Progress
 570.4 notes must reflect implementation of the treatment strategies, as performed by the mental
 570.5 health behavioral aide and the child's responses to the treatment strategies; and

570.6 ~~(5) direction of a mental health behavioral aide must include the following:~~

570.7 ~~(i) ongoing face-to-face observation of the mental health behavioral aide delivering~~
 570.8 ~~services to a child by a mental health professional or mental health practitioner for at least~~
 570.9 ~~a total of one hour during every 40 hours of service provided to a child; and~~

570.10 ~~(ii) immediate accessibility of the mental health professional, clinical trainee, or mental~~
 570.11 ~~health practitioner to the mental health behavioral aide during service provision;~~

570.12 ~~(6)~~ (5) mental health service plan development must be performed in consultation with
 570.13 the child's family and, when appropriate, with other key participants in the child's life by
 570.14 the child's treating mental health professional or clinical trainee or by a mental health
 570.15 practitioner and approved by the treating mental health professional. Treatment plan drafting
 570.16 consists of development, review, and revision by face-to-face or electronic communication.
 570.17 The provider must document events, including the time spent with the family and other key
 570.18 participants in the child's life to ~~review, revise, and sign~~ approve the individual treatment
 570.19 plan. ~~Notwithstanding Minnesota Rules, part 9505.0371, subpart 7, Medical assistance~~
 570.20 ~~covers service plan development before completion of the child's individual treatment plan.~~
 570.21 Service plan development is covered only if a treatment plan is completed for the child. If
 570.22 upon review it is determined that a treatment plan was not completed for the child, the
 570.23 commissioner shall recover the payment for the service plan development; and.

570.24 ~~(7) to be eligible for payment, a diagnostic assessment must be complete with regard to~~
 570.25 ~~all required components, including multiple assessment appointments required for an~~
 570.26 ~~extended diagnostic assessment and the written report. Dates of the multiple assessment~~
 570.27 ~~appointments must be noted in the client's clinical record.~~

570.28 Sec. 92. Minnesota Statutes 2020, section 256B.0943, subdivision 11, is amended to read:

570.29 Subd. 11. **Documentation and billing.** (a) A provider entity must document the services
 570.30 it provides under this section. The provider entity must ensure that documentation complies
 570.31 with Minnesota Rules, parts 9505.2175 and 9505.2197. Services billed under this section
 570.32 that are not documented according to this subdivision shall be subject to monetary recovery

571.1 by the commissioner. Billing for covered service components under subdivision 2, paragraph
571.2 (b), must not include anything other than direct service time.

571.3 ~~(b) An individual mental health provider must promptly document the following in a~~
571.4 ~~client's record after providing services to the client:~~

571.5 ~~(1) each occurrence of the client's mental health service, including the date, type, start~~
571.6 ~~and stop times, scope of the service as described in the child's individual treatment plan,~~
571.7 ~~and outcome of the service compared to baselines and objectives;~~

571.8 ~~(2) the name, dated signature, and credentials of the person who delivered the service;~~

571.9 ~~(3) contact made with other persons interested in the client, including representatives~~
571.10 ~~of the courts, corrections systems, or schools. The provider must document the name and~~
571.11 ~~date of each contact;~~

571.12 ~~(4) any contact made with the client's other mental health providers, case manager,~~
571.13 ~~family members, primary caregiver, legal representative, or the reason the provider did not~~
571.14 ~~contact the client's family members, primary caregiver, or legal representative, if applicable;~~

571.15 ~~(5) required clinical supervision directly related to the identified client's services and~~
571.16 ~~needs, as appropriate, with co-signatures of the supervisor and supervisee; and~~

571.17 ~~(6) the date when services are discontinued and reasons for discontinuation of services.~~

571.18 Sec. 93. Minnesota Statutes 2020, section 256B.0946, subdivision 1, is amended to read:

571.19 Subdivision 1. **Required covered service components.** ~~(a) Effective May 23, 2013,~~
571.20 ~~and~~ Subject to federal approval, medical assistance covers medically necessary intensive
571.21 treatment services ~~described under paragraph (b) that~~ when the services are provided by a
571.22 provider entity eligible under subdivision 3 to a client eligible under subdivision 2 who is
571.23 placed in a foster home licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or
571.24 placed in a foster home licensed under the regulations established by a federally recognized
571.25 Minnesota tribe certified under and meeting the standards in this section. The provider entity
571.26 must make reasonable and good faith efforts to report individual client outcomes to the
571.27 commissioner, using instruments and protocols approved by the commissioner.

571.28 (b) Intensive treatment services to children with mental illness residing in foster family
571.29 settings that comprise specific required service components provided in clauses (1) to (5)
571.30 are reimbursed by medical assistance when they meet the following standards:

572.1 (1) psychotherapy provided by a mental health professional as ~~defined in Minnesota~~
 572.2 ~~Rules, part 9505.0371, subpart 5, item A,~~ or a clinical trainee, ~~as defined in Minnesota~~
 572.3 ~~Rules, part 9505.0371, subpart 5, item C;~~

572.4 (2) ~~crisis assistance provided according to standards for children's therapeutic services~~
 572.5 ~~and supports in section 256B.0943~~ planning;

572.6 (3) individual, family, and group psychoeducation services, ~~defined in subdivision 1a,~~
 572.7 ~~paragraph (c),~~ provided by a mental health professional or a clinical trainee;

572.8 (4) clinical care consultation, ~~as defined in subdivision 1a,~~ and provided by a mental
 572.9 health professional or a clinical trainee; and

572.10 (5) service delivery payment requirements as provided under subdivision 4.

572.11 Sec. 94. Minnesota Statutes 2020, section 256B.0946, subdivision 1a, is amended to read:

572.12 Subd. 1a. **Definitions.** For the purposes of this section, the following terms have the
 572.13 meanings given them.

572.14 (a) "Clinical care consultation" means communication from a treating clinician to other
 572.15 providers working with the same client to inform, inquire, and instruct regarding the client's
 572.16 symptoms, strategies for effective engagement, care and intervention needs, and treatment
 572.17 expectations across service settings, including but not limited to the client's school, social
 572.18 services, day care, probation, home, primary care, medication prescribers, disabilities
 572.19 services, and other mental health providers and to direct and coordinate clinical service
 572.20 components provided to the client and family.

572.21 ~~(b) "Clinical supervision" means the documented time a clinical supervisor and supervisee~~
 572.22 ~~spend together to discuss the supervisee's work, to review individual client cases, and for~~
 572.23 ~~the supervisee's professional development. It includes the documented oversight and~~
 572.24 ~~supervision responsibility for planning, implementation, and evaluation of services for a~~
 572.25 ~~client's mental health treatment.~~

572.26 ~~(c) "Clinical supervisor" means the mental health professional who is responsible for~~
 572.27 ~~clinical supervision.~~

572.28 ~~(d) (b) "Clinical trainee" has the meaning given in Minnesota Rules, part 9505.0371,~~
 572.29 ~~subpart 5, item C; means a staff person who is qualified according to section 245I.04,~~
 572.30 subdivision 6.

573.1 ~~(e) (c)~~ "Crisis assistance planning" has the meaning given in section 245.4871, subdivision
 573.2 9a, ~~including the development of a plan that addresses prevention and intervention strategies~~
 573.3 ~~to be used in a potential crisis, but does not include actual crisis intervention.~~

573.4 ~~(f) (d)~~ "Culturally appropriate" means providing mental health services in a manner that
 573.5 incorporates the child's cultural influences, ~~as defined in Minnesota Rules, part 9505.0370,~~
 573.6 ~~subpart 9,~~ into interventions as a way to maximize resiliency factors and utilize cultural
 573.7 strengths and resources to promote overall wellness.

573.8 ~~(g) (e)~~ "Culture" means the distinct ways of living and understanding the world that are
 573.9 used by a group of people and are transmitted from one generation to another or adopted
 573.10 by an individual.

573.11 ~~(h) (f)~~ "Standard diagnostic assessment" ~~has the meaning given in Minnesota Rules, part~~
 573.12 ~~9505.0370, subpart 11~~ means the assessment described in section 245I.10, subdivision 6.

573.13 ~~(i) (g)~~ "Family" means a person who is identified by the client or the client's parent or
 573.14 guardian as being important to the client's mental health treatment. Family may include,
 573.15 but is not limited to, parents, foster parents, children, spouse, committed partners, former
 573.16 spouses, persons related by blood or adoption, persons who are a part of the client's
 573.17 permanency plan, or persons who are presently residing together as a family unit.

573.18 ~~(j) (h)~~ "Foster care" has the meaning given in section 260C.007, subdivision 18.

573.19 ~~(k) (i)~~ "Foster family setting" means the foster home in which the license holder resides.

573.20 ~~(l) (j)~~ "Individual treatment plan" ~~has the meaning given in Minnesota Rules, part~~
 573.21 ~~9505.0370, subpart 15~~ means the plan described in section 245I.10, subdivisions 7 and 8.

573.22 ~~(m) "Mental health practitioner" has the meaning given in section 245.462, subdivision~~
 573.23 ~~17, and a mental health practitioner working as a clinical trainee according to Minnesota~~
 573.24 ~~Rules, part 9505.0371, subpart 5, item C.~~

573.25 (k) "Mental health certified family peer specialist" means a staff person who is qualified
 573.26 according to section 245I.04, subdivision 12.

573.27 ~~(n) (l)~~ "Mental health professional" ~~has the meaning given in Minnesota Rules, part~~
 573.28 ~~9505.0370, subpart 18~~ means a staff person who is qualified according to section 245I.04,
 573.29 subdivision 2.

573.30 ~~(o) (m)~~ "Mental illness" has the meaning given in ~~Minnesota Rules, part 9505.0370,~~
 573.31 ~~subpart 20~~ section 245I.02, subdivision 29.

573.32 ~~(p) (n)~~ "Parent" has the meaning given in section 260C.007, subdivision 25.

574.1 ~~(q)~~ (o) "Psychoeducation services" means information or demonstration provided to an
574.2 individual, family, or group to explain, educate, and support the individual, family, or group
574.3 in understanding a child's symptoms of mental illness, the impact on the child's development,
574.4 and needed components of treatment and skill development so that the individual, family,
574.5 or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders,
574.6 and achieve optimal mental health and long-term resilience.

574.7 ~~(r)~~ (p) "Psychotherapy" ~~has the meaning given in Minnesota Rules, part 9505.0370,~~
574.8 ~~subpart 27~~ means the treatment described in section 256B.0671, subdivision 11.

574.9 ~~(s)~~ (q) "Team consultation and treatment planning" means the coordination of treatment
574.10 plans and consultation among providers in a group concerning the treatment needs of the
574.11 child, including disseminating the child's treatment service schedule to all members of the
574.12 service team. Team members must include all mental health professionals working with the
574.13 child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and
574.14 at least two of the following: an individualized education program case manager; probation
574.15 agent; children's mental health case manager; child welfare worker, including adoption or
574.16 guardianship worker; primary care provider; foster parent; and any other member of the
574.17 child's service team.

574.18 (r) "Trauma" has the meaning given in section 245I.02, subdivision 38.

574.19 (s) "Treatment supervision" means the supervision described under section 245I.06.

574.20 Sec. 95. Minnesota Statutes 2020, section 256B.0946, subdivision 2, is amended to read:

574.21 Subd. 2. **Determination of client eligibility.** An eligible recipient is an individual, from
574.22 birth through age 20, who is currently placed in a foster home licensed under Minnesota
574.23 Rules, parts 2960.3000 to 2960.3340, or placed in a foster home licensed under the
574.24 regulations established by a federally recognized Minnesota tribe, and has received: (1) a
574.25 standard diagnostic assessment and an evaluation of level of care needed, as defined in
574.26 paragraphs (a) and (b), within 180 days before the start of service that documents that
574.27 intensive treatment services are medically necessary within a foster family setting to
574.28 ameliorate identified symptoms and functional impairments; and (2) a level of care
574.29 assessment as defined in section 245I.02, subdivision 19, that demonstrates that the individual
574.30 requires intensive intervention without 24-hour medical monitoring, and a functional
574.31 assessment as defined in section 245I.02, subdivision 17. The level of care assessment and
574.32 the functional assessment must include information gathered from the placing county, tribe,
574.33 or case manager.

575.1 ~~(a) The diagnostic assessment must:~~

575.2 ~~(1) meet criteria described in Minnesota Rules, part 9505.0372, subpart 1, and be~~
 575.3 ~~conducted by a mental health professional or a clinical trainee;~~

575.4 ~~(2) determine whether or not a child meets the criteria for mental illness, as defined in~~
 575.5 ~~Minnesota Rules, part 9505.0370, subpart 20;~~

575.6 ~~(3) document that intensive treatment services are medically necessary within a foster~~
 575.7 ~~family setting to ameliorate identified symptoms and functional impairments;~~

575.8 ~~(4) be performed within 180 days before the start of service; and~~

575.9 ~~(5) be completed as either a standard or extended diagnostic assessment annually to~~
 575.10 ~~determine continued eligibility for the service.~~

575.11 ~~(b) The evaluation of level of care must be conducted by the placing county, tribe, or~~
 575.12 ~~case manager in conjunction with the diagnostic assessment as described by Minnesota~~
 575.13 ~~Rules, part 9505.0372, subpart 1, item B, using a validated tool approved by the~~
 575.14 ~~commissioner of human services and not subject to the rulemaking process, consistent with~~
 575.15 ~~section 245.4885, subdivision 1, paragraph (d), the result of which evaluation demonstrates~~
 575.16 ~~that the child requires intensive intervention without 24-hour medical monitoring. The~~
 575.17 ~~commissioner shall update the list of approved level of care tools annually and publish on~~
 575.18 ~~the department's website.~~

575.19 Sec. 96. Minnesota Statutes 2020, section 256B.0946, subdivision 3, is amended to read:

575.20 Subd. 3. **Eligible mental health services providers.** (a) Eligible providers for intensive
 575.21 children's mental health services in a foster family setting must be certified by the state and
 575.22 have a service provision contract with a county board or a reservation tribal council and
 575.23 must be able to demonstrate the ability to provide all of the services required in this section
 575.24 and meet the standards in chapter 245I, as required in section 245I.011, subdivision 5.

575.25 (b) For purposes of this section, a provider agency must be:

575.26 (1) a county-operated entity certified by the state;

575.27 (2) an Indian Health Services facility operated by a tribe or tribal organization under
 575.28 funding authorized by United States Code, title 25, sections 450f to 450n, or title 3 of the
 575.29 Indian Self-Determination Act, Public Law 93-638, section 638 (facilities or providers); or

575.30 (3) a noncounty entity.

576.1 (c) Certified providers that do not meet the service delivery standards required in this
576.2 section shall be subject to a decertification process.

576.3 (d) For the purposes of this section, all services delivered to a client must be provided
576.4 by a mental health professional or a clinical trainee.

576.5 Sec. 97. Minnesota Statutes 2020, section 256B.0946, subdivision 4, is amended to read:

576.6 Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under
576.7 this section, a provider must develop and practice written policies and procedures for
576.8 intensive treatment in foster care, consistent with subdivision 1, paragraph (b), and comply
576.9 with the following requirements in paragraphs (b) to ~~(n)~~ (l).

576.10 ~~(b) A qualified clinical supervisor, as defined in and performing in compliance with~~
576.11 ~~Minnesota Rules, part 9505.0371, subpart 5, item D, must supervise the treatment and~~
576.12 ~~provision of services described in this section.~~

576.13 ~~(e) Each client receiving treatment services must receive an extended diagnostic~~
576.14 ~~assessment, as described in Minnesota Rules, part 9505.0372, subpart 1, item C, within 30~~
576.15 ~~days of enrollment in this service unless the client has a previous extended diagnostic~~
576.16 ~~assessment that the client, parent, and mental health professional agree still accurately~~
576.17 ~~describes the client's current mental health functioning.~~

576.18 ~~(d)~~ (b) Each previous and current mental health, school, and physical health treatment
576.19 provider must be contacted to request documentation of treatment and assessments that the
576.20 eligible client has received. This information must be reviewed and incorporated into the
576.21 standard diagnostic assessment and team consultation and treatment planning review process.

576.22 ~~(e)~~ (c) Each client receiving treatment must be assessed for a trauma history, and the
576.23 client's treatment plan must document how the results of the assessment will be incorporated
576.24 into treatment.

576.25 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and
576.26 functional assessment as defined in section 245I.02, subdivision 17, must be updated at
576.27 least every 90 days or prior to discharge from the service, whichever comes first.

576.28 ~~(f)~~ (e) Each client receiving treatment services must have an individual treatment plan
576.29 that is reviewed, evaluated, and signed approved every 90 days using the team consultation
576.30 and treatment planning process, ~~as defined in subdivision 1a, paragraph (s).~~

576.31 ~~(g)~~ (f) Clinical care consultation, as defined in subdivision 1a, paragraph (a), must be
576.32 provided in accordance with the client's individual treatment plan.

577.1 ~~(h)~~ (g) Each client must have a crisis ~~assistance~~ plan within ten days of initiating services
 577.2 and must have access to clinical phone support 24 hours per day, seven days per week,
 577.3 during the course of treatment. The crisis plan must demonstrate coordination with the local
 577.4 or regional mobile crisis intervention team.

577.5 ~~(i)~~ (h) Services must be delivered and documented at least three days per week, equaling
 577.6 at least six hours of treatment per week, unless reduced units of service are specified on the
 577.7 treatment plan as part of transition or on a discharge plan to another service or level of care.
 577.8 ~~Documentation must comply with Minnesota Rules, parts 9505.2175 and 9505.2197.~~

577.9 ~~(j)~~ (i) Location of service delivery must be in the client's home, day care setting, school,
 577.10 or other community-based setting that is specified on the client's individualized treatment
 577.11 plan.

577.12 ~~(k)~~ (j) Treatment must be developmentally and culturally appropriate for the client.

577.13 ~~(l)~~ (k) Services must be delivered in continual collaboration and consultation with the
 577.14 client's medical providers and, in particular, with prescribers of psychotropic medications,
 577.15 including those prescribed on an off-label basis. Members of the service team must be aware
 577.16 of the medication regimen and potential side effects.

577.17 ~~(m)~~ (l) Parents, siblings, foster parents, and members of the child's permanency plan
 577.18 must be involved in treatment and service delivery unless otherwise noted in the treatment
 577.19 plan.

577.20 ~~(n)~~ (m) Transition planning for the child must be conducted starting with the first
 577.21 treatment plan and must be addressed throughout treatment to support the child's permanency
 577.22 plan and postdischarge mental health service needs.

577.23 Sec. 98. Minnesota Statutes 2020, section 256B.0946, subdivision 6, is amended to read:

577.24 Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this
 577.25 section and are not eligible for medical assistance payment as components of intensive
 577.26 treatment in foster care services, but may be billed separately:

577.27 (1) inpatient psychiatric hospital treatment;

577.28 (2) mental health targeted case management;

577.29 (3) partial hospitalization;

577.30 (4) medication management;

577.31 (5) children's mental health day treatment services;

578.1 (6) crisis response services under section ~~256B.0944~~ 256B.0624; and

578.2 (7) transportation; and

578.3 (8) mental health certified family peer specialist services under section 256B.0616.

578.4 (b) Children receiving intensive treatment in foster care services are not eligible for
578.5 medical assistance reimbursement for the following services while receiving intensive
578.6 treatment in foster care:

578.7 (1) psychotherapy and skills training components of children's therapeutic services and
578.8 supports under section ~~256B.0625, subdivision 35b~~ 256B.0943;

578.9 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
578.10 1, paragraph ~~(m)~~ (l);

578.11 (3) home and community-based waiver services;

578.12 (4) mental health residential treatment; and

578.13 (5) room and board costs as defined in section 256I.03, subdivision 6.

578.14 Sec. 99. Minnesota Statutes 2020, section 256B.0947, subdivision 1, is amended to read:

578.15 Subdivision 1. **Scope.** ~~Effective November 1, 2011, and~~ Subject to federal approval,
578.16 medical assistance covers medically necessary, intensive nonresidential rehabilitative mental
578.17 health services ~~as defined in subdivision 2, for recipients as defined in subdivision 3,~~ when
578.18 the services are provided by an entity meeting the standards in this section. The provider
578.19 entity must make reasonable and good faith efforts to report individual client outcomes to
578.20 the commissioner, using instruments and protocols approved by the commissioner.

578.21 Sec. 100. Minnesota Statutes 2020, section 256B.0947, subdivision 2, is amended to read:

578.22 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
578.23 given them.

578.24 (a) "Intensive nonresidential rehabilitative mental health services" means child
578.25 rehabilitative mental health services as defined in section 256B.0943, except that these
578.26 services are provided by a multidisciplinary staff using a total team approach consistent
578.27 with assertive community treatment, as adapted for youth, and are directed to recipients
578.28 ~~ages 16, 17, 18, 19, or 20 with a serious mental illness or co-occurring mental illness and~~
578.29 ~~substance abuse addiction~~ who require intensive services to prevent admission to an inpatient
578.30 psychiatric hospital or placement in a residential treatment facility or who require intensive
578.31 services to step down from inpatient or residential care to community-based care.

579.1 (b) "~~Co-occurring mental illness and substance abuse-addiction~~ use disorder" means a
579.2 dual diagnosis of at least one form of mental illness and at least one substance use disorder.
579.3 Substance use disorders include alcohol or drug abuse or dependence, excluding nicotine
579.4 use.

579.5 (c) "Standard diagnostic assessment" ~~has the meaning given to it in Minnesota Rules,~~
579.6 ~~part 9505.0370, subpart 11. A diagnostic assessment must be provided according to~~
579.7 ~~Minnesota Rules, part 9505.0372, subpart 1, and for this section must incorporate a~~
579.8 ~~determination of the youth's necessary level of care using a standardized functional~~
579.9 ~~assessment instrument approved and periodically updated by the commissioner~~ means the
579.10 assessment described in section 245I.10, subdivision 6.

579.11 (d) "~~Education specialist~~" ~~means an individual with knowledge and experience working~~
579.12 ~~with youth regarding special education requirements and goals, special education plans,~~
579.13 ~~and coordination of educational activities with health care activities.~~

579.14 (e) "~~Housing access support~~" ~~means an ancillary activity to help an individual find,~~
579.15 ~~obtain, retain, and move to safe and adequate housing. Housing access support does not~~
579.16 ~~provide monetary assistance for rent, damage deposits, or application fees.~~

579.17 (f) "~~Integrated dual disorders treatment~~" ~~means the integrated treatment of co-occurring~~
579.18 ~~mental illness and substance use disorders by a team of cross-trained clinicians within the~~
579.19 ~~same program, and is characterized by assertive outreach, stage-wise comprehensive~~
579.20 ~~treatment, treatment goal setting, and flexibility to work within each stage of treatment.~~

579.21 (g) (d) "Medication education services" means services provided individually or in
579.22 groups, which focus on:

579.23 (1) educating the client and client's family or significant nonfamilial supporters about
579.24 mental illness and symptoms;

579.25 (2) the role and effects of medications in treating symptoms of mental illness; and

579.26 (3) the side effects of medications.

579.27 Medication education is coordinated with medication management services and does not
579.28 duplicate it. Medication education services are provided by physicians, pharmacists, or
579.29 registered nurses with certification in psychiatric and mental health care.

579.30 (h) "~~Peer specialist~~" ~~means an employed team member who is a mental health certified~~
579.31 ~~peer specialist according to section 256B.0615 and also a former children's mental health~~
579.32 ~~consumer who:~~

580.1 ~~(1) provides direct services to clients including social, emotional, and instrumental~~
 580.2 ~~support and outreach;~~

580.3 ~~(2) assists younger peers to identify and achieve specific life goals;~~

580.4 ~~(3) works directly with clients to promote the client's self-determination, personal~~
 580.5 ~~responsibility, and empowerment;~~

580.6 ~~(4) assists youth with mental illness to regain control over their lives and their~~
 580.7 ~~developmental process in order to move effectively into adulthood;~~

580.8 ~~(5) provides training and education to other team members, consumer advocacy~~
 580.9 ~~organizations, and clients on resiliency and peer support; and~~

580.10 ~~(6) meets the following criteria:~~

580.11 ~~(i) is at least 22 years of age;~~

580.12 ~~(ii) has had a diagnosis of mental illness, as defined in Minnesota Rules, part 9505.0370,~~
 580.13 ~~subpart 20, or co-occurring mental illness and substance abuse addiction;~~

580.14 ~~(iii) is a former consumer of child and adolescent mental health services, or a former or~~
 580.15 ~~current consumer of adult mental health services for a period of at least two years;~~

580.16 ~~(iv) has at least a high school diploma or equivalent;~~

580.17 ~~(v) has successfully completed training requirements determined and periodically updated~~
 580.18 ~~by the commissioner;~~

580.19 ~~(vi) is willing to disclose the individual's own mental health history to team members~~
 580.20 ~~and clients; and~~

580.21 ~~(vii) must be free of substance use problems for at least one year.~~

580.22 ~~(e) "Mental health professional" means a staff person who is qualified according to~~
 580.23 ~~section 245I.04, subdivision 2.~~

580.24 ~~(f) (f) "Provider agency" means a for-profit or nonprofit organization established to~~
 580.25 ~~administer an assertive community treatment for youth team.~~

580.26 ~~(g) (g) "Substance use disorders" means one or more of the disorders defined in the~~
 580.27 ~~diagnostic and statistical manual of mental disorders, current edition.~~

580.28 ~~(k) (h) "Transition services" means:~~

580.29 ~~(1) activities, materials, consultation, and coordination that ensures continuity of the~~
 580.30 ~~client's care in advance of and in preparation for the client's move from one stage of care~~

581.1 or life to another by maintaining contact with the client and assisting the client to establish
581.2 provider relationships;

581.3 (2) providing the client with knowledge and skills needed posttransition;

581.4 (3) establishing communication between sending and receiving entities;

581.5 (4) supporting a client's request for service authorization and enrollment; and

581.6 (5) establishing and enforcing procedures and schedules.

581.7 A youth's transition from the children's mental health system and services to the adult
581.8 mental health system and services and return to the client's home and entry or re-entry into
581.9 community-based mental health services following discharge from an out-of-home placement
581.10 or inpatient hospital stay.

581.11 ~~(h)~~ (i) "Treatment team" means all staff who provide services to recipients under this
581.12 section.

581.13 ~~(m)~~ (j) "Family peer specialist" means a staff person who is qualified under section
581.14 256B.0616.

581.15 Sec. 101. Minnesota Statutes 2020, section 256B.0947, subdivision 3, is amended to read:

581.16 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

581.17 (1) is age 16, 17, 18, 19, or 20; and

581.18 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance
581.19 ~~abuse-addiction~~ use disorder, for which intensive nonresidential rehabilitative mental health
581.20 services are needed;

581.21 (3) has received a ~~level of care determination, using an instrument approved by the~~
581.22 ~~commissioner~~ level of care assessment as defined in section 245I.02, subdivision 19, that
581.23 indicates a need for intensive integrated intervention without 24-hour medical monitoring
581.24 and a need for extensive collaboration among multiple providers;

581.25 (4) has received a functional assessment as defined in section 245I.02, subdivision 17,
581.26 that indicates functional impairment and a history of difficulty in functioning safely and
581.27 successfully in the community, school, home, or job; or who is likely to need services from
581.28 the adult mental health system within the next two years; and

581.29 (5) has had a recent standard diagnostic assessment, as provided in Minnesota Rules,
581.30 ~~part 9505.0372, subpart 1, by a mental health professional who is qualified under Minnesota~~
581.31 ~~Rules, part 9505.0371, subpart 5, item A,~~ that documents that intensive nonresidential

582.1 rehabilitative mental health services are medically necessary to ameliorate identified
582.2 symptoms and functional impairments and to achieve individual transition goals.

582.3 Sec. 102. Minnesota Statutes 2020, section 256B.0947, subdivision 3a, is amended to
582.4 read:

582.5 Subd. 3a. **Required service components.** ~~(a) Subject to federal approval, medical~~
582.6 ~~assistance covers all medically necessary intensive nonresidential rehabilitative mental~~
582.7 ~~health services and supports, as defined in this section, under a single daily rate per client.~~
582.8 ~~Services and supports must be delivered by an eligible provider under subdivision 5 to an~~
582.9 ~~eligible client under subdivision 3.~~

582.10 ~~(b)~~ (a) Intensive nonresidential rehabilitative mental health services, supports, and
582.11 ancillary activities are covered by ~~the~~ a single daily rate per client must include the following,
582.12 as needed by the individual client:

582.13 (1) individual, family, and group psychotherapy;

582.14 (2) individual, family, and group skills training, as defined in section 256B.0943,
582.15 subdivision 1, paragraph (t);

582.16 (3) crisis assistance planning as defined in section 245.4871, subdivision 9a, ~~which~~
582.17 ~~includes recognition of factors precipitating a mental health crisis, identification of behaviors~~
582.18 ~~related to the crisis, and the development of a plan to address prevention, intervention, and~~
582.19 ~~follow-up strategies to be used in the lead-up to or onset of, and conclusion of, a mental~~
582.20 ~~health crisis; crisis assistance does not mean crisis response services or crisis intervention~~
582.21 ~~services provided in section 256B.0944;~~

582.22 (4) medication management provided by a physician or an advanced practice registered
582.23 nurse with certification in psychiatric and mental health care;

582.24 (5) mental health case management as provided in section 256B.0625, subdivision 20;

582.25 (6) medication education services as defined in this section;

582.26 (7) care coordination by a client-specific lead worker assigned by and responsible to the
582.27 treatment team;

582.28 (8) psychoeducation of and consultation and coordination with the client's biological,
582.29 adoptive, or foster family and, in the case of a youth living independently, the client's
582.30 immediate nonfamilial support network;

583.1 (9) clinical consultation to a client's employer or school or to other service agencies or
 583.2 to the courts to assist in managing the mental illness or co-occurring disorder and to develop
 583.3 client support systems;

583.4 (10) coordination with, or performance of, crisis intervention and stabilization services
 583.5 as defined in section ~~256B.0944~~ 256B.0624;

583.6 ~~(11) assessment of a client's treatment progress and effectiveness of services using~~
 583.7 ~~standardized outcome measures published by the commissioner;~~

583.8 ~~(12)~~ (11) transition services as defined in this section;

583.9 ~~(13) integrated dual disorders treatment as defined in this section~~ (12) co-occurring
 583.10 substance use disorder treatment as defined in section 245I.02, subdivision 11; and

583.11 ~~(14)~~ (13) housing access support that assists clients to find, obtain, retain, and move to
 583.12 safe and adequate housing. Housing access support does not provide monetary assistance
 583.13 for rent, damage deposits, or application fees.

583.14 ~~(e)~~ (b) The provider shall ensure and document the following by means of performing
 583.15 the required function or by contracting with a qualified person or entity:

583.16 ~~(1)~~ client access to crisis intervention services, as defined in section ~~256B.0944~~
 583.17 256B.0624, and available 24 hours per day and seven days per week;

583.18 ~~(2) completion of an extended diagnostic assessment, as defined in Minnesota Rules,~~
 583.19 ~~part 9505.0372, subpart 1, item C; and~~

583.20 ~~(3) determination of the client's needed level of care using an instrument approved and~~
 583.21 ~~periodically updated by the commissioner.~~

583.22 Sec. 103. Minnesota Statutes 2020, section 256B.0947, subdivision 5, is amended to read:

583.23 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services
 583.24 ~~must be provided by a provider entity as provided in subdivision 4~~ meet the standards in
 583.25 this section and chapter 245I as required in section 245I.011, subdivision 5.

583.26 (b) The treatment team for intensive nonresidential rehabilitative mental health services
 583.27 comprises both permanently employed core team members and client-specific team members
 583.28 as follows:

583.29 ~~(1) The core treatment team is an entity that operates under the direction of an~~
 583.30 ~~independently licensed mental health professional, who is qualified under Minnesota Rules,~~
 583.31 ~~part 9505.0371, subpart 5, item A, and that assumes comprehensive clinical responsibility~~

584.1 ~~for clients.~~ Based on professional qualifications and client needs, clinically qualified core
 584.2 team members are assigned on a rotating basis as the client's lead worker to coordinate a
 584.3 client's care. The core team must comprise at least four full-time equivalent direct care staff
 584.4 and must minimally include, ~~but is not limited to:~~

584.5 (i) ~~an independently licensed~~ a mental health professional, ~~qualified under Minnesota~~
 584.6 ~~Rules, part 9505.0371, subpart 5, item A,~~ who serves as team leader to provide administrative
 584.7 direction and ~~clinical~~ treatment supervision to the team;

584.8 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
 584.9 health care or a board-certified child and adolescent psychiatrist, either of which must be
 584.10 credentialed to prescribe medications;

584.11 (iii) a licensed alcohol and drug counselor who is also trained in mental health
 584.12 interventions; and

584.13 (iv) a mental health certified peer specialist as defined in subdivision 2, paragraph (h)
 584.14 who is qualified according to section 245I.04, subdivision 10, and is also a former children's
 584.15 mental health consumer.

584.16 (2) The core team may also include any of the following:

584.17 (i) additional mental health professionals;

584.18 (ii) a vocational specialist;

584.19 (iii) an educational specialist with knowledge and experience working with youth
 584.20 regarding special education requirements and goals, special education plans, and coordination
 584.21 of educational activities with health care activities;

584.22 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

584.23 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;

584.24 (vi) a mental health practitioner, ~~as defined in section 245.4871, subdivision 26~~ qualified
 584.25 according to section 245I.04, subdivision 4;

584.26 ~~(vi)~~ (vii) a case management service provider, as defined in section 245.4871, subdivision
 584.27 4;

584.28 ~~(vii)~~ (viii) a housing access specialist; and

584.29 ~~(viii)~~ (ix) a family peer specialist as defined in subdivision 2, paragraph (m).

584.30 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
 584.31 members not employed by the team who consult on a specific client and who must accept

585.1 overall clinical direction from the treatment team for the duration of the client's placement
585.2 with the treatment team and must be paid by the provider agency at the rate for a typical
585.3 session by that provider with that client or at a rate negotiated with the client-specific
585.4 member. Client-specific treatment team members may include:

585.5 (i) the mental health professional treating the client prior to placement with the treatment
585.6 team;

585.7 (ii) the client's current substance ~~abuse~~ use counselor, if applicable;

585.8 (iii) a lead member of the client's individualized education program team or school-based
585.9 mental health provider, if applicable;

585.10 (iv) a representative from the client's health care home or primary care clinic, as needed
585.11 to ensure integration of medical and behavioral health care;

585.12 (v) the client's probation officer or other juvenile justice representative, if applicable;
585.13 and

585.14 (vi) the client's current vocational or employment counselor, if applicable.

585.15 (c) The ~~clinical~~ treatment supervisor shall be an active member of the treatment team
585.16 and shall function as a practicing clinician at least on a part-time basis. The treatment team
585.17 shall meet with the ~~clinical~~ treatment supervisor at least weekly to discuss recipients' progress
585.18 and make rapid adjustments to meet recipients' needs. The team meeting must include
585.19 client-specific case reviews and general treatment discussions among team members.
585.20 Client-specific case reviews and planning must be documented in the individual client's
585.21 treatment record.

585.22 (d) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
585.23 team position.

585.24 (e) The treatment team shall serve no more than 80 clients at any one time. Should local
585.25 demand exceed the team's capacity, an additional team must be established rather than
585.26 exceed this limit.

585.27 (f) Nonclinical staff shall have prompt access in person or by telephone to a mental
585.28 health practitioner, clinical trainee, or mental health professional. The provider shall have
585.29 the capacity to promptly and appropriately respond to emergent needs and make any
585.30 necessary staffing adjustments to ensure the health and safety of clients.

585.31 (g) The intensive nonresidential rehabilitative mental health services provider shall
585.32 participate in evaluation of the assertive community treatment for youth (Youth ACT) model

586.1 as conducted by the commissioner, including the collection and reporting of data and the
586.2 reporting of performance measures as specified by contract with the commissioner.

586.3 (h) A regional treatment team may serve multiple counties.

586.4 Sec. 104. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

586.5 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
586.6 nonresidential rehabilitative mental health services.

586.7 (a) The treatment team must use team treatment, not an individual treatment model.

586.8 (b) Services must be available at times that meet client needs.

586.9 (c) Services must be age-appropriate and meet the specific needs of the client.

586.10 (d) ~~The initial functional assessment must be completed within ten days of intake and~~
586.11 level of care assessment as defined in section 245I.02, subdivision 19, and functional
586.12 assessment as defined in section 245I.02, subdivision 17, must be updated at least every six
586.13 months 90 days or prior to discharge from the service, whichever comes first.

586.14 (e) An individual treatment plan must be completed for each client, according to section
586.15 245I.10, subdivisions 7 and 8, and, additionally, must:

586.16 ~~(1) be based on the information in the client's diagnostic assessment and baselines;~~

586.17 ~~(2) identify goals and objectives of treatment, a treatment strategy, a schedule for~~
586.18 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~
586.19 ~~treatment services and supports;~~

586.20 ~~(3) be developed after completion of the client's diagnostic assessment by a mental health~~
586.21 ~~professional or clinical trainee and before the provision of children's therapeutic services~~
586.22 ~~and supports;~~

586.23 ~~(4) be developed through a child-centered, family-driven, culturally appropriate planning~~
586.24 ~~process, including allowing parents and guardians to observe or participate in individual~~
586.25 ~~and family treatment services, assessments, and treatment planning;~~

586.26 ~~(5) be reviewed at least once every six months and revised to document treatment progress~~
586.27 ~~on each treatment objective and next goals or, if progress is not documented, to document~~
586.28 ~~changes in treatment;~~

586.29 ~~(6) be signed by the clinical supervisor and by the client or by the client's parent or other~~
586.30 ~~person authorized by statute to consent to mental health services for the client. A client's~~

587.1 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~
587.2 ~~by documented oral approval that is later verified by written signature;~~

587.3 ~~(7)~~ (1) be completed in consultation with the client's current therapist and key providers
587.4 and provide for ongoing consultation with the client's current therapist to ensure therapeutic
587.5 continuity and to facilitate the client's return to the community. For clients under the age of
587.6 18, the treatment team must consult with parents and guardians in developing the treatment
587.7 plan;

587.8 ~~(8)~~ (2) if a need for substance use disorder treatment is indicated by validated assessment:

587.9 (i) identify goals, objectives, and strategies of substance use disorder treatment;

587.10 (ii) develop a schedule for accomplishing substance use disorder treatment goals and
587.11 objectives; and

587.12 (iii) identify the individuals responsible for providing substance use disorder treatment
587.13 services and supports;

587.14 ~~(ii) be reviewed at least once every 90 days and revised, if necessary;~~

587.15 ~~(9) be signed by the clinical supervisor and by the client and, if the client is a minor, by~~
587.16 ~~the client's parent or other person authorized by statute to consent to mental health treatment~~
587.17 ~~and substance use disorder treatment for the client; and~~

587.18 ~~(10)~~ (3) provide for the client's transition out of intensive nonresidential rehabilitative
587.19 mental health services by defining the team's actions to assist the client and subsequent
587.20 providers in the transition to less intensive or "stepped down" services; and

587.21 (4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days
587.22 and revised to document treatment progress or, if progress is not documented, to document
587.23 changes in treatment.

587.24 (f) The treatment team shall actively and assertively engage the client's family members
587.25 and significant others by establishing communication and collaboration with the family and
587.26 significant others and educating the family and significant others about the client's mental
587.27 illness, symptom management, and the family's role in treatment, unless the team knows or
587.28 has reason to suspect that the client has suffered or faces a threat of suffering any physical
587.29 or mental injury, abuse, or neglect from a family member or significant other.

587.30 (g) For a client age 18 or older, the treatment team may disclose to a family member,
587.31 other relative, or a close personal friend of the client, or other person identified by the client,
587.32 the protected health information directly relevant to such person's involvement with the

588.1 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
588.2 client is present, the treatment team shall obtain the client's agreement, provide the client
588.3 with an opportunity to object, or reasonably infer from the circumstances, based on the
588.4 exercise of professional judgment, that the client does not object. If the client is not present
588.5 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
588.6 team may, in the exercise of professional judgment, determine whether the disclosure is in
588.7 the best interests of the client and, if so, disclose only the protected health information that
588.8 is directly relevant to the family member's, relative's, friend's, or client-identified person's
588.9 involvement with the client's health care. The client may orally agree or object to the
588.10 disclosure and may prohibit or restrict disclosure to specific individuals.

588.11 (h) The treatment team shall provide interventions to promote positive interpersonal
588.12 relationships.

588.13 Sec. 105. Minnesota Statutes 2020, section 256B.0947, subdivision 7, is amended to read:

588.14 Subd. 7. **Medical assistance payment and rate setting.** (a) Payment for services in this
588.15 section must be based on one daily encounter rate per provider inclusive of the following
588.16 services received by an eligible client in a given calendar day: all rehabilitative services,
588.17 supports, and ancillary activities under this section, staff travel time to provide rehabilitative
588.18 services under this section, and crisis response services under section ~~256B.0944~~ 256B.0624.

588.19 (b) Payment must not be made to more than one entity for each client for services
588.20 provided under this section on a given day. If services under this section are provided by a
588.21 team that includes staff from more than one entity, the team shall determine how to distribute
588.22 the payment among the members.

588.23 (c) The commissioner shall establish regional cost-based rates for entities that will bill
588.24 medical assistance for nonresidential intensive rehabilitative mental health services. In
588.25 developing these rates, the commissioner shall consider:

588.26 (1) the cost for similar services in the health care trade area;

588.27 (2) actual costs incurred by entities providing the services;

588.28 (3) the intensity and frequency of services to be provided to each client;

588.29 (4) the degree to which clients will receive services other than services under this section;

588.30 and

588.31 (5) the costs of other services that will be separately reimbursed.

589.1 (d) The rate for a provider must not exceed the rate charged by that provider for the
589.2 same service to other payers.

589.3 Sec. 106. Minnesota Statutes 2020, section 256B.0949, subdivision 2, is amended to read:

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

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

589.11 (c) "Autism spectrum disorder or a related condition" or "ASD or a related condition"
589.12 means either autism spectrum disorder (ASD) as defined in the current version of the
589.13 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found
589.14 to be closely related to ASD, as identified under the current version of the DSM, and meets
589.15 all of the following criteria:

589.16 (1) is severe and chronic;

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

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

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

589.25 (i) behavioral challenges and self-regulation;

589.26 (ii) cognition;

589.27 (iii) learning and play;

589.28 (iv) self-care; or

589.29 (v) safety.

589.30 (d) "Person" means a person under 21 years of age.

590.1 (e) "Clinical supervision" means the overall responsibility for the control and direction
590.2 of EIDBI service delivery, including individual treatment planning, staff supervision,
590.3 individual treatment plan progress monitoring, and treatment review for each person. Clinical
590.4 supervision is provided by a qualified supervising professional (QSP) who takes full
590.5 professional responsibility for the service provided by each supervisee.

590.6 (f) "Commissioner" means the commissioner of human services, unless otherwise
590.7 specified.

590.8 (g) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
590.9 evaluation of a person to determine medical necessity for EIDBI services based on the
590.10 requirements in subdivision 5.

590.11 (h) "Department" means the Department of Human Services, unless otherwise specified.

590.12 (i) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
590.13 benefit" means a variety of individualized, intensive treatment modalities approved and
590.14 published by the commissioner that are based in behavioral and developmental science
590.15 consistent with best practices on effectiveness.

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

590.20 (k) "Incident" means when any of the following occur:

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

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

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

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

590.29 (m) "Legal representative" means the parent of a child who is under 18 years of age, a
590.30 court-appointed guardian, or other representative with legal authority to make decisions
590.31 about service for a person. For the purpose of this subdivision, "other representative with

591.1 legal authority to make decisions" includes a health care agent or an attorney-in-fact
591.2 authorized through a health care directive or power of attorney.

591.3 (n) "Mental health professional" ~~has the meaning given in~~ means a staff person who is
591.4 qualified according to section ~~245.4871, subdivision 27, clauses (1) to (6)~~ 245I.04,
591.5 subdivision 2.

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

591.10 (p) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II, or
591.11 level III treatment provider.

591.12 Sec. 107. Minnesota Statutes 2020, section 256B.0949, subdivision 4, is amended to read:

591.13 Subd. 4. **Diagnosis.** (a) A diagnosis of ASD or a related condition must:

591.14 (1) be based upon current DSM criteria including direct observations of the person and
591.15 information from the person's legal representative or primary caregivers;

591.16 (2) be completed by either (i) a licensed physician or advanced practice registered nurse
591.17 or (ii) a mental health professional; and

591.18 (3) meet the requirements of ~~Minnesota Rules, part 9505.0372, subpart 1, items B and~~
591.19 € a standard diagnostic assessment according to section 245I.10, subdivision 6.

591.20 (b) Additional assessment information may be considered to complete a diagnostic
591.21 assessment including specialized tests administered through special education evaluations
591.22 and licensed school personnel, and from professionals licensed in the fields of medicine,
591.23 speech and language, psychology, occupational therapy, and physical therapy. A diagnostic
591.24 assessment may include treatment recommendations.

591.25 Sec. 108. Minnesota Statutes 2020, section 256B.0949, subdivision 5a, is amended to
591.26 read:

591.27 Subd. 5a. **Comprehensive multidisciplinary evaluation provider qualification.** A
591.28 CMDE provider must:

591.29 (1) be a licensed physician, advanced practice registered nurse, a mental health
591.30 professional, or a ~~mental health practitioner who meets the requirements of a clinical trainee~~

592.1 ~~as defined in Minnesota Rules, part 9505.0371, subpart 5, item C~~ who is qualified according
592.2 to section 245I.04, subdivision 6;

592.3 (2) have at least 2,000 hours of clinical experience in the evaluation and treatment of
592.4 people with ASD or a related condition or equivalent documented coursework at the graduate
592.5 level by an accredited university in the following content areas: ASD or a related condition
592.6 diagnosis, ASD or a related condition treatment strategies, and child development; and

592.7 (3) be able to diagnose, evaluate, or provide treatment within the provider's scope of
592.8 practice and professional license.

592.9 Sec. 109. Minnesota Statutes 2020, section 256B.25, subdivision 3, is amended to read:

592.10 Subd. 3. **Payment exceptions.** The limitation in subdivision 2 shall not apply to:

592.11 (1) payment of Minnesota supplemental assistance funds to recipients who reside in
592.12 facilities which are involved in litigation contesting their designation as an institution for
592.13 treatment of mental disease;

592.14 (2) payment or grants to a boarding care home or supervised living facility licensed by
592.15 the Department of Human Services under Minnesota Rules, parts 2960.0130 to 2960.0220
592.16 ~~or~~, 2960.0580 to 2960.0700, or 9520.0500 to 9520.0670, or under chapter 245G or 245I,
592.17 or payment to recipients who reside in these facilities;

592.18 (3) payments or grants to a boarding care home or supervised living facility which are
592.19 ineligible for certification under United States Code, title 42, sections 1396-1396p;

592.20 (4) payments or grants otherwise specifically authorized by statute or rule.

592.21 Sec. 110. Minnesota Statutes 2020, section 256B.761, is amended to read:

592.22 **256B.761 REIMBURSEMENT FOR MENTAL HEALTH SERVICES.**

592.23 (a) Effective for services rendered on or after July 1, 2001, payment for medication
592.24 management provided to psychiatric patients, outpatient mental health services, day treatment
592.25 services, home-based mental health services, and family community support services shall
592.26 be paid at the lower of (1) submitted charges, or (2) 75.6 percent of the 50th percentile of
592.27 1999 charges.

592.28 (b) Effective July 1, 2001, the medical assistance rates for outpatient mental health
592.29 services provided by an entity that operates: (1) a Medicare-certified comprehensive
592.30 outpatient rehabilitation facility; and (2) a facility that was certified prior to January 1, 1993,
592.31 with at least 33 percent of the clients receiving rehabilitation services in the most recent

593.1 calendar year who are medical assistance recipients, will be increased by 38 percent, when
 593.2 those services are provided within the comprehensive outpatient rehabilitation facility and
 593.3 provided to residents of nursing facilities owned by the entity.

593.4 ~~(e) The commissioner shall establish three levels of payment for mental health diagnostic~~
 593.5 ~~assessment, based on three levels of complexity. The aggregate payment under the tiered~~
 593.6 ~~rates must not exceed the projected aggregate payments for mental health diagnostic~~
 593.7 ~~assessment under the previous single rate. The new rate structure is effective January 1,~~
 593.8 ~~2011, or upon federal approval, whichever is later.~~

593.9 ~~(d)~~ (c) In addition to rate increases otherwise provided, the commissioner may restructure
 593.10 coverage policy and rates to improve access to adult rehabilitative mental health services
 593.11 under section 256B.0623 and related mental health support services under section 256B.021,
 593.12 subdivision 4, paragraph (f), clause (2). For state fiscal years 2015 and 2016, the projected
 593.13 state share of increased costs due to this paragraph is transferred from adult mental health
 593.14 grants under sections 245.4661 and 256E.12. The transfer for fiscal year 2016 is a permanent
 593.15 base adjustment for subsequent fiscal years. Payments made to managed care plans and
 593.16 county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect
 593.17 the rate changes described in this paragraph.

593.18 ~~(e)~~ (d) Any ratables effective before July 1, 2015, do not apply to early intensive
 593.19 developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

593.20 Sec. 111. Minnesota Statutes 2020, section 256B.763, is amended to read:

593.21 **256B.763 CRITICAL ACCESS MENTAL HEALTH RATE INCREASE.**

593.22 (a) For services defined in paragraph (b) and rendered on or after July 1, 2007, payment
 593.23 rates shall be increased by 23.7 percent over the rates in effect on January 1, 2006, for:

593.24 (1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;

593.25 (2) community mental health centers under section 256B.0625, subdivision 5; and

593.26 (3) mental health clinics ~~and centers~~ certified under ~~Minnesota Rules, parts 9520.0750~~

593.27 ~~to 9520.0870~~ section 245I.20, or hospital outpatient psychiatric departments that are

593.28 designated as essential community providers under section 62Q.19.

593.29 (b) This increase applies to group skills training when provided as a component of
 593.30 children's therapeutic services and support, psychotherapy, medication management,
 593.31 evaluation and management, diagnostic assessment, explanation of findings, psychological
 593.32 testing, neuropsychological services, direction of behavioral aides, and inpatient consultation.

594.1 (c) This increase does not apply to rates that are governed by section 256B.0625,
594.2 subdivision 30, or 256B.761, paragraph (b), other cost-based rates, rates that are negotiated
594.3 with the county, rates that are established by the federal government, or rates that increased
594.4 between January 1, 2004, and January 1, 2005.

594.5 (d) The commissioner shall adjust rates paid to prepaid health plans under contract with
594.6 the commissioner to reflect the rate increases provided in paragraphs (a), (e), and (f). The
594.7 prepaid health plan must pass this rate increase to the providers identified in paragraphs (a),
594.8 (e), (f), and (g).

594.9 (e) Payment rates shall be increased by 23.7 percent over the rates in effect on December
594.10 31, 2007, for:

594.11 (1) medication education services provided on or after January 1, 2008, by adult
594.12 rehabilitative mental health services providers certified under section 256B.0623; and

594.13 (2) mental health behavioral aide services provided on or after January 1, 2008, by
594.14 children's therapeutic services and support providers certified under section 256B.0943.

594.15 (f) For services defined in paragraph (b) and rendered on or after January 1, 2008, by
594.16 children's therapeutic services and support providers certified under section 256B.0943 and
594.17 not already included in paragraph (a), payment rates shall be increased by 23.7 percent over
594.18 the rates in effect on December 31, 2007.

594.19 (g) Payment rates shall be increased by 2.3 percent over the rates in effect on December
594.20 31, 2007, for individual and family skills training provided on or after January 1, 2008, by
594.21 children's therapeutic services and support providers certified under section 256B.0943.

594.22 (h) For services described in paragraphs (b), (e), and (g) and rendered on or after July
594.23 1, 2017, payment rates for mental health clinics ~~and centers certified under Minnesota Rules,~~
594.24 ~~parts 9520.0750 to 9520.0870~~ section 245I.20, that are not designated as essential community
594.25 providers under section 62Q.19 shall be equal to payment rates for mental health clinics
594.26 ~~and centers certified under Minnesota Rules, parts 9520.0750 to 9520.0870~~ section 245I.20,
594.27 that are designated as essential community providers under section 62Q.19. In order to
594.28 receive increased payment rates under this paragraph, a provider must demonstrate a
594.29 commitment to serve low-income and underserved populations by:

594.30 (1) charging for services on a sliding-fee schedule based on current poverty income
594.31 guidelines; and

594.32 (2) not restricting access or services because of a client's financial limitation.

595.1 Sec. 112. Minnesota Statutes 2020, section 256P.01, subdivision 6a, is amended to read:

595.2 Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified
595.3 professional" means a licensed physician, physician assistant, advanced practice registered
595.4 nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their
595.5 scope of practice.

595.6 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
595.7 professional" means a licensed physician, physician assistant, advanced practice registered
595.8 nurse, licensed independent clinical social worker, licensed psychologist, certified school
595.9 psychologist, or certified psychometrist working under the supervision of a licensed
595.10 psychologist.

595.11 (c) For mental health, a "qualified professional" means a licensed physician, advanced
595.12 practice registered nurse, or qualified mental health professional under section ~~245.462,~~
595.13 ~~subdivision 18, clauses (1) to (6)~~ 245I.04, subdivision 2.

595.14 (d) For substance use disorder, a "qualified professional" means a licensed physician, a
595.15 qualified mental health professional under section 245.462, subdivision 18, clauses (1) to
595.16 (6), or an individual as defined in section 245G.11, subdivision 3, 4, or 5.

595.17 Sec. 113. Minnesota Statutes 2020, section 295.50, subdivision 9b, is amended to read:

595.18 Subd. 9b. **Patient services.** (a) "Patient services" means inpatient and outpatient services
595.19 and other goods and services provided by hospitals, surgical centers, or health care providers.
595.20 They include the following health care goods and services provided to a patient or consumer:

595.21 (1) bed and board;

595.22 (2) nursing services and other related services;

595.23 (3) use of hospitals, surgical centers, or health care provider facilities;

595.24 (4) medical social services;

595.25 (5) drugs, biologicals, supplies, appliances, and equipment;

595.26 (6) other diagnostic or therapeutic items or services;

595.27 (7) medical or surgical services;

595.28 (8) items and services furnished to ambulatory patients not requiring emergency care;

595.29 and

595.30 (9) emergency services.

596.1 (b) "Patient services" does not include:

596.2 (1) services provided to nursing homes licensed under chapter 144A;

596.3 (2) examinations for purposes of utilization reviews, insurance claims or eligibility,
596.4 litigation, and employment, including reviews of medical records for those purposes;

596.5 (3) services provided to and by community residential mental health facilities licensed
596.6 under section 245I.23 or Minnesota Rules, parts 9520.0500 to 9520.0670, and to and by
596.7 residential treatment programs for children with severe emotional disturbance licensed or
596.8 certified under chapter 245A;

596.9 (4) services provided under the following programs: day treatment services as defined
596.10 in section 245.462, subdivision 8; assertive community treatment as described in section
596.11 256B.0622; adult rehabilitative mental health services as described in section 256B.0623;
596.12 ~~adult~~ crisis response services as described in section 256B.0624; and children's therapeutic
596.13 services and supports as described in section 256B.0943; ~~and children's mental health crisis~~
596.14 ~~response services as described in section 256B.0944;~~

596.15 (5) services provided to and by community mental health centers as defined in section
596.16 245.62, subdivision 2;

596.17 (6) services provided to and by assisted living programs and congregate housing
596.18 programs;

596.19 (7) hospice care services;

596.20 (8) home and community-based waived services under chapter 256S and sections
596.21 256B.49 and 256B.501;

596.22 (9) targeted case management services under sections 256B.0621; 256B.0625,
596.23 subdivisions 20, 20a, 33, and 44; and 256B.094; and

596.24 (10) services provided to the following: supervised living facilities for persons with
596.25 developmental disabilities licensed under Minnesota Rules, parts 4665.0100 to 4665.9900;
596.26 housing with services establishments required to be registered under chapter 144D; board
596.27 and lodging establishments providing only custodial services that are licensed under chapter
596.28 157 and registered under section 157.17 to provide supportive services or health supervision
596.29 services; adult foster homes as defined in Minnesota Rules, part 9555.5105; day training
596.30 and habilitation services for adults with developmental disabilities as defined in section
596.31 252.41, subdivision 3; boarding care homes as defined in Minnesota Rules, part 4655.0100;
596.32 adult day care services as defined in section 245A.02, subdivision 2a; and home health

597.1 agencies as defined in Minnesota Rules, part 9505.0175, subpart 15, or licensed under
597.2 chapter 144A.

597.3 Sec. 114. Minnesota Statutes 2020, section 325F.721, subdivision 1, is amended to read:

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

597.6 (b) "Covered setting" means an unlicensed setting providing sleeping accommodations
597.7 to one or more adult residents, at least 80 percent of which are 55 years of age or older, and
597.8 offering or providing, for a fee, supportive services. For the purposes of this section, covered
597.9 setting does not mean:

597.10 (1) emergency shelter, transitional housing, or any other residential units serving
597.11 exclusively or primarily homeless individuals, as defined under section 116L.361;

597.12 (2) a nursing home licensed under chapter 144A;

597.13 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
597.14 144.50 to 144.56;

597.15 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
597.16 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

597.17 (5) services and residential settings licensed under chapter 245A, including adult foster
597.18 care and services and settings governed under the standards in chapter 245D;

597.19 (6) private homes in which the residents are related by kinship, law, or affinity with the
597.20 providers of services;

597.21 (7) a duly organized condominium, cooperative, and common interest community, or
597.22 owners' association of the condominium, cooperative, and common interest community
597.23 where at least 80 percent of the units that comprise the condominium, cooperative, or
597.24 common interest community are occupied by individuals who are the owners, members, or
597.25 shareholders of the units;

597.26 (8) temporary family health care dwellings as defined in sections 394.307 and 462.3593;

597.27 (9) settings offering services conducted by and for the adherents of any recognized
597.28 church or religious denomination for its members exclusively through spiritual means or
597.29 by prayer for healing;

597.30 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
597.31 low-income housing tax credits pursuant to United States Code, title 26, section 42, and

598.1 units financed by the Minnesota Housing Finance Agency that are intended to serve
598.2 individuals with disabilities or individuals who are homeless, except for those developments
598.3 that market or hold themselves out as assisted living facilities and provide assisted living
598.4 services;

598.5 (11) rental housing developed under United States Code, title 42, section 1437, or United
598.6 States Code, title 12, section 1701q;

598.7 (12) rental housing designated for occupancy by only elderly or elderly and disabled
598.8 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
598.9 families under Code of Federal Regulations, title 24, section 983.56;

598.10 (13) rental housing funded under United States Code, title 42, chapter 89, or United
598.11 States Code, title 42, section 8011; or

598.12 (14) an assisted living facility licensed under chapter 144G.

598.13 (c) "'I'm okay' check services" means providing a service to, by any means, check on
598.14 the safety of a resident.

598.15 (d) "Resident" means a person entering into written contract for housing and services
598.16 with a covered setting.

598.17 (e) "Supportive services" means:

598.18 (1) assistance with laundry, shopping, and household chores;

598.19 (2) housekeeping services;

598.20 (3) provision of meals or assistance with meals or food preparation;

598.21 (4) help with arranging, or arranging transportation to, medical, social, recreational,
598.22 personal, or social services appointments; or

598.23 (5) provision of social or recreational services.

598.24 Arranging for services does not include making referrals or contacting a service provider
598.25 in an emergency.

598.26 Sec. 115. **REPEALER.**

598.27 (a) Minnesota Statutes 2020, sections 245.462, subdivision 4a; 245.4879, subdivision
598.28 2; 245.62, subdivisions 3 and 4; 245.69, subdivision 2; 256B.0615, subdivision 2; 256B.0616,
598.29 subdivision 2; 256B.0622, subdivisions 3 and 5a; 256B.0623, subdivisions 7, 8, 10, and 11;
598.30 256B.0625, subdivisions 51, 35a, 35b, 61, 62, and 65; 256B.0943, subdivisions 8 and 10;
598.31 256B.0944; and 256B.0946, subdivision 5, are repealed.

- 600.1 **(MFIP)/Diversionsary Work**
 600.2 **Program (DWP)**
- 600.3 Appropriations by Fund
- 600.4 2021
- 600.5 General 59,004,000
- 600.6 Federal TANF (34,843,000)
- 600.7 **(b) MFIP Child Care Assistance** (54,158,000)
- 600.8 **(c) General Assistance** 3,925,000
- 600.9 **(d) Minnesota Supplemental Aid** 3,849,000
- 600.10 **(e) Housing Support** 3,022,000
- 600.11 **(f) Northstar Care for Children** (8,639,000)
- 600.12 **(g) MinnesotaCare** (36,893,000)
- 600.13 This appropriation is from the health care
 600.14 access fund.
- 600.15 **(h) Medical Assistance**
- 600.16 Appropriations by Fund
- 600.17 2021
- 600.18 General (694,938,000)
- 600.19 Health Care Access -0-
- 600.20 **(i) Alternative Care** 247,000
- 600.21 **(j) Consolidated Chemical Dependency**
 600.22 **Treatment Fund (CCDTF) Entitlement** (57,578,000)
- 600.23 **Subd. 3. Technical Activities** 6,000
- 600.24 This appropriation is from the federal TANF
 600.25 fund.
- 600.26 Sec. 3. **EFFECTIVE DATE.**
- 600.27 Sections 1 and 2 are effective the day following final enactment.
- 600.28 **ARTICLE 12**
- 600.29 **APPROPRIATIONS**
- 600.30 Section 1. **HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

601.1 The sums shown in the columns marked "Appropriations" are appropriated to the agencies
 601.2 and for the purposes specified in this article. The appropriations are from the general fund,
 601.3 or another named fund, and are available for the fiscal years indicated for each purpose.
 601.4 The figures "2022" and "2023" used in this article mean that the appropriations listed under
 601.5 them are available for the fiscal year ending June 30, 2022, or June 30, 2023, respectively.
 601.6 "The first year" is fiscal year 2022. "The second year" is fiscal year 2023. "The biennium"
 601.7 is fiscal years 2022 and 2023.

		<u>APPROPRIATIONS</u>	
		<u>Available for the Year</u>	
		<u>Ending June 30</u>	
		<u>2022</u>	<u>2023</u>
601.12	<u>Sec. 2. COMMISSIONER OF HUMAN</u>		
601.13	<u>SERVICES</u>		
601.14	<u>Subdivision 1. Total Appropriation</u>	<u>\$ 9,045,462,000</u>	<u>\$ 9,534,697,000</u>
601.15	<u>Appropriations by Fund</u>		
601.16		<u>2022</u>	<u>2023</u>
601.17	<u>General</u>	<u>7,884,210,000</u>	<u>8,405,243,000</u>
601.18	<u>State Government</u>		
601.19	<u>Special Revenue</u>	<u>4,299,000</u>	<u>4,299,000</u>
601.20	<u>Health Care Access</u>	<u>867,157,000</u>	<u>847,957,000</u>
601.21	<u>Federal TANF</u>	<u>285,340,000</u>	<u>272,842,000</u>
601.22	<u>Lottery Prize</u>	<u>1,896,000</u>	<u>1,896,000</u>
601.23	<u>Opiate Epidemic</u>		
601.24	<u>Response</u>	<u>2,560,000</u>	<u>2,560,000</u>

601.25 The amounts that may be spent for each
 601.26 purpose are specified in the following
 601.27 subdivisions.

601.28 **Subd. 2. TANF Maintenance of Effort**

601.29 **(a) Nonfederal Expenditures.** The
 601.30 commissioner shall ensure that sufficient
 601.31 qualified nonfederal expenditures are made
 601.32 each year to meet the state's maintenance of
 601.33 effort (MOE) requirements of the TANF block
 601.34 grant specified under Code of Federal

602.1 Regulations, title 45, section 263.1. In order
602.2 to meet these basic TANF/MOE requirements,
602.3 the commissioner may report as TANF/MOE
602.4 expenditures only nonfederal money expended
602.5 for allowable activities listed in the following
602.6 clauses:

602.7 (1) MFIP cash, diversionary work program,
602.8 and food assistance benefits under Minnesota
602.9 Statutes, chapter 256J;

602.10 (2) the child care assistance programs under
602.11 Minnesota Statutes, sections 119B.03 and
602.12 119B.05, and county child care administrative
602.13 costs under Minnesota Statutes, section
602.14 119B.15;

602.15 (3) state and county MFIP administrative costs
602.16 under Minnesota Statutes, chapters 256J and
602.17 256K;

602.18 (4) state, county, and tribal MFIP employment
602.19 services under Minnesota Statutes, chapters
602.20 256J and 256K;

602.21 (5) expenditures made on behalf of legal
602.22 noncitizen MFIP recipients who qualify for
602.23 the MinnesotaCare program under Minnesota
602.24 Statutes, chapter 256L;

602.25 (6) qualifying working family credit
602.26 expenditures under Minnesota Statutes, section
602.27 290.0671;

602.28 (7) qualifying Minnesota education credit
602.29 expenditures under Minnesota Statutes, section
602.30 290.0674; and

602.31 (8) qualifying Head Start expenditures under
602.32 Minnesota Statutes, section 119A.50.

603.1 **(b) Nonfederal Expenditures; Reporting.**
603.2 For the activities listed in paragraph (a),
603.3 clauses (2) to (8), the commissioner may
603.4 report only expenditures that are excluded
603.5 from the definition of assistance under Code
603.6 of Federal Regulations, title 45, section
603.7 260.31.

603.8 **(c) Limitation; Exceptions. The**
603.9 commissioner must not claim an amount of
603.10 TANF/MOE in excess of the 75 percent
603.11 standard in Code of Federal Regulations, title
603.12 45, section 263.1(a)(2), except:

603.13 (1) to the extent necessary to meet the 80
603.14 percent standard under Code of Federal
603.15 Regulations, title 45, section 263.1(a)(1), if it
603.16 is determined by the commissioner that the
603.17 state will not meet the TANF work
603.18 participation target rate for the current year;

603.19 (2) to provide any additional amounts under
603.20 Code of Federal Regulations, title 45, section
603.21 264.5, that relate to replacement of TANF
603.22 funds due to the operation of TANF penalties;
603.23 and

603.24 (3) to provide any additional amounts that may
603.25 contribute to avoiding or reducing TANF work
603.26 participation penalties through the operation
603.27 of the excess MOE provisions of Code of
603.28 Federal Regulations, title 45, section 261.43
603.29 (a)(2).

603.30 **(d) Supplemental Expenditures. For the**
603.31 purposes of paragraph (c), the commissioner
603.32 may supplement the MOE claim with working
603.33 family credit expenditures or other qualified
603.34 expenditures to the extent such expenditures

604.1 are otherwise available after considering the
604.2 expenditures allowed in this subdivision.

604.3 **(e) Reduction of Appropriations; Exception.**
604.4 The requirement in Minnesota Statutes, section
604.5 256.011, subdivision 3, that federal grants or
604.6 aids secured or obtained under that subdivision
604.7 be used to reduce any direct appropriations
604.8 provided by law, does not apply if the grants
604.9 or aids are federal TANF funds.

604.10 **(f) IT Appropriations Generally. This**
604.11 appropriation includes funds for information
604.12 technology projects, services, and support.
604.13 Notwithstanding Minnesota Statutes, section
604.14 16E.0466, funding for information technology
604.15 project costs shall be incorporated into the
604.16 service level agreement and paid to the Office
604.17 of MN.IT Services by the Department of
604.18 Human Services under the rates and
604.19 mechanism specified in that agreement.

604.20 **(g) Receipts for Systems Project.**
604.21 Appropriations and federal receipts for
604.22 information systems projects for MAXIS,
604.23 PRISM, MMIS, ISDS, METS, and SSIS must
604.24 be deposited in the state systems account
604.25 authorized in Minnesota Statutes, section
604.26 256.014. Money appropriated for information
604.27 systems projects approved by the
604.28 commissioner of the Office of MN.IT
604.29 Services, funded by the legislature, and
604.30 approved by the commissioner of management
604.31 and budget may be transferred from one
604.32 project to another and from development to
604.33 operations as the commissioner of human
604.34 services considers necessary. Any unexpended
604.35 balance in the appropriation for these projects

605.1 does not cancel and is available for ongoing
 605.2 development and operations.

605.3 **(h) Federal SNAP Education and Training**
 605.4 **Grants.** Federal funds available during fiscal
 605.5 years 2022 and 2023 for Supplemental
 605.6 Nutrition Assistance Program Education and
 605.7 Training and SNAP Quality Control
 605.8 Performance Bonus grants are appropriated
 605.9 to the commissioner of human services for the
 605.10 purposes allowable under the terms of the
 605.11 federal award. This paragraph is effective the
 605.12 day following final enactment.

605.13 **Subd. 3. Central Office; Operations**

605.14	<u>Appropriations by Fund</u>		
605.15	<u>General</u>	<u>158,297,000</u>	<u>155,788,000</u>
605.16	<u>State Government</u>		
605.17	<u>Special Revenue</u>	<u>4,174,000</u>	<u>4,174,000</u>
605.18	<u>Health Care Access</u>	<u>16,966,000</u>	<u>16,966,000</u>
605.19	<u>Federal TANF</u>	<u>100,000</u>	<u>100,000</u>

605.20 **(a) Administrative Recovery; Set-Aside.** The
 605.21 commissioner may invoice local entities
 605.22 through the SWIFT accounting system as an
 605.23 alternative means to recover the actual cost of
 605.24 administering the following provisions:

605.25 (1) Minnesota Statutes, section 125A.744,
 605.26 subdivision 3;

605.27 (2) Minnesota Statutes, section 245.495,
 605.28 paragraph (b);

605.29 (3) Minnesota Statutes, section 256B.0625,
 605.30 subdivision 20, paragraph (k);

605.31 (4) Minnesota Statutes, section 256B.0924,
 605.32 subdivision 6, paragraph (g);

605.33 (5) Minnesota Statutes, section 256B.0945,
 605.34 subdivision 4, paragraph (d); and

606.1 (6) Minnesota Statutes, section 256F.10,
 606.2 subdivision 6, paragraph (b).

606.3 (b) **Background Studies.** \$2,074,000 in fiscal
 606.4 year 2022 is from the general fund to provide
 606.5 a credit to providers who paid for emergency
 606.6 background studies in NETStudy 2.0. This is
 606.7 a onetime appropriation.

606.8 (c) **Base Level Adjustment.** The general fund
 606.9 base is \$155,603,000 in fiscal year 2024 and
 606.10 \$155,636,000 in fiscal year 2025.

606.11 Subd. 4. **Central Office; Children and Families**

	<u>Appropriations by Fund</u>	
606.12		
606.13	<u>General</u>	<u>17,684,000</u> <u>18,189,000</u>
606.14	<u>Federal TANF</u>	<u>2,582,000</u> <u>2,582,000</u>

606.15 (a) **Indian Child Welfare Training.**
 606.16 \$1,012,000 in fiscal year 2022 and \$993,000
 606.17 in fiscal year 2023 are from the general fund
 606.18 for establishment and operation of the Tribal
 606.19 Training and Certification Partnership at the
 606.20 University of Minnesota, Duluth campus, to
 606.21 provide training, establish federal Indian Child
 606.22 Welfare Act and Minnesota Indian Family
 606.23 Preservation Act training requirements for
 606.24 county child welfare workers, and develop
 606.25 Indigenous child welfare training for American
 606.26 Indian Tribes. The general fund base for this
 606.27 appropriation is \$1,053,000 in fiscal year 2024
 606.28 and \$1,053,000 in fiscal year 2025.

606.29 (b) **Report on Participation in Early**
 606.30 **Childhood Programs by Children in Foster**
 606.31 **Care.** \$200,000 in fiscal year 2022 and
 606.32 \$90,000 in fiscal year 2023 are from the
 606.33 general fund for the interim and final reports
 606.34 on participation in early childhood programs

607.1 by children in foster care. This is a onetime
 607.2 appropriation.

607.3 **(c) Ombudsperson for Child Care**

607.4 **Providers.** \$242,000 in fiscal year 2022 and
 607.5 \$242,000 in fiscal year 2023 are from the
 607.6 general fund for the ombudsperson for child
 607.7 care providers under Minnesota Statutes,
 607.8 section 119B.27.

607.9 **(d) Parent Aware Validation Study.**

607.10 \$204,000 in fiscal year 2022 and \$476,000 in
 607.11 fiscal year 2023 are from the general fund to
 607.12 contract with an independent third-party
 607.13 evaluator to conduct a validation study of the
 607.14 Parent Aware program. The base for this
 607.15 appropriation is \$255,000 in fiscal year 2024
 607.16 and \$0 in fiscal year 2025.

607.17 **(e) Base Level Adjustment.** The general fund
 607.18 base is \$18,168,000 in fiscal year 2024 and
 607.19 \$17,913,000 in fiscal year 2025.

607.20 **Subd. 5. Central Office; Health Care**

	<u>Appropriations by Fund</u>	
607.21		
607.22	<u>General</u>	<u>21,304,000</u> <u>21,035,000</u>
607.23	<u>Health Care Access</u>	<u>28,168,000</u> <u>28,168,000</u>

607.24 **Base Level Adjustment.** The general fund
 607.25 base is \$21,218,000 in fiscal year 2024 and
 607.26 \$21,066,000 in fiscal year 2025.

607.27 **Subd. 6. Central Office; Continuing Care for**
 607.28 **Older Adults**

	<u>Appropriations by Fund</u>	
607.29		
607.30	<u>General</u>	<u>19,793,000</u> <u>19,101,000</u>
607.31	<u>State Government</u>	
607.32	<u>Special Revenue</u>	<u>125,000</u> <u>125,000</u>

608.1 **Base Level Adjustment.** The general fund
 608.2 base is \$19,161,000 in fiscal year 2024 and
 608.3 \$19,174,000 in fiscal year 2025.

608.4 **Subd. 7. Central Office; Community Supports**

608.5	<u>Appropriations by Fund</u>		
608.6	<u>General</u>	<u>35,223,000</u>	<u>34,409,000</u>
608.7	<u>Lottery Prize</u>	<u>163,000</u>	<u>163,000</u>
608.8	<u>Opioid Epidemic</u>		
608.9	<u>Response</u>	<u>60,000</u>	<u>60,000</u>

608.10 **(a) Substance Use Disorder Provider**

608.11 **Reduction in Regulatory Requirements.**
 608.12 \$125,000 in fiscal year 2022 and \$75,000 in
 608.13 fiscal year 2023 are from the general fund for
 608.14 a contract with a vendor to develop statewide
 608.15 system improvements to minimize regulatory
 608.16 paperwork for substance use disorder
 608.17 programs. This is a onetime appropriation.

608.18 **(b) Substance Use Disorder Provider**

608.19 **Payment Modifications.** \$200,000 in fiscal
 608.20 year 2022 is from the general fund for a
 608.21 contract for a qualified vendor to conduct rate
 608.22 modeling and develop frameworks for all
 608.23 substance use disorder treatment rates. This
 608.24 is a onetime appropriation.

608.25 **(c) Substance Use Disorder Technical**

608.26 **Assistance Centers.** \$250,000 in fiscal year
 608.27 2022 and \$250,000 in fiscal year 2023 are
 608.28 from the general fund for one or more
 608.29 technical assistance centers for substance use
 608.30 disorder treatment providers.

608.31 **(d) Study on Sober Housing Program.**

608.32 \$77,000 in fiscal year 2022 and \$13,000 in
 608.33 fiscal year 2023 are from the general fund to
 608.34 conduct a sober housing program study. This
 608.35 is a onetime appropriation.

609.1 (e) Intensive Rehabilitation Mental Health
 609.2 Services Modifications. \$80,000 in fiscal year
 609.3 2022 and \$160,000 in fiscal year 2023 are
 609.4 from the general fund for a contract with a
 609.5 third party to provide specialized age-based
 609.6 training to intensive rehabilitation mental
 609.7 health treatment teams.

609.8 (f) Base Level Adjustment. The general fund
 609.9 base is \$33,942,000 in fiscal year 2024 and
 609.10 \$33,866,000 in fiscal year 2025. The opiate
 609.11 epidemic response fund base is \$60,000 in
 609.12 fiscal year 2024 and \$0 in fiscal year 2025.

609.13 Subd. 8. Forecasted Programs; MFIP/DWP

609.14	<u>Appropriations by Fund</u>	
609.15	<u>General</u>	<u>91,476,000</u> <u>88,251,000</u>
609.16	<u>Federal TANF</u>	<u>102,003,000</u> <u>94,776,000</u>

609.17	<u>Subd. 9. Forecasted Programs; MFIP Child Care</u>		
609.18	<u>Assistance</u>	<u>103,201,000</u>	<u>110,219,000</u>

609.19	<u>Subd. 10. Forecasted Programs; General</u>		
609.20	<u>Assistance</u>	<u>53,600,000</u>	<u>52,819,000</u>

609.21 (a) General Assistance Standard. The
 609.22 commissioner shall set the monthly standard
 609.23 of assistance for general assistance units
 609.24 consisting of an adult recipient who is
 609.25 childless and unmarried or living apart from
 609.26 parents or a legal guardian at \$203. The
 609.27 commissioner may reduce this amount
 609.28 according to Laws 1997, chapter 85, article 3,
 609.29 section 54.

609.30 (b) Emergency General Assistance Limit.
 609.31 The amount appropriated for emergency
 609.32 general assistance is limited to no more than
 609.33 \$6,729,812 in fiscal year 2022 and \$6,729,812
 609.34 in fiscal year 2023. Funds to counties shall be
 609.35 allocated by the commissioner using the

610.1	<u>allocation method under Minnesota Statutes,</u>		
610.2	<u>section 256D.06.</u>		
610.3	<u>Subd. 11. Forecasted Programs; Minnesota</u>		
610.4	<u>Supplemental Aid</u>	<u>51,801,000</u>	<u>52,515,000</u>
610.5	<u>Subd. 12. Forecasted Programs; Housing</u>		
610.6	<u>Support</u>	<u>186,127,000</u>	<u>196,171,000</u>
610.7	<u>Subd. 13. Forecasted Programs; Northstar Care</u>		
610.8	<u>for Children</u>	<u>107,034,000</u>	<u>121,246,000</u>
610.9	<u>Subd. 14. Forecasted Programs; MinnesotaCare</u>	<u>207,380,000</u>	<u>187,159,000</u>
610.10	<u>This appropriation is from the health care</u>		
610.11	<u>access fund.</u>		
610.12	<u>Subd. 15. Forecasted Programs; Medical</u>		
610.13	<u>Assistance</u>		
610.14	<u>Appropriations by Fund</u>		
610.15	<u>General</u>	<u>6,098,351,000</u>	<u>6,572,616,000</u>
610.16	<u>Health Care Access</u>	<u>611,178,000</u>	<u>612,099,000</u>
610.17	<u>(a) Behavioral Health Services. \$1,000,000</u>		
610.18	<u>in fiscal year 2022 and \$1,000,000 in fiscal</u>		
610.19	<u>year 2023 are from the general fund for</u>		
610.20	<u>behavioral health services provided by</u>		
610.21	<u>hospitals identified under Minnesota Statutes,</u>		
610.22	<u>section 256.969, subdivision 2b, paragraph</u>		
610.23	<u>(a), clause (4). The increase in payments shall</u>		
610.24	<u>be made by increasing the adjustment under</u>		
610.25	<u>Minnesota Statutes, section 256.969,</u>		
610.26	<u>subdivision 2b, paragraph (e), clause (2).</u>		
610.27	<u>(b) Retainer Payments for Home and</u>		
610.28	<u>Community-Based Service Providers.</u>		
610.29	<u>\$61,070,000 in fiscal year 2022 is from the</u>		
610.30	<u>general fund for retainer payments for home</u>		
610.31	<u>and community-based service providers. This</u>		
610.32	<u>is a onetime appropriation and is available</u>		
610.33	<u>until June 30, 2023.</u>		
610.34	<u>(c) Personal Care Assistance Service Rate</u>		
610.35	<u>Increase. \$18,688,000 in fiscal year 2022 and</u>		

611.1 \$57,460,000 in fiscal year 2023 are from the
 611.2 general fund for the personal care assistance
 611.3 service rate increases described in this act. The
 611.4 general fund base for this appropriation is
 611.5 \$60,899,000 in fiscal year 2024 and
 611.6 \$63,766,000 in fiscal year 2025.

611.7 **(d) Home Care Service Rate Increase.**
 611.8 \$4,800,000 in fiscal year 2022 and \$4,926,000
 611.9 in fiscal year 2023 are from the general fund
 611.10 for home care service rate increases described
 611.11 in this act. The general fund base for this
 611.12 appropriation is \$5,064,000 in fiscal year 2024
 611.13 and \$5,210,000 in fiscal year 2025.

611.14 **(e) Elderly Waiver Rate Increase.**
 611.15 \$6,057,000 in fiscal year 2022 and \$6,136,000
 611.16 in fiscal year 2023 are from the general fund
 611.17 for elderly waiver service rate increases
 611.18 described in this act. The general fund base
 611.19 for this appropriation is \$6,707,000 in fiscal
 611.20 year 2024 and \$7,357,000 in fiscal year 2025.

611.21	<u>Subd. 16. Forecasted Programs; Alternative</u>		
611.22	<u>Care</u>	<u>45,487,000</u>	<u>45,185,000</u>

611.23 **Alternative Care Transfer.** Any money
 611.24 allocated to the alternative care program that
 611.25 is not spent for the purposes indicated does
 611.26 not cancel but must be transferred to the
 611.27 medical assistance account.

611.28	<u>Subd. 17. Forecasted Programs; Behavioral</u>		
611.29	<u>Health Fund</u>	<u>96,205,000</u>	<u>120,389,000</u>

611.30 **Subd. 18. Grant Programs; Support Services**
 611.31 **Grants**

611.32	<u>Appropriations by Fund</u>		
611.33	<u>General</u>	<u>8,715,000</u>	<u>8,715,000</u>
611.34	<u>Federal TANF</u>	<u>101,311,000</u>	<u>96,984,000</u>

612.1 **MFIP Consolidated Fund.** \$5,000,000 in
 612.2 fiscal year 2022 and \$673,000 in fiscal year
 612.3 2023 are from the federal TANF fund for the
 612.4 MFIP consolidated fund under Minnesota
 612.5 Statutes, section 256J.626. The federal TANF
 612.6 fund base for this appropriation is \$5,000,000
 612.7 in fiscal year 2024 and \$5,000,000 in fiscal
 612.8 year 2025.

612.9 **Base Level Adjustment.** The federal TANF
 612.10 fund base is \$101,311,000 in fiscal year 2024
 612.11 and \$101,311,000 in fiscal year 2025.

612.12 Subd. 19. **Grant Programs; Basic Sliding Fee**
 612.13 **Child Care Assistance Grants**

53,367,000

53,385,000

612.14 **Base Level Adjustment.** The general fund
 612.15 base is \$53,389,000 in fiscal year 2024 and
 612.16 \$53,389,000 in fiscal year 2025.

612.17 Subd. 20. **Grant Programs; Child Care**
 612.18 **Development Grants**

1,737,000

1,737,000

612.19 Subd. 21. **Grant Programs; Child Support**
 612.20 **Enforcement Grants**

50,000

50,000

612.21 Subd. 22. **Grant Programs; Children's Services**
 612.22 **Grants**

612.23 Appropriations by Fund

612.24 General 52,503,000 52,218,000

612.25 Federal TANF 140,000 140,000

612.26 (a) **Title IV-E Adoption Assistance.** (1) The
 612.27 commissioner shall allocate funds from the
 612.28 Title IV-E reimbursement to the state from
 612.29 the Fostering Connections to Success and
 612.30 Increasing Adoptions Act for adoptive, foster,
 612.31 and kinship families as required in Minnesota
 612.32 Statutes, section 256N.261.

612.33 (2) Additional federal reimbursement to the
 612.34 state as a result of the Fostering Connections
 612.35 to Success and Increasing Adoptions Act's

613.1 expanded eligibility for Title IV-E adoption
 613.2 assistance is for postadoption, foster care,
 613.3 adoption, and kinship services, including a
 613.4 parent-to-parent support network.

613.5 **(b) Initial Implementation of**
 613.6 **Court-Appointed Counsel in Child**
 613.7 **Protection Proceedings.** \$520,000 in fiscal
 613.8 year 2022 and \$520,000 in fiscal year 2023
 613.9 are from the general fund for county costs
 613.10 related to court-appointed counsel in child
 613.11 protection proceedings pursuant to Minnesota
 613.12 Statutes, section 260C.163, subdivision 3. The
 613.13 commissioner shall distribute funds to counties
 613.14 that do not currently provide court-appointed
 613.15 counsel to all parents, guardians, or custodians
 613.16 who qualify for court-appointed counsel at
 613.17 emergency protective care hearings for
 613.18 reimbursement of costs related to providing
 613.19 this counsel.

613.20 **Subd. 23. Grant Programs; Children and**
 613.21 **Community Service Grants**

63,251,000

63,856,000

613.22 **(a) Family First Prevention Services Act**
 613.23 **Implementation.** \$2,000,000 in fiscal year
 613.24 2022 and \$2,000,000 in fiscal year 2023 are
 613.25 from the general fund for grants to lead
 613.26 agencies for reduced Title IV-E federal
 613.27 reimbursement for room and board costs.

613.28 **(b) Additional Funding for Community**
 613.29 **Action Programs.** \$1,000,000 in fiscal year
 613.30 2022 and \$1,000,000 in fiscal year 2023 are
 613.31 from the general fund for community action
 613.32 programs.

613.33 **Subd. 24. Grant Programs; Children and**
 613.34 **Economic Support Grants**

22,990,000

22,740,000

614.1 **(a) Minnesota Food Assistance Program.**
 614.2 Unexpended funds for the Minnesota food
 614.3 assistance program for fiscal year 2022 do not
 614.4 cancel but are available in fiscal year 2023.

614.5 **(b) Grant to Minnesota Association for**
 614.6 **Volunteer Administration.** \$250,000 in fiscal
 614.7 year 2022 is from the general fund for a grant
 614.8 to the Minnesota Association for Volunteer
 614.9 Administration to administer needs-based
 614.10 volunteerism subgrants. This is a onetime
 614.11 appropriation and is available until June 30,
 614.12 2023.

614.13 **Subd. 25. Grant Programs; Health Care Grants**

614.14	<u>Appropriations by Fund</u>		
614.15	<u>General</u>	<u>3,711,000</u>	<u>3,711,000</u>
614.16	<u>Health Care Access</u>	<u>3,465,000</u>	<u>3,465,000</u>

614.17 **Subd. 26. Grant Programs; Other Long-Term**
 614.18 **Care Grants**

	<u>1,925,000</u>	<u>1,925,000</u>
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614.19 **Subd. 27. Grant Programs; Aging and Adult**
 614.20 **Services Grants**

	<u>32,995,000</u>	<u>32,995,000</u>
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614.21 **Customized Living Quality Improvements**

614.22 **Grants.** \$500,000 in fiscal year 2022 and
 614.23 \$500,000 in fiscal year 2023 are from the
 614.24 general fund for customized living quality
 614.25 improvement grants under Minnesota Statutes,
 614.26 section 256.479.

614.27 **Subd. 28. Grant Programs; Deaf and**
 614.28 **Hard-of-Hearing Grants**

	<u>2,886,000</u>	<u>2,886,000</u>
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614.29 **Subd. 29. Grant Programs; Disabilities Grants**

	<u>23,291,000</u>	<u>22,903,000</u>
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614.30 **(a) Parent-to-Parent Peer Support.** \$125,000
 614.31 in fiscal year 2022 and \$125,000 in fiscal year
 614.32 2023 are from the general fund for a grant to
 614.33 an alliance member of Parent to Parent USA
 614.34 to support the alliance member's
 614.35 parent-to-parent peer support program for

615.1 families of children with a disability or special
615.2 health care need.

615.3 **(b) Self-Advocacy Grants.** (1) \$143,000 in
615.4 fiscal year 2022 and \$143,000 in fiscal year
615.5 2023 are from the general fund for a grant
615.6 under Minnesota Statutes, section 256.477,
615.7 subdivision 1.

615.8 (2) \$105,000 in fiscal year 2022 and \$105,000
615.9 in fiscal year 2023 are from the general fund
615.10 for subgrants under Minnesota Statutes,
615.11 section 256.477, subdivision 2.

615.12 **(c) Minnesota Inclusion Initiative Grants.**
615.13 \$150,000 in fiscal year 2022 and \$150,000 in
615.14 fiscal year 2023 are from the general fund for
615.15 grants under Minnesota Statutes, section
615.16 256.4772.

615.17 **(d) Grants to Expand Access to Child Care**
615.18 **for Children with Disabilities.** \$250,000 in
615.19 fiscal year 2022 and \$250,000 in fiscal year
615.20 2023 are from the general fund for grants to
615.21 expand access to child care for children with
615.22 disabilities. The commissioner may use up to
615.23 seven percent of the appropriation for
615.24 administration and technical assistance. This
615.25 is a onetime appropriation.

615.26 **(e) Parenting with a Disability Pilot Project.**
615.27 \$250,000 in fiscal year 2022 and \$250,000 in
615.28 fiscal year 2023 are from the general fund for
615.29 the parenting with a disability pilot project.
615.30 This is a onetime appropriation.

615.31 **(f) Base Level Adjustment.** The general fund
615.32 base is \$22,403,000 in fiscal year 2024 and
615.33 \$22,403,000 in fiscal year 2025.

616.1	<u>Subd. 30. Grant Programs; Housing Support</u>		
616.2	<u>Grants</u>	<u>11,364,000</u>	<u>10,364,000</u>
616.3	<u>Integrated Community-Based Housing Pilot</u>		
616.4	<u>Project.</u> \$1,000,000 in fiscal year 2022 is from		
616.5	<u>the general fund for competitive grants to</u>		
616.6	<u>nonprofits for the initial phase of the integrated</u>		
616.7	<u>community-based housing pilot project. The</u>		
616.8	<u>commissioner shall award competitive grants</u>		
616.9	<u>for the planning, design, construction,</u>		
616.10	<u>acquisition, and rehabilitation of permanent</u>		
616.11	<u>supportive housing that provides integrated</u>		
616.12	<u>community-based settings for people with</u>		
616.13	<u>disabilities and elderly individuals seeking to</u>		
616.14	<u>remain in their communities. This is a onetime</u>		
616.15	<u>appropriation and is available until June 30,</u>		
616.16	<u>2023.</u>		
616.17	<u>Subd. 31. Grant Programs; Adult Mental Health</u>		
616.18	<u>Grants</u>		
616.19	<u>Appropriations by Fund</u>		
616.20	<u>General</u>	<u>83,323,000</u>	<u>83,324,000</u>
616.21	<u>Opiate Epidemic</u>		
616.22	<u>Response</u>	<u>2,000,000</u>	<u>2,000,000</u>
616.23	<u>Base Level Adjustment.</u> The opiate epidemic		
616.24	<u>response fund base is \$2,000,000 in fiscal year</u>		
616.25	<u>2024 and \$0 in fiscal year 2025.</u>		
616.26	<u>Subd. 32. Grant Programs; Child Mental Health</u>		
616.27	<u>Grants</u>	<u>25,726,000</u>	<u>25,726,000</u>
616.28	<u>Subd. 33. Grant Programs; Chemical</u>		
616.29	<u>Dependency Treatment Support Grants</u>		
616.30	<u>Appropriations by Fund</u>		
616.31	<u>General</u>	<u>2,636,000</u>	<u>2,636,000</u>
616.32	<u>Lottery Prize</u>	<u>1,733,000</u>	<u>1,733,000</u>
616.33	<u>Opiate Epidemic</u>		
616.34	<u>Response</u>	<u>500,000</u>	<u>500,000</u>
616.35	<u>(a) Support Grants Problem Gambling</u>		
616.36	<u>Services.</u> The general fund base includes		

617.1 \$2,508,000 in fiscal year 2022 and \$1,508,000
 617.2 in fiscal year 2023 for a grant to the state
 617.3 affiliate recognized by the National Council
 617.4 on Problem Gambling for problem gambling
 617.5 assessments; nonresidential and residential
 617.6 treatment of problem gambling and gambling
 617.7 disorder; training for gambling treatment
 617.8 providers and other behavioral health services
 617.9 providers; and research projects that evaluate
 617.10 awareness, prevention, education, treatment
 617.11 service, and recovery supports related to
 617.12 problem gambling and gambling disorder.

617.13 (b) **Base Level Adjustment.** The opiate
 617.14 epidemic response fund base is \$500,000 in
 617.15 fiscal year 2024 and \$0 in fiscal year 2025.

617.16 Subd. 34. **Direct Care and Treatment -**
 617.17 **Generally**

617.18 **Transfer Authority.** Money appropriated to
 617.19 budget activities under this subdivision and
 617.20 subdivisions 35 to 38 may be transferred
 617.21 between budget activities and between years
 617.22 of the biennium with the approval of the
 617.23 commissioner of management and budget.

617.24 Subd. 35. **Direct Care and Treatment - Mental**
 617.25 **Health and Substance Abuse**

129,197,000

129,197,000

617.26 **Transfer Authority.** Money appropriated to
 617.27 support the continued operations of the
 617.28 Community Addiction Recovery Enterprise
 617.29 (C.A.R.E.) program may be transferred to the
 617.30 enterprise fund for C.A.R.E.

617.31 Subd. 36. **Direct Care and Treatment -**
 617.32 **Community-Based Services**

17,176,000

17,176,000

617.33 **Transfer Authority.** Money appropriated to
 617.34 support the continued operations of the
 617.35 Minnesota State Operated Community

618.1	<u>Services (MSOCS) program may be</u>		
618.2	<u>transferred to the enterprise fund for MSOCS.</u>		
618.3	<u>Subd. 37. Direct Care and Treatment - Forensic</u>		
618.4	<u>Services</u>	<u>115,644,000</u>	<u>115,644,000</u>
618.5	<u>Subd. 38. Direct Care and Treatment - Sex</u>		
618.6	<u>Offender Program</u>	<u>96,285,000</u>	<u>96,285,000</u>
618.7	<u>Transfer Authority.</u> Money appropriated for		
618.8	<u>the Minnesota sex offender program may be</u>		
618.9	<u>transferred between fiscal years of the</u>		
618.10	<u>biennium with the approval of the</u>		
618.11	<u>commissioner of management and budget.</u>		
618.12	<u>Subd. 39. Direct Care and Treatment -</u>		
618.13	<u>Operations</u>	<u>49,855,000</u>	<u>49,837,000</u>
618.14	<u>Plan to Address Effects on Community of</u>		
618.15	<u>Certain State-Operated Services.</u> \$18,000		
618.16	<u>in fiscal year 2022 is from the general fund to</u>		
618.17	<u>develop a plan to ameliorate the effects of</u>		
618.18	<u>repeated incidents occurring at Minnesota</u>		
618.19	<u>state-operated community services programs.</u>		
618.20	<u>This is a onetime appropriation.</u>		
618.21	<u>Subd. 40. Technical Activities</u>	<u>79,204,000</u>	<u>78,260,000</u>
618.22	<u>This appropriation is from the federal TANF</u>		
618.23	<u>fund.</u>		
618.24	<u>Base Level Adjustment.</u> The federal TANF		
618.25	<u>fund base is \$71,493,000 in fiscal year 2024</u>		
618.26	<u>and \$71,493,000 in fiscal year 2025.</u>		
618.27	Sec. 3. <u>COMMISSIONER OF HEALTH</u>	<u>\$ 263,000</u>	<u>216,000</u>
618.28	<u>The general fund base for this appropriation</u>		
618.29	<u>is \$229,000 in fiscal year 2024 and \$229,000</u>		
618.30	<u>in fiscal year 2025.</u>		
618.31	Sec. 4. <u>COUNCIL ON DISABILITY</u>	<u>\$ 1,022,000</u>	<u>\$ 1,038,000</u>
618.32	Sec. 5. <u>OMBUDSMAN FOR MENTAL</u>		
618.33	<u>HEALTH AND DEVELOPMENTAL</u>		
618.34	<u>DISABILITIES</u>	<u>\$ 2,487,000</u>	<u>\$ 2,536,000</u>

619.1 **Department of Psychiatry Monitoring.**

619.2 \$100,000 in fiscal year 2022 and \$100,000 in
 619.3 fiscal year 2023 are for monitoring the
 619.4 Department of Psychiatry at the University of
 619.5 Minnesota.

619.6 Sec. 6. **OMBUDSPERSONS FOR FAMILIES** \$ 733,000 \$ 744,000

619.7 Sec. 7. **LEGISLATIVE COORDINATING**
 619.8 **COMMISSION** \$ 132,000 \$ 76,000

619.9 **Legislative Task Force on Human Services**619.10 **Background Study Disqualifications.**

619.11 \$132,000 in fiscal year 2022 and \$76,000 in
 619.12 fiscal year 2023 are from the general fund for
 619.13 the Legislative Task Force on Human Services
 619.14 Background Study Eligibility. This is a
 619.15 onetime appropriation.

619.16 Sec. 8. **SUPREME COURT** \$ 30,000 \$ -0-

619.17 Sec. 9. **RETURN OF PAYMENTS FOR JENSEN SETTLEMENT COSTS.**

619.18 If the state receives funds disbursed from the United States District Court for the District
 619.19 of Minnesota registry related to Jensen v. Minnesota Department of Human Services, Civ.
 619.20 No. 09-1775 (DWF/BRT), then the commissioner shall deposit the disbursed funds, estimated
 619.21 to be \$613,000, into an account in the general fund, and the balance of the account is
 619.22 appropriated to the commissioner of human services for the disability services system reform
 619.23 efforts of the Disability Services Division. The commissioner of human services shall
 619.24 allocate all of these funds to the operating budget of the Disability Services Division. By
 619.25 January 1, 2023, the commissioner of human services shall report to the chairs and ranking
 619.26 minority members of the legislative committees and divisions with jurisdiction over human
 619.27 services on the uses of the funds appropriated under this section.

619.28 **EFFECTIVE DATE.** This section is effective retroactively from December 6, 2020.

619.29 Sec. 10. **APPROPRIATION; REFINANCING AND CANCELLATION OF**
 619.30 **EMERGENCY CHILD CARE GRANTS.**

619.31 \$26,623,000 in fiscal year 2020 is appropriated from the federal coronavirus relief fund
 619.32 to the commissioner of human services to replace \$26,623,000 of the general fund
 619.33 appropriation in Laws 2020, chapter 71, article 1, section 2, subdivision 9. \$26,623,000 of

620.1 the appropriation in Laws 2020, chapter 71, article 1, section 2, subdivision 9, is canceled
 620.2 to the general fund. This is a onetime appropriation.

620.3 **EFFECTIVE DATE.** This section is effective retroactively from March 29, 2020.

620.4 Sec. 11. **ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGE FOR**
 620.5 **HOME AND COMMUNITY-BASED SERVICES; DEPOSIT.**

620.6 Beginning April 1, 2021, the commissioner of management and budget shall deposit in
 620.7 the health care access fund all amounts, estimated to be \$478,017,000, attributable to the
 620.8 enhanced federal medical assistance percentage for home and community-based services
 620.9 authorized in section 9817 of the federal American Rescue Plan Act, Public Law 117-2.

620.10 **EFFECTIVE DATE.** This section is effective retroactively from April 1, 2021.

620.11 Sec. 12. **ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGE FOR**
 620.12 **HOME AND COMMUNITY-BASED SERVICES; TRANSFERS.**

620.13 (a) The commissioner of management and budget shall transfer \$76,643,000 in fiscal
 620.14 year 2022, \$47,883,000 in fiscal year 2023, \$50,749,000 in fiscal year 2024, and \$53,069,000
 620.15 in fiscal year 2025, from the health care access fund to the general fund to meet the
 620.16 maintenance of effort requirement under section 9817 of the federal American Rescue Plan
 620.17 Act, Public Law 117-2.

620.18 (b) The commissioner of management and budget shall transfer \$249,673,000 in fiscal
 620.19 year 2022 from the health care access fund to the general fund to meet the maintenance of
 620.20 effort requirement under section 9817 of the federal American Rescue Plan Act, Public Law
 620.21 117-2. This section expires on June 30, 2025.

620.22 Sec. 13. **TRANSFERS.**

620.23 Subdivision 1. **Grants.** The commissioner of human services, with the approval of the
 620.24 commissioner of management and budget, may transfer unencumbered appropriation balances
 620.25 for the biennium ending June 30, 2023, within fiscal years among the MFIP, general
 620.26 assistance, medical assistance, MinnesotaCare, MFIP child care assistance under Minnesota
 620.27 Statutes, section 119B.05, Minnesota supplemental aid program, group residential housing
 620.28 program, the entitlement portion of Northstar Care for Children under Minnesota Statutes,
 620.29 chapter 256N, and the entitlement portion of the chemical dependency consolidated treatment
 620.30 fund, and between fiscal years of the biennium. The commissioner shall inform the chairs
 620.31 and ranking minority members of the senate Health and Human Services Finance Division

621.1 and the house of representatives Health and Human Services Finance Committee quarterly
621.2 about transfers made under this subdivision.

621.3 Subd. 2. **Administration.** Positions, salary money, and nonsalary administrative money
621.4 may be transferred within the Department of Human Services as the commissioner considers
621.5 necessary, with the advance approval of the commissioner of management and budget. The
621.6 commissioner shall inform the chairs and ranking minority members of the legislative
621.7 committees with jurisdiction over health and human services finance quarterly about transfers
621.8 made under this section.

621.9 **Sec. 14. INDIRECT COSTS NOT TO FUND PROGRAMS.**

621.10 The commissioner of human services shall not use indirect cost allocations to pay for
621.11 the operational costs of any program for which they are responsible.

621.12 **Sec. 15. APPROPRIATION ENACTED MORE THAN ONCE.**

621.13 If an appropriation in this act is enacted more than once in the 2021 legislative session,
621.14 the appropriation must be given effect only once.

621.15 **Sec. 16. EXPIRATION OF UNCODIFIED LANGUAGE.**

621.16 All uncodified language contained in this article expires on June 30, 2023, unless a
621.17 different expiration date is explicit.

621.18 **Sec. 17. EFFECTIVE DATE.**

621.19 This article is effective July 1, 2021, unless a different effective date is specified.

245.462 DEFINITIONS.

Subd. 4a. **Clinical supervision.** "Clinical supervision" means the oversight responsibility for individual treatment plans and individual mental health service delivery, including that provided by the case manager. Clinical supervision must be accomplished by full or part-time employment of or contracts with mental health professionals. Clinical supervision must be documented by the mental health professional cosigning individual treatment plans and by entries in the client's record regarding supervisory activities.

245.4871 DEFINITIONS.

Subd. 32a. **Responsible social services agency.** "Responsible social services agency" is defined in section 260C.007, subdivision 27a.

245.4879 EMERGENCY SERVICES.

Subd. 2. **Specific requirements.** (a) The county board shall require that all service providers of emergency services to the child with an emotional disturbance provide immediate direct access to a mental health professional during regular business hours. For evenings, weekends, and holidays, the service may be by direct toll-free telephone access to a mental health professional, a mental health practitioner, or until January 1, 1991, a designated person with training in human services who receives clinical supervision from a mental health professional.

(b) The commissioner may waive the requirement in paragraph (a) that the evening, weekend, and holiday service be provided by a mental health professional or mental health practitioner after January 1, 1991, if the county documents that:

- (1) mental health professionals or mental health practitioners are unavailable to provide this service;
- (2) services are provided by a designated person with training in human services who receives clinical supervision from a mental health professional; and
- (3) the service provider is not also the provider of fire and public safety emergency services.

(c) The commissioner may waive the requirement in paragraph (b), clause (3), that the evening, weekend, and holiday service not be provided by the provider of fire and public safety emergency services if:

- (1) every person who will be providing the first telephone contact has received at least eight hours of training on emergency mental health services reviewed by the state advisory council on mental health and then approved by the commissioner;
- (2) every person who will be providing the first telephone contact will annually receive at least four hours of continued training on emergency mental health services reviewed by the state advisory council on mental health and then approved by the commissioner;
- (3) the local social service agency has provided public education about available emergency mental health services and can assure potential users of emergency services that their calls will be handled appropriately;
- (4) the local social service agency agrees to provide the commissioner with accurate data on the number of emergency mental health service calls received;
- (5) the local social service agency agrees to monitor the frequency and quality of emergency services; and
- (6) the local social service agency describes how it will comply with paragraph (d).

(d) When emergency service during nonbusiness hours is provided by anyone other than a mental health professional, a mental health professional must be available on call for an emergency assessment and crisis intervention services, and must be available for at least telephone consultation within 30 minutes.

245.62 COMMUNITY MENTAL HEALTH CENTER.

Subd. 3. **Clinical supervisor.** All community mental health center services shall be provided under the clinical supervision of a licensed psychologist licensed under sections 148.88 to 148.98, or a physician who is board certified or eligible for board certification in psychiatry, and who is licensed under section 147.02.

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Subd. 4. **Rules.** The commissioner shall promulgate rules to establish standards for the designation of an agency as a community mental health center. These standards shall include, but are not limited to:

(1) provision of mental health services in the prevention, identification, treatment and aftercare of emotional disorders, chronic and acute mental illness, developmental disabilities, and alcohol and drug abuse and dependency, including the services listed in section 245.61 except detoxification services;

(2) establishment of a community mental health center board pursuant to section 245.66; and

(3) approval pursuant to section 245.69, subdivision 2.

245.69 ADDITIONAL DUTIES OF COMMISSIONER.

Subd. 2. **Approval of centers and clinics.** The commissioner of human services has the authority to approve or disapprove public and private mental health centers and public and private mental health clinics for the purposes of section 62A.152, subdivision 2. For the purposes of this subdivision the commissioner shall promulgate rules in accordance with sections 14.001 to 14.69. The rules shall require each applicant to pay a fee to cover costs of processing applications and determining compliance with the rules and this subdivision. The commissioner may contract with any state agency, individual, corporation or association to which the commissioner shall delegate all but final approval and disapproval authority to determine compliance or noncompliance.

(a) Each approved mental health center and each approved mental health clinic shall have a multidisciplinary team of professional staff persons as required by rule. A mental health center or mental health clinic may provide the staffing required by rule by means of written contracts with professional persons or with other health care providers. Any personnel qualifications developed by rule shall be consistent with any personnel standards developed pursuant to chapter 214.

(b) Each approved mental health clinic and each approved mental health center shall establish a written treatment plan for each outpatient for whom services are reimbursable through insurance or public assistance. The treatment plan shall be developed in accordance with the rules and shall include a patient history, treatment goals, a statement of diagnosis and a treatment strategy. The clinic or center shall provide access to hospital admission as a bed patient as needed by any outpatient. The clinic or center shall ensure ongoing consultation among and availability of all members of the multidisciplinary team.

(c) As part of the required consultation, members of the multidisciplinary team shall meet at least twice monthly to conduct case reviews, peer consultations, treatment plan development and in-depth case discussion. Written minutes of these meetings shall be kept at the clinic or center for three years.

(d) Each approved center or clinic shall establish mechanisms for quality assurance and submit documentation concerning the mechanisms to the commissioner as required by rule, including:

(1) continuing education of each professional staff person;

(2) an ongoing internal utilization and peer review plan and procedures;

(3) mechanisms of staff supervision; and

(4) procedures for review by the commissioner or a delegate.

(e) The commissioner shall disapprove an applicant, or withdraw approval of a clinic or center, which the commissioner finds does not comply with the requirements of the rules or this subdivision. A clinic or center which is disapproved or whose approval is withdrawn is entitled to a contested case hearing and judicial review pursuant to sections 14.01 to 14.69.

(f) Data on individuals collected by approved clinics and centers, including written minutes of team meetings, is private data on individuals within the welfare system as provided in chapter 13.

(g) Each center or clinic that is approved and in compliance with the commissioner's existing rule on July 1, 1980, is approved for purposes of section 62A.152, subdivision 2, until rules are promulgated to implement this section.

245.735 EXCELLENCE IN MENTAL HEALTH DEMONSTRATION PROJECT.

Subdivision 1. **Excellence in Mental Health demonstration project.** The commissioner shall develop and execute projects to reform the mental health system by participating in the Excellence in Mental Health demonstration project.

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Subd. 2. **Federal proposal.** The commissioner shall develop and submit to the United States Department of Health and Human Services a proposal for the Excellence in Mental Health demonstration project. The proposal shall include any necessary state plan amendments, waivers, requests for new funding, realignment of existing funding, and other authority necessary to implement the projects specified in subdivision 3.

Subd. 4. **Public participation.** In developing and implementing CCBHCs under subdivision 3, the commissioner shall consult, collaborate, and partner with stakeholders, including but not limited to mental health providers, substance use disorder treatment providers, advocacy organizations, licensed mental health professionals, counties, tribes, hospitals, other health care providers, and Minnesota public health care program enrollees who receive mental health services and their families.

252.28 COMMISSIONER OF HUMAN SERVICES; DUTIES.

Subdivision 1. **Determinations; redeterminations.** In conjunction with the appropriate county boards, the commissioner of human services shall determine, and shall redetermine at least every four years, the need, anticipated growth or decline in need until the next anticipated redetermination, location, size, and program of public and private day training and habilitation services for persons with developmental disabilities. This subdivision does not apply to semi-independent living services and residential-based habilitation services provided to four or fewer persons at a single site funded as home and community-based services. A determination of need shall not be required for a change in ownership.

Subd. 5. **Appeals.** A county may appeal a determination of need, size, location, or program according to chapter 14. Notice of appeals must be provided to the commissioner within 30 days after the receipt of the commissioner's determination.

252A.02 DEFINITIONS.

Subd. 8. **Public conservator.** "Public conservator" means the commissioner of human services when exercising some, but not all the powers designated in section 252A.111.

Subd. 10. **Conservatee.** "Conservatee" means a person with a developmental disability for whom the court has appointed a public conservator.

252A.21 GENERAL PROVISIONS.

Subd. 3. **Terminology.** Whenever the term "guardian" is used in sections 252A.01 to 252A.21, it shall include "conservator," and the term "ward" shall include "conservatee" unless another intention clearly appears from the context.

256B.0615 MENTAL HEALTH CERTIFIED PEER SPECIALIST.

Subd. 2. **Establishment.** The commissioner of human services shall establish a certified peer specialist program model, which:

- (1) provides nonclinical peer support counseling by certified peer specialists;
- (2) provides a part of a wraparound continuum of services in conjunction with other community mental health services;
- (3) is individualized to the consumer; and
- (4) promotes socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

256B.0616 MENTAL HEALTH CERTIFIED FAMILY PEER SPECIALIST.

Subd. 2. **Establishment.** The commissioner of human services shall establish a certified family peer specialists program model which:

- (1) provides nonclinical family peer support counseling, building on the strengths of families and helping them achieve desired outcomes;
- (2) collaborates with others providing care or support to the family;
- (3) provides nonadversarial advocacy;
- (4) promotes the individual family culture in the treatment milieu;
- (5) links parents to other parents in the community;

- (6) offers support and encouragement;
- (7) assists parents in developing coping mechanisms and problem-solving skills;
- (8) promotes resiliency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services;
- (9) establishes and provides peer-led parent support groups; and
- (10) increases the child's ability to function better within the child's home, school, and community by educating parents on community resources, assisting with problem solving, and educating parents on mental illnesses.

256B.0622 ASSERTIVE COMMUNITY TREATMENT AND INTENSIVE RESIDENTIAL TREATMENT SERVICES.

Subd. 3. **Eligibility for intensive residential treatment services.** An eligible client for intensive residential treatment services is an individual who:

- (1) is age 18 or older;
- (2) is eligible for medical assistance;
- (3) is diagnosed with a mental illness;
- (4) because of a mental illness, has substantial disability and functional impairment in three or more of the areas listed in section 245.462, subdivision 11a, so that self-sufficiency is markedly reduced;
- (5) has one or more of the following: a history of recurring or prolonged inpatient hospitalizations in the past year, significant independent living instability, homelessness, or very frequent use of mental health and related services yielding poor outcomes; and
- (6) in the written opinion of a licensed mental health professional, has the need for mental health services that cannot be met with other available community-based services, or is likely to experience a mental health crisis or require a more restrictive setting if intensive rehabilitative mental health services are not provided.

Subd. 5a. **Standards for intensive residential rehabilitative mental health services.** (a) The standards in this subdivision apply to intensive residential mental health services.

(b) The provider of intensive residential treatment services must have sufficient staff to provide 24-hour-per-day coverage to deliver the rehabilitative services described in the treatment plan and to safely supervise and direct the activities of clients, given the client's level of behavioral and psychiatric stability, cultural needs, and vulnerability. The provider must have the capacity within the facility to provide integrated services for chemical dependency, illness management services, and family education, when appropriate.

- (c) At a minimum:
 - (1) staff must provide direction and supervision whenever clients are present in the facility;
 - (2) staff must remain awake during all work hours;
 - (3) there must be a staffing ratio of at least one to nine clients for each day and evening shift. If more than nine clients are present at the residential site, there must be a minimum of two staff during day and evening shifts, one of whom must be a mental health practitioner or mental health professional;
 - (4) if services are provided to clients who need the services of a medical professional, the provider shall ensure that these services are provided either by the provider's own medical staff or through referral to a medical professional; and
 - (5) the provider must ensure the timely availability of a licensed registered nurse, either directly employed or under contract, who is responsible for ensuring the effectiveness and safety of medication administration in the facility and assessing clients for medication side effects and drug interactions.

(d) Services must be provided by qualified staff as defined in section 256B.0623, subdivision 5, who are trained and supervised according to section 256B.0623, subdivision 6, except that mental health rehabilitation workers acting as overnight staff are not required to comply with section 256B.0623, subdivision 5, paragraph (a), clause (4), item (iv).

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(e) The clinical supervisor must be an active member of the intensive residential services treatment team. The team must meet with the clinical supervisor at least weekly to discuss clients' progress and make rapid adjustments to meet clients' needs. The team meeting shall include client-specific case reviews and general treatment discussions among team members. Client-specific case reviews and planning must be documented in the client's treatment record.

(f) Treatment staff must have prompt access in person or by telephone to a mental health practitioner or mental health professional. The provider must have the capacity to promptly and appropriately respond to emergent needs and make any necessary staffing adjustments to ensure the health and safety of clients.

(g) The initial functional assessment must be completed within ten days of intake and updated at least every 30 days, or prior to discharge from the service, whichever comes first.

(h) The initial individual treatment plan must be completed within 24 hours of admission. Within ten days of admission, the initial treatment plan must be refined and further developed, except for providers certified according to Minnesota Rules, parts 9533.0010 to 9533.0180. The individual treatment plan must be reviewed with the client and updated at least monthly.

256B.0623 ADULT REHABILITATIVE MENTAL HEALTH SERVICES COVERED.

Subd. 7. **Personnel file.** The adult rehabilitative mental health services provider entity must maintain a personnel file on each staff. Each file must contain:

- (1) an annual performance review;
- (2) a summary of on-site service observations and charting review;
- (3) a criminal background check of all direct service staff;
- (4) evidence of academic degree and qualifications;
- (5) a copy of professional license;
- (6) any job performance recognition and disciplinary actions;
- (7) any individual staff written input into own personnel file;
- (8) all clinical supervision provided; and
- (9) documentation of compliance with continuing education requirements.

Subd. 8. **Diagnostic assessment.** Providers of adult rehabilitative mental health services must complete a diagnostic assessment as defined in section 245.462, subdivision 9, within five days after the recipient's second visit or within 30 days after intake, whichever occurs first. In cases where a diagnostic assessment is available that reflects the recipient's current status, and has been completed within three years preceding admission, an adult diagnostic assessment update must be completed. An update shall include a face-to-face interview with the recipient and a written summary by a mental health professional of the recipient's current mental health status and service needs. If the recipient's mental health status has changed significantly since the adult's most recent diagnostic assessment, a new diagnostic assessment is required.

Subd. 10. **Individual treatment plan.** All providers of adult rehabilitative mental health services must develop and implement an individual treatment plan for each recipient. The provisions in clauses (1) and (2) apply:

(1) Individual treatment plan means a plan of intervention, treatment, and services for an individual recipient written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional. The individual treatment plan must be based on diagnostic and functional assessments. To the extent possible, the development and implementation of a treatment plan must be a collaborative process involving the recipient, and with the permission of the recipient, the recipient's family and others in the recipient's support system. Providers of adult rehabilitative mental health services must develop the individual treatment plan within 30 calendar days of intake. The treatment plan must be updated at least every six months thereafter, or more often when there is significant change in the recipient's situation or functioning, or in services or service methods to be used, or at the request of the recipient or the recipient's legal guardian.

- (2) The individual treatment plan must include:
 - (i) a list of problems identified in the assessment;

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- (ii) the recipient's strengths and resources;
- (iii) concrete, measurable goals to be achieved, including time frames for achievement;
- (iv) specific objectives directed toward the achievement of each one of the goals;

(v) documentation of participants in the treatment planning. The recipient, if possible, must be a participant. The recipient or the recipient's legal guardian must sign the treatment plan, or documentation must be provided why this was not possible. A copy of the plan must be given to the recipient or legal guardian. Referral to formal services must be arranged, including specific providers where applicable;

- (vi) cultural considerations, resources, and needs of the recipient must be included;
- (vii) planned frequency and type of services must be initiated; and
- (viii) clear progress notes on outcome of goals.

(3) The individual community support plan defined in section 245.462, subdivision 12, may serve as the individual treatment plan if there is involvement of a mental health case manager, and with the approval of the recipient. The individual community support plan must include the criteria in clause (2).

Subd. 11. **Recipient file.** Providers of adult rehabilitative mental health services must maintain a file for each recipient that contains the following information:

(1) diagnostic assessment or verification of its location that is current and that was reviewed by a mental health professional who is employed by or under contract with the provider entity;

(2) functional assessments;

(3) individual treatment plans signed by the recipient and the mental health professional, or if the recipient refused to sign the plan, the date and reason stated by the recipient as to why the recipient would not sign the plan;

(4) recipient history;

(5) signed release forms;

(6) recipient health information and current medications;

(7) emergency contacts for the recipient;

(8) case records which document the date of service, the place of service delivery, signature of the person providing the service, nature, extent and units of service, and place of service delivery;

(9) contacts, direct or by telephone, with recipient's family or others, other providers, or other resources for service coordination;

(10) summary of recipient case reviews by staff; and

(11) written information by the recipient that the recipient requests be included in the file.

256B.0625 COVERED SERVICES.

Subd. 51. **Intensive mental health outpatient treatment.** Medical assistance covers intensive mental health outpatient treatment for dialectical behavioral therapy. The commissioner shall establish:

(1) certification procedures to ensure that providers of these services are qualified; and

(2) treatment protocols including required service components and criteria for admission, continued treatment, and discharge.

Subd. 35a. **Children's mental health crisis response services.** Medical assistance covers children's mental health crisis response services according to section 256B.0944.

Subd. 35b. **Children's therapeutic services and supports.** Medical assistance covers children's therapeutic services and supports according to section 256B.0943.

Subd. 61. **Family psychoeducation services.** Effective July 1, 2013, or upon federal approval, whichever is later, medical assistance covers family psychoeducation services provided to a child up to age 21 with a diagnosed mental health condition when identified in the child's individual treatment plan and provided by a licensed mental health professional, as defined in Minnesota

Rules, part 9505.0371, subpart 5, item A, or a clinical trainee, as defined in Minnesota Rules, part 9505.0371, subpart 5, item C, who has determined it medically necessary to involve family members in the child's care. For the purposes of this subdivision, "family psychoeducation services" means information or demonstration provided to an individual or family as part of an individual, family, multifamily group, or peer group session to explain, educate, and support the child and family in understanding a child's symptoms of mental illness, the impact on the child's development, and needed components of treatment and skill development so that the individual, family, or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders, and achieve optimal mental health and long-term resilience.

Subd. 62. **Mental health clinical care consultation.** Effective July 1, 2013, or upon federal approval, whichever is later, medical assistance covers clinical care consultation for a person up to age 21 who is diagnosed with a complex mental health condition or a mental health condition that co-occurs with other complex and chronic conditions, when described in the person's individual treatment plan and provided by a licensed mental health professional, as defined in Minnesota Rules, part 9505.0371, subpart 5, item A, or a clinical trainee, as defined in Minnesota Rules, part 9505.0371, subpart 5, item C. For the purposes of this subdivision, "clinical care consultation" means communication from a treating mental health professional to other providers or educators not under the clinical supervision of the treating mental health professional who are working with the same client to inform, inquire, and instruct regarding the client's symptoms; strategies for effective engagement, care, and intervention needs; and treatment expectations across service settings; and to direct and coordinate clinical service components provided to the client and family.

Subd. 65. **Outpatient mental health services.** Medical assistance covers diagnostic assessment, explanation of findings, and psychotherapy according to Minnesota Rules, part 9505.0372, when the mental health services are performed by a mental health practitioner working as a clinical trainee according to section 245.462, subdivision 17, paragraph (g).

256B.0943 CHILDREN'S THERAPEUTIC SERVICES AND SUPPORTS.

Subd. 8. **Required preservice and continuing education.** (a) A provider entity shall establish a plan to provide preservice and continuing education for staff. The plan must clearly describe the type of training necessary to maintain current skills and obtain new skills and that relates to the provider entity's goals and objectives for services offered.

(b) A provider that employs a mental health behavioral aide under this section must require the mental health behavioral aide to complete 30 hours of preservice training. The preservice training must include parent team training. The preservice training must include 15 hours of in-person training of a mental health behavioral aide in mental health services delivery and eight hours of parent team training. Curricula for parent team training must be approved in advance by the commissioner. Components of parent team training include:

- (1) partnering with parents;
- (2) fundamentals of family support;
- (3) fundamentals of policy and decision making;
- (4) defining equal partnership;
- (5) complexities of the parent and service provider partnership in multiple service delivery systems due to system strengths and weaknesses;
- (6) sibling impacts;
- (7) support networks; and
- (8) community resources.

(c) A provider entity that employs a mental health practitioner and a mental health behavioral aide to provide children's therapeutic services and supports under this section must require the mental health practitioner and mental health behavioral aide to complete 20 hours of continuing education every two calendar years. The continuing education must be related to serving the needs of a child with emotional disturbance in the child's home environment and the child's family.

(d) The provider entity must document the mental health practitioner's or mental health behavioral aide's annual completion of the required continuing education. The documentation must include the date, subject, and number of hours of the continuing education, and attendance records, as verified by the staff member's signature, job title, and the instructor's name. The provider entity

must keep documentation for each employee, including records of attendance at professional workshops and conferences, at a central location and in the employee's personnel file.

Subd. 10. **Service authorization.** Children's therapeutic services and supports are subject to authorization criteria and standards published by the commissioner according to section 256B.0625, subdivision 25.

256B.0944 CHILDREN'S MENTAL HEALTH CRISIS RESPONSE SERVICES.

Subdivision 1. **Definitions.** For purposes of this section, the following terms have the meanings given them.

(a) "Mental health crisis" means a child's behavioral, emotional, or psychiatric situation that, but for the provision of crisis response services to the child, would likely result in significantly reduced levels of functioning in primary activities of daily living, an emergency situation, or the child's placement in a more restrictive setting, including, but not limited to, inpatient hospitalization.

(b) "Mental health emergency" means a child's behavioral, emotional, or psychiatric situation that causes an immediate need for mental health services and is consistent with section 62Q.55. A physician, mental health professional, or crisis mental health practitioner determines a mental health crisis or emergency for medical assistance reimbursement with input from the client and the client's family, if possible.

(c) "Mental health crisis assessment" means an immediate face-to-face assessment by a physician, mental health professional, or mental health practitioner under the clinical supervision of a mental health professional, following a screening that suggests the child may be experiencing a mental health crisis or mental health emergency situation.

(d) "Mental health mobile crisis intervention services" means face-to-face, short-term intensive mental health services initiated during a mental health crisis or mental health emergency. Mental health mobile crisis services must help the recipient cope with immediate stressors, identify and utilize available resources and strengths, and begin to return to the recipient's baseline level of functioning. Mental health mobile services must be provided on site by a mobile crisis intervention team outside of an inpatient hospital setting.

(e) "Mental health crisis stabilization services" means individualized mental health services provided to a recipient following crisis intervention services that are designed to restore the recipient to the recipient's prior functional level. The individual treatment plan recommending mental health crisis stabilization must be completed by the intervention team or by staff after an inpatient or urgent care visit. Mental health crisis stabilization services may be provided in the recipient's home, the home of a family member or friend of the recipient, schools, another community setting, or a short-term supervised, licensed residential program if the service is not included in the facility's cost pool or per diem. Mental health crisis stabilization is not reimbursable when provided as part of a partial hospitalization or day treatment program.

Subd. 2. **Medical assistance coverage.** Medical assistance covers medically necessary children's mental health crisis response services, subject to federal approval, if provided to an eligible recipient under subdivision 3, by a qualified provider entity under subdivision 4 or a qualified individual provider working within the provider's scope of practice, and identified in the recipient's individual crisis treatment plan under subdivision 8.

Subd. 3. **Eligibility.** An eligible recipient is an individual who:

(1) is eligible for medical assistance;

(2) is under age 18 or between the ages of 18 and 21;

(3) is screened as possibly experiencing a mental health crisis or mental health emergency where a mental health crisis assessment is needed;

(4) is assessed as experiencing a mental health crisis or mental health emergency, and mental health mobile crisis intervention or mental health crisis stabilization services are determined to be medically necessary; and

(5) meets the criteria for emotional disturbance or mental illness.

Subd. 4. **Provider entity standards.** (a) A crisis intervention and crisis stabilization provider entity must meet the administrative and clinical standards specified in section 256B.0943, subdivisions 5 and 6, meet the standards listed in paragraph (b), and be:

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(1) an Indian health service facility or facility owned and operated by a tribe or a tribal organization operating under Public Law 93-638 as a 638 facility;

(2) a county board-operated entity; or

(3) a provider entity that is under contract with the county board in the county where the potential crisis or emergency is occurring.

(b) The children's mental health crisis response services provider entity must:

(1) ensure that mental health crisis assessment and mobile crisis intervention services are available 24 hours a day, seven days a week;

(2) directly provide the services or, if services are subcontracted, the provider entity must maintain clinical responsibility for services and billing;

(3) ensure that crisis intervention services are provided in a manner consistent with sections 245.487 to 245.4889; and

(4) develop and maintain written policies and procedures regarding service provision that include safety of staff and recipients in high-risk situations.

Subd. 4a. Alternative provider standards. If a provider entity demonstrates that, due to geographic or other barriers, it is not feasible to provide mobile crisis intervention services 24 hours a day, seven days a week, according to the standards in subdivision 4, paragraph (b), clause (1), the commissioner may approve a crisis response provider based on an alternative plan proposed by a provider entity. The alternative plan must:

(1) result in increased access and a reduction in disparities in the availability of crisis services; and

(2) provide mobile services outside of the usual nine-to-five office hours and on weekends and holidays.

Subd. 5. Mobile crisis intervention staff qualifications. (a) To provide children's mental health mobile crisis intervention services, a mobile crisis intervention team must include:

(1) at least two mental health professionals as defined in section 256B.0943, subdivision 1, paragraph (o); or

(2) a combination of at least one mental health professional and one mental health practitioner as defined in section 245.4871, subdivision 26, with the required mental health crisis training and under the clinical supervision of a mental health professional on the team.

(b) The team must have at least two people with at least one member providing on-site crisis intervention services when needed. Team members must be experienced in mental health assessment, crisis intervention techniques, and clinical decision making under emergency conditions and have knowledge of local services and resources. The team must recommend and coordinate the team's services with appropriate local resources, including the county social services agency, mental health service providers, and local law enforcement, if necessary.

Subd. 6. Initial screening and crisis assessment planning. (a) Before initiating mobile crisis intervention services, a screening of the potential crisis situation must be conducted. The screening may use the resources of crisis assistance and emergency services as defined in sections 245.4871, subdivision 14, and 245.4879, subdivisions 1 and 2. The screening must gather information, determine whether a crisis situation exists, identify the parties involved, and determine an appropriate response.

(b) If a crisis exists, a crisis assessment must be completed. A crisis assessment must evaluate any immediate needs for which emergency services are needed and, as time permits, the recipient's current life situation, sources of stress, mental health problems and symptoms, strengths, cultural considerations, support network, vulnerabilities, and current functioning.

(c) If the crisis assessment determines mobile crisis intervention services are needed, the intervention services must be provided promptly. As the opportunity presents itself during the intervention, at least two members of the mobile crisis intervention team must confer directly or by telephone about the assessment, treatment plan, and actions taken and needed. At least one of the team members must be on site providing crisis intervention services. If providing on-site crisis intervention services, a mental health practitioner must seek clinical supervision as required under subdivision 9.

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(d) The mobile crisis intervention team must develop an initial, brief crisis treatment plan as soon as appropriate but no later than 24 hours after the initial face-to-face intervention. The plan must address the needs and problems noted in the crisis assessment and include measurable short-term goals, cultural considerations, and frequency and type of services to be provided to achieve the goals and reduce or eliminate the crisis. The crisis treatment plan must be updated as needed to reflect current goals and services. The team must involve the client and the client's family in developing and implementing the plan.

(e) The team must document in progress notes which short-term goals have been met and when no further crisis intervention services are required.

(f) If the client's crisis is stabilized, but the client needs a referral for mental health crisis stabilization services or to other services, the team must provide a referral to these services. If the recipient has a case manager, planning for other services must be coordinated with the case manager.

Subd. 7. Crisis stabilization services. Crisis stabilization services must be provided by a mental health professional or a mental health practitioner, as defined in section 245.462, subdivision 17, who works under the clinical supervision of a mental health professional and for a crisis stabilization services provider entity and must meet the following standards:

(1) a crisis stabilization treatment plan must be developed which meets the criteria in subdivision 8;

(2) services must be delivered according to the treatment plan and include face-to-face contact with the recipient by qualified staff for further assessment, help with referrals, updating the crisis stabilization treatment plan, supportive counseling, skills training, and collaboration with other service providers in the community; and

(3) mental health practitioners must have completed at least 30 hours of training in crisis intervention and stabilization during the past two years.

Subd. 8. Treatment plan. (a) The individual crisis stabilization treatment plan must include, at a minimum:

(1) a list of problems identified in the assessment;

(2) a list of the recipient's strengths and resources;

(3) concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement of the goals;

(4) specific objectives directed toward the achievement of each goal;

(5) documentation of the participants involved in the service planning;

(6) planned frequency and type of services initiated;

(7) a crisis response action plan if a crisis should occur; and

(8) clear progress notes on the outcome of goals.

(b) The client, if clinically appropriate, must be a participant in the development of the crisis stabilization treatment plan. The client or the client's legal guardian must sign the service plan or documentation must be provided why this was not possible. A copy of the plan must be given to the client and the client's legal guardian. The plan should include services arranged, including specific providers where applicable.

(c) A treatment plan must be developed by a mental health professional or mental health practitioner under the clinical supervision of a mental health professional. A written plan must be completed within 24 hours of beginning services with the client.

Subd. 9. Supervision. (a) A mental health practitioner may provide crisis assessment and mobile crisis intervention services if the following clinical supervision requirements are met:

(1) the mental health provider entity must accept full responsibility for the services provided;

(2) the mental health professional of the provider entity, who is an employee or under contract with the provider entity, must be immediately available by telephone or in person for clinical supervision;

(3) the mental health professional is consulted, in person or by telephone, during the first three hours when a mental health practitioner provides on-site service; and

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(4) the mental health professional must review and approve the tentative crisis assessment and crisis treatment plan, document the consultation, and sign the crisis assessment and treatment plan within the next business day.

(b) If the mobile crisis intervention services continue into a second calendar day, a mental health professional must contact the client face-to-face on the second day to provide services and update the crisis treatment plan. The on-site observation must be documented in the client's record and signed by the mental health professional.

Subd. 10. **Client record.** The provider must maintain a file for each client that complies with the requirements under section 256B.0943, subdivision 11, and contains the following information:

(1) individual crisis treatment plans signed by the recipient, mental health professional, and mental health practitioner who developed the crisis treatment plan, or if the recipient refused to sign the plan, the date and reason stated by the recipient for not signing the plan;

(2) signed release of information forms;

(3) recipient health information and current medications;

(4) emergency contacts for the recipient;

(5) case records that document the date of service, place of service delivery, signature of the person providing the service, and the nature, extent, and units of service. Direct or telephone contact with the recipient's family or others should be documented;

(6) required clinical supervision by mental health professionals;

(7) summary of the recipient's case reviews by staff; and

(8) any written information by the recipient that the recipient wants in the file.

Subd. 11. **Excluded services.** The following services are excluded from reimbursement under this section:

(1) room and board services;

(2) services delivered to a recipient while admitted to an inpatient hospital;

(3) transportation services under children's mental health crisis response service;

(4) services provided and billed by a provider who is not enrolled under medical assistance to provide children's mental health crisis response services;

(5) crisis response services provided by a residential treatment center to clients in their facility;

(6) services performed by volunteers;

(7) direct billing of time spent "on call" when not delivering services to a recipient;

(8) provider service time included in case management reimbursement;

(9) outreach services to potential recipients; and

(10) a mental health service that is not medically necessary.

256B.0946 INTENSIVE TREATMENT IN FOSTER CARE.

Subd. 5. **Service authorization.** The commissioner will administer authorizations for services under this section in compliance with section 256B.0625, subdivision 25.

256B.097 STATE QUALITY ASSURANCE, QUALITY IMPROVEMENT, AND LICENSING SYSTEM.

Subdivision 1. **Scope.** (a) In order to improve the quality of services provided to Minnesotans with disabilities and to meet the requirements of the federally approved home and community-based waivers under section 1915c of the Social Security Act, a State Quality Assurance, Quality Improvement, and Licensing System for Minnesotans receiving disability services is enacted. This system is a partnership between the Department of Human Services and the State Quality Council established under subdivision 3.

(b) This system is a result of the recommendations from the Department of Human Services' licensing and alternative quality assurance study mandated under Laws 2005, First Special Session chapter 4, article 7, section 57, and presented to the legislature in February 2007.

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(c) The disability services eligible under this section include:

(1) the home and community-based services waiver programs for persons with developmental disabilities under section 256B.092, subdivision 4, or section 256B.49, including brain injuries and services for those who qualify for nursing facility level of care or hospital facility level of care and any other services licensed under chapter 245D;

(2) home care services under section 256B.0651;

(3) family support grants under section 252.32;

(4) consumer support grants under section 256.476;

(5) semi-independent living services under section 252.275; and

(6) services provided through an intermediate care facility for the developmentally disabled.

(d) For purposes of this section, the following definitions apply:

(1) "commissioner" means the commissioner of human services;

(2) "council" means the State Quality Council under subdivision 3;

(3) "Quality Assurance Commission" means the commission under section 256B.0951; and

(4) "system" means the State Quality Assurance, Quality Improvement and Licensing System under this section.

Subd. 2. Duties of commissioner of human services. (a) The commissioner of human services shall establish the State Quality Council under subdivision 3.

(b) The commissioner shall initially delegate authority to perform licensing functions and activities according to section 245A.16 to a host county in Region 10. The commissioner must not license or reimburse a participating facility, program, or service located in Region 10 if the commissioner has received notification from the host county that the facility, program, or service has failed to qualify for licensure.

(c) The commissioner may conduct random licensing inspections based on outcomes adopted under section 256B.0951, subdivision 3, at facilities or programs, and of services eligible under this section. The role of the random inspections is to verify that the system protects the safety and well-being of persons served and maintains the availability of high-quality services for persons with disabilities.

(d) The commissioner shall ensure that the federal home and community-based waiver requirements are met and that incidents that may have jeopardized safety and health or violated services-related assurances, civil and human rights, and other protections designed to prevent abuse, neglect, and exploitation, are reviewed, investigated, and acted upon in a timely manner.

(e) The commissioner shall seek a federal waiver by July 1, 2012, to allow intermediate care facilities for persons with developmental disabilities to participate in this system.

Subd. 3. State Quality Council. (a) There is hereby created a State Quality Council which must define regional quality councils, and carry out a community-based, person-directed quality review component, and a comprehensive system for effective incident reporting, investigation, analysis, and follow-up.

(b) By August 1, 2011, the commissioner of human services shall appoint the members of the initial State Quality Council. Members shall include representatives from the following groups:

(1) disability service recipients and their family members;

(2) during the first four years of the State Quality Council, there must be at least three members from the Region 10 stakeholders. As regional quality councils are formed under subdivision 4, each regional quality council shall appoint one member;

(3) disability service providers;

(4) disability advocacy groups; and

(5) county human services agencies and staff from the Department of Human Services and Ombudsman for Mental Health and Developmental Disabilities.

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(c) Members of the council who do not receive a salary or wages from an employer for time spent on council duties may receive a per diem payment when performing council duties and functions.

(d) The State Quality Council shall:

(1) assist the Department of Human Services in fulfilling federally mandated obligations by monitoring disability service quality and quality assurance and improvement practices in Minnesota;

(2) establish state quality improvement priorities with methods for achieving results and provide an annual report to the legislative committees with jurisdiction over policy and funding of disability services on the outcomes, improvement priorities, and activities undertaken by the commission during the previous state fiscal year;

(3) identify issues pertaining to financial and personal risk that impede Minnesotans with disabilities from optimizing choice of community-based services; and

(4) recommend to the chairs and ranking minority members of the legislative committees with jurisdiction over human services and civil law by January 15, 2014, statutory and rule changes related to the findings under clause (3) that promote individualized service and housing choices balanced with appropriate individualized protection.

(e) The State Quality Council, in partnership with the commissioner, shall:

(1) approve and direct implementation of the community-based, person-directed system established in this section;

(2) recommend an appropriate method of funding this system, and determine the feasibility of the use of Medicaid, licensing fees, as well as other possible funding options;

(3) approve measurable outcomes in the areas of health and safety, consumer evaluation, education and training, providers, and systems;

(4) establish variable licensure periods not to exceed three years based on outcomes achieved; and

(5) in cooperation with the Quality Assurance Commission, design a transition plan for licensed providers from Region 10 into the alternative licensing system.

(f) The State Quality Council shall notify the commissioner of human services that a facility, program, or service has been reviewed by quality assurance team members under subdivision 4, paragraph (b), clause (13), and qualifies for a license.

(g) The State Quality Council, in partnership with the commissioner, shall establish an ongoing review process for the system. The review shall take into account the comprehensive nature of the system which is designed to evaluate the broad spectrum of licensed and unlicensed entities that provide services to persons with disabilities. The review shall address efficiencies and effectiveness of the system.

(h) The State Quality Council may recommend to the commissioner certain variances from the standards governing licensure of programs for persons with disabilities in order to improve the quality of services so long as the recommended variances do not adversely affect the health or safety of persons being served or compromise the qualifications of staff to provide services.

(i) The safety standards, rights, or procedural protections referenced under subdivision 2, paragraph (c), shall not be varied. The State Quality Council may make recommendations to the commissioner or to the legislature in the report required under paragraph (c) regarding alternatives or modifications to the safety standards, rights, or procedural protections referenced under subdivision 2, paragraph (c).

(j) The State Quality Council may hire staff to perform the duties assigned in this subdivision.

Subd. 4. Regional quality councils. (a) The commissioner shall establish, as selected by the State Quality Council, regional quality councils of key stakeholders, including regional representatives of:

(1) disability service recipients and their family members;

(2) disability service providers;

(3) disability advocacy groups; and

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(4) county human services agencies and staff from the Department of Human Services and Ombudsman for Mental Health and Developmental Disabilities.

(b) Each regional quality council shall:

(1) direct and monitor the community-based, person-directed quality assurance system in this section;

(2) approve a training program for quality assurance team members under clause (13);

(3) review summary reports from quality assurance team reviews and make recommendations to the State Quality Council regarding program licensure;

(4) make recommendations to the State Quality Council regarding the system;

(5) resolve complaints between the quality assurance teams, counties, providers, persons receiving services, their families, and legal representatives;

(6) analyze and review quality outcomes and critical incident data reporting incidents of life safety concerns immediately to the Department of Human Services licensing division;

(7) provide information and training programs for persons with disabilities and their families and legal representatives on service options and quality expectations;

(8) disseminate information and resources developed to other regional quality councils;

(9) respond to state-level priorities;

(10) establish regional priorities for quality improvement;

(11) submit an annual report to the State Quality Council on the status, outcomes, improvement priorities, and activities in the region;

(12) choose a representative to participate on the State Quality Council and assume other responsibilities consistent with the priorities of the State Quality Council; and

(13) recruit, train, and assign duties to members of quality assurance teams, taking into account the size of the service provider, the number of services to be reviewed, the skills necessary for the team members to complete the process, and ensure that no team member has a financial, personal, or family relationship with the facility, program, or service being reviewed or with anyone served at the facility, program, or service. Quality assurance teams must be comprised of county staff, persons receiving services or the person's families, legal representatives, members of advocacy organizations, providers, and other involved community members. Team members must complete the training program approved by the regional quality council and must demonstrate performance-based competency. Team members may be paid a per diem and reimbursed for expenses related to their participation in the quality assurance process.

(c) The commissioner shall monitor the safety standards, rights, and procedural protections for the monitoring of psychotropic medications and those identified under sections 245.825; 245.91 to 245.97; 245A.09, subdivision 2, paragraph (c), clauses (2) and (5); 245A.12; 245A.13; 252.41, subdivision 9; 256B.092, subdivision 1b, clause (7); and 626.557; and chapter 260E.

(d) The regional quality councils may hire staff to perform the duties assigned in this subdivision.

(e) The regional quality councils may charge fees for their services.

(f) The quality assurance process undertaken by a regional quality council consists of an evaluation by a quality assurance team of the facility, program, or service. The process must include an evaluation of a random sample of persons served. The sample must be representative of each service provided. The sample size must be at least five percent but not less than two persons served. All persons must be given the opportunity to be included in the quality assurance process in addition to those chosen for the random sample.

(g) A facility, program, or service may contest a licensing decision of the regional quality council as permitted under chapter 245A.

Subd. 5. Annual survey of service recipients. The commissioner, in consultation with the State Quality Council, shall conduct an annual independent statewide survey of service recipients, randomly selected, to determine the effectiveness and quality of disability services. The survey must be consistent with the system performance expectations of the Centers for Medicare and Medicaid Services (CMS) Quality Framework. The survey must analyze whether desired outcomes

for persons with different demographic, diagnostic, health, and functional needs, who are receiving different types of services in different settings and with different costs, have been achieved. Annual statewide and regional reports of the results must be published and used to assist regions, counties, and providers to plan and measure the impact of quality improvement activities.

Subd. 6. **Mandated reporters.** Members of the State Quality Council under subdivision 3, the regional quality councils under subdivision 4, and quality assurance team members under subdivision 4, paragraph (b), clause (13), are mandated reporters as defined in sections 260E.06, subdivision 1, and 626.5572, subdivision 16.

256B.4905 HOME AND COMMUNITY-BASED SERVICES POLICY STATEMENT.

Subdivision 1. **Employment first policy.** It is the policy of this state that all working-age Minnesotans with disabilities can work, want to work, and can achieve competitive integrated employment, and that each working-age Minnesotan with a disability be offered the opportunity to work and earn a competitive wage before being offered other supports and services.

Subd. 2. **Employment first implementation for disability waiver services.** The commissioner of human services shall ensure that:

(1) the disability waivers under sections 256B.092 and 256B.49 support the presumption that all working-age Minnesotans with disabilities can work, want to work, and can achieve competitive integrated employment; and

(2) each waiver recipient of working age be offered, after an informed decision-making process and during a person-centered planning process, the opportunity to work and earn a competitive wage before being offered exclusively day services as defined in section 245D.03, subdivision 1, paragraph (c), clause (4), or successor provisions.

Subd. 3. **Independent living first policy.** It is the policy of this state that all adult Minnesotans with disabilities can and want to live independently with proper supports and services and that each adult Minnesotan with a disability be offered the opportunity to live as independently as possible before being offered supports and services in provider-controlled settings.

Subd. 4. **Independent living first implementation for disability waiver services.** The commissioner of human services shall ensure that:

(1) the disability waivers under sections 256B.092 and 256B.49 support the presumption that all adult Minnesotans with disabilities can and want to live independently with proper services and supports as needed; and

(2) each adult waiver recipient be offered, after an informed decision-making process and during a person-centered planning process, the opportunity to live as independently as possible before being offered customized living services provided in a single family home or residential supports and services as defined in section 245D.03, subdivision 1, paragraph (c), clause (3), or successor provisions, unless the residential supports and services are provided in a family adult foster care residence under a shared living option as described in Laws 2013, chapter 108, article 7, section 62.

Subd. 5. **Self-direction first policy.** It is the policy of this state that adult Minnesotans with disabilities and families of children with disabilities can and want to use self-directed services and supports and that each adult Minnesotan with a disability and each family of the child with a disability be offered the opportunity to choose self-directed services and supports before being offered services and supports that are not self-directed.

Subd. 6. **Self-directed first implementation for disability waiver services.** The commissioner of human services shall ensure that:

(1) the disability waivers under sections 256B.092 and 256B.49 support the presumption that adult Minnesotans with disabilities and families of children with disabilities can and want to use self-directed services and supports, including self-directed funding options; and

(2) each waiver recipient be offered, after an informed decision-making process and during a person-centered planning process, the opportunity to choose self-directed services and supports, including self-directed funding options, before being offered services and supports that are not self-directed.

256D.051 SNAP EMPLOYMENT AND TRAINING PROGRAM.

Subdivision 1. **SNAP employment and training program.** The commissioner shall implement a SNAP employment and training program in order to meet the SNAP 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 SNAP employment and training program each month that the person is eligible for SNAP benefits. The person's participation in SNAP employment and training services must begin no later than the first day of the calendar month following the determination of eligibility for SNAP benefits. With the county agency's consent, and to the extent of available resources, the person may voluntarily continue to participate in SNAP employment and training services for up to three additional consecutive months immediately following termination of SNAP 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 SNAP benefits, 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 SNAP employment and training program requirements each month, including the requirement to attend an initial orientation to the SNAP employment and training program and that SNAP 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 SNAP employment and training program requirements of this section, including attendance at orientation, will lose SNAP 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 SNAP head of household, the person shall be considered an ineligible household member for SNAP purposes. If the participant is the SNAP head of household, the entire household is ineligible for SNAP 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 SNAP 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 SNAP 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 SNAP benefits due to failure to comply with SNAP employment and training program requirements.

(d) If the county agency determines that the participant did not comply during the month with all SNAP 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 SNAP benefits. The amount of SNAP benefits 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 SNAP benefits under the provisions of section 256.045.

Subd. 2. **County agency duties.** (a) The county agency shall provide to SNAP benefit recipients a SNAP employment and training program. The program must include:

(1) orientation to the SNAP employment and training program;

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(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 SNAP 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 SNAP employment and training program activities.

(b) The county agency shall prepare an annual plan for the operation of its SNAP 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.

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 SNAP employment and training services to county agencies;

(2) disburse money appropriated for SNAP 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 SNAP 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 SNAP assistance, a registrant shall: (1) cooperate with the county agency in all aspects of the SNAP 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 SNAP employment and training activities assigned by the county agency. The county agency may terminate assistance to a registrant who fails to cooperate in the SNAP employment and training program, as provided in subdivision 1a.

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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 SNAP benefits is required to register for work as a condition of eligibility for SNAP benefits. Applicants and recipients are registered by signing an application or annual reapplication for SNAP benefits, 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 SNAP employment and training program.

(c) The following SNAP benefit recipients are exempt from mandatory participation in SNAP 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 SNAP 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 SNAP employment and training services to each nonexempt SNAP benefit recipient within 30 days of the date that SNAP 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 SNAP employment and training service provider, the consequences for failure without good cause to comply, the services and support services available through SNAP employment and training services and other providers of similar services, and must encourage the participant to view the SNAP benefits 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 SNAP employment and training expenditures that are eligible for reimbursement through the SNAP employment and training program are dedicated funds and are annually appropriated to the commissioner of human services for the operation of the SNAP employment and training program.

(b) The appropriation must be used for skill attainment through employment, training, and support services for SNAP participants.

(c) Federal financial participation for the nonstate portion of SNAP employment and training costs must be paid to the county agency or service provider that incurred the costs.

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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 SNAP employment and training services, including participant support services, direct program services, and program administrative activities. The cost of services for each county's SNAP 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 SNAP eligible 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 SNAP employment and training services is not eligible for SNAP benefits 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 SNAP employment and training services and, without good cause, voluntarily quits suitable employment or refuses a legitimate offer of suitable employment while receiving SNAP benefits shall be terminated from the SNAP 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 SNAP employment and training program for recipients who are subject to a federal limit of three months of SNAP 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 SNAP benefits 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 SNAP benefit 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 SNAP 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 SNAP 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 SNAP 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 Supplemental Nutrition Assistance Program (SNAP) 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.

259A.70 REIMBURSEMENT OF NONRECURRING ADOPTION EXPENSES.

(a) The commissioner of human services shall provide reimbursement to an adoptive parent for costs incurred in an adoption of a child with special needs according to section 259A.10, subdivision 2. Reimbursement shall be made for expenses that are reasonable and necessary for the adoption to occur, subject to a maximum of \$2,000. The expenses must directly relate to the legal adoption of the child, must not be incurred in violation of state or federal law, and must not have been reimbursed from other sources or funds.

(b) Children who have special needs but are not citizens or residents of the United States and were either adopted in another country or brought to this country for the purposes of adoption are categorically ineligible for this reimbursement program, except if the child meets the eligibility criteria after the dissolution of the international adoption.

(c) An adoptive parent, in consultation with the responsible child-placing agency, may request reimbursement of nonrecurring adoption expenses by submitting a complete application, according to the requirements and procedures and on forms prescribed by the commissioner.

(d) The commissioner shall determine the child's eligibility for adoption expense reimbursement under title IV-E of the Social Security Act, United States Code, title 42, sections 670 to 676. If determined eligible, the commissioner of human services shall sign the agreement for nonrecurring adoption expense reimbursement, making this a fully executed agreement. To be eligible, the agreement must be fully executed prior to the child's adoption finalization.

(e) An adoptive parent who has an adoption assistance agreement under section 259A.15, subdivision 2, is not required to make a separate application for reimbursement of nonrecurring adoption expenses for the child who is the subject of that agreement.

(f) If determined eligible, the adoptive parent shall submit reimbursement requests within 21 months of the date of the child's adoption decree, and according to requirements and procedures prescribed by the commissioner.

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Sec. 90. DAY TRAINING AND HABILITATION DISABILITY WAIVER RATE SYSTEM TRANSITION GRANTS.

(a) The commissioner of human services shall establish annual grants to day training and habilitation providers that are projected to experience a funding gap upon the full implementation of Minnesota Statutes, section 256B.4914.

(b) In order to be eligible for a grant under this section, a day training and habilitation disability waiver provider must:

(1) serve at least 100 waiver service participants;

(2) be projected to receive a reduction in annual revenue from medical assistance for day services during the first year of full implementation of disability waiver rate system framework rates under Minnesota Statutes, section 256B.4914, of at least 15 percent and at least \$300,000 compared to the annual medical assistance revenue for day services the provider received during the last full year during which banded rates under Minnesota Statutes, section 256B.4913, subdivision 4a, were effective; and

(3) agree to develop, submit, and implement a sustainability plan as provided in paragraph

(c) A recipient of a grant under this section must develop a sustainability plan in partnership with the commissioner of human services. The sustainability plan must include:

(1) a review of all the provider's costs and an assessment of whether the provider is implementing available cost-control options appropriately;

(2) a review of all the provider's revenue and an assessment of whether the provider is leveraging available resources appropriately; and

(3) a practical strategy for closing the funding gap described in paragraph (b), clause (2).

(d) The commissioner of human services shall provide technical assistance and financial management advice to grant recipients as they develop and implement their sustainability plans.

(e) In order to be eligible for an annual grant renewal, a grant recipient must demonstrate to the commissioner of human services that it made a good faith effort to close the revenue gap described in paragraph (b), clause (2).

9505.0370 DEFINITIONS.

Subpart 1. **Scope.** For parts 9505.0370 to 9505.0372, the following terms have the meanings given them.

Subp. 2. **Adult day treatment.** "Adult day treatment" or "adult day treatment program" means a structured program of treatment and care.

Subp. 3. **Child.** "Child" means a person under 18 years of age.

Subp. 4. **Client.** "Client" means an eligible recipient who is determined to have or who is being assessed for a mental illness as specified in part 9505.0371.

Subp. 5. **Clinical summary.** "Clinical summary" means a written description of a clinician's formulation of the cause of the client's mental health symptoms, the client's prognosis, and the likely consequences of the symptoms; how the client meets the criteria for the diagnosis by describing the client's symptoms, the duration of symptoms, and functional impairment; an analysis of the client's other symptoms, strengths, relationships, life situations, cultural influences, and health concerns and their potential interaction with the diagnosis and formulation of the client's mental health condition; and alternative diagnoses that were considered and ruled out.

Subp. 6. **Clinical supervision.** "Clinical supervision" means the documented time a clinical supervisor and supervisee spend together to discuss the supervisee's work, to review individual client cases, and for the supervisee's professional development. It includes the documented oversight and supervision responsibility for planning, implementation, and evaluation of services for a client's mental health treatment.

Subp. 7. **Clinical supervisor.** "Clinical supervisor" means the mental health professional who is responsible for clinical supervision.

Subp. 8. **Cultural competence or culturally competent.** "Cultural competence" or "culturally competent" means the mental health provider's:

A. awareness of the provider's own cultural background, and the related assumptions, values, biases, and preferences that influence assessment and intervention processes;

B. ability and will to respond to the unique needs of an individual client that arise from the client's culture;

C. ability to utilize the client's culture as a resource and as a means to optimize mental health care; and

D. willingness to seek educational, consultative, and learning experiences to expand knowledge of and increase effectiveness with culturally diverse populations.

Subp. 9. **Cultural influences.** "Cultural influences" means historical, geographical, and familial factors that affect assessment and intervention processes. Cultural influences that are relevant to the client may include the client's:

A. racial or ethnic self-identification;

B. experience of cultural bias as a stressor;

C. immigration history and status;

D. level of acculturation;

E. time orientation;

F. social orientation;

G. verbal communication style;

H. locus of control;

I. spiritual beliefs; and

J. health beliefs and the endorsement of or engagement in culturally specific healing practices.

Subp. 10. **Culture.** "Culture" means the distinct ways of living and understanding the world that are used by a group of people and are transmitted from one generation to another or adopted by an individual.

Subp. 11. **Diagnostic assessment.** "Diagnostic assessment" means a written assessment that documents a clinical and functional face-to-face evaluation of the client's mental health, including the nature, severity and impact of behavioral difficulties, functional impairment, and subjective distress of the client, and identifies the client's strengths and resources.

Subp. 12. **Dialectical behavior therapy.** "Dialectical behavior therapy" means an evidence-based treatment approach provided in an intensive outpatient treatment program using a combination of individualized rehabilitative and psychotherapeutic interventions. A dialectical behavior therapy program is certified by the commissioner and involves the following service components: individual dialectical behavior therapy, group skills training, telephone coaching, and team consultation meetings.

Subp. 13. **Explanation of findings.** "Explanation of findings" means the explanation of a client's diagnostic assessment, psychological testing, treatment program, and consultation with culturally informed mental health consultants as required under parts 9520.0900 to 9520.0926, or other accumulated data and recommendations to the client, client's family, primary caregiver, or other responsible persons.

Subp. 14. **Family.** "Family" means a person who is identified by the client or the client's parent or guardian as being important to the client's mental health treatment. Family may include, but is not limited to, parents, children, spouse, committed partners, former spouses, persons related by blood or adoption, or persons who are presently residing together as a family unit.

Subp. 15. **Individual treatment plan.** "Individual treatment plan" means a written plan that outlines and defines the course of treatment. It delineates the goals, measurable objectives, target dates for achieving specific goals, main participants in treatment process, and recommended services that are based on the client's diagnostic assessment and other meaningful data that are needed to aid the client's recovery and enhance resiliency.

Subp. 16. **Medication management.** "Medication management" means a service that determines the need for or effectiveness of the medication prescribed for the treatment of a client's symptoms of a mental illness.

Subp. 17. **Mental health practitioner.** "Mental health practitioner" means a person who is qualified according to part 9505.0371, subpart 5, items B and C, and provides mental health services to a client with a mental illness under the clinical supervision of a mental health professional.

Subp. 18. **Mental health professional.** "Mental health professional" means a person who is enrolled to provide medical assistance services and is qualified according to part 9505.0371, subpart 5, item A.

Subp. 19. **Mental health telemedicine.** "Mental health telemedicine" has the meaning given in Minnesota Statutes, section 256B.0625, subdivision 46.

Subp. 20. **Mental illness.** "Mental illness" has the meaning given in Minnesota Statutes, section 245.462, subdivision 20. "Mental illness" includes "emotional disturbance" as defined in Minnesota Statutes, section 245.4871, subdivision 15.

Subp. 21. **Multidisciplinary staff.** "Multidisciplinary staff" means a group of individuals from diverse disciplines who come together to provide services to clients under part 9505.0372, subparts 8, 9, and 10.

Subp. 22. **Neuropsychological assessment.** "Neuropsychological assessment" means a specialized clinical assessment of the client's underlying cognitive abilities related to thinking, reasoning, and judgment that is conducted by a qualified neuropsychologist.

Subp. 23. **Neuropsychological testing.** "Neuropsychological testing" means administering standardized tests and measures designed to evaluate the client's ability to attend to, process, interpret, comprehend, communicate, learn and recall information; and use problem-solving and judgment.

Subp. 24. **Partial hospitalization program.** "Partial hospitalization program" means a provider's time-limited, structured program of psychotherapy and other therapeutic services, as defined in United States Code, title 42, chapter 7, subchapter XVIII, part E, section 1395x, (ff), that is provided in an outpatient hospital facility or community mental health center that meets Medicare requirements to provide partial hospitalization services.

Subp. 25. **Primary caregiver.** "Primary caregiver" means a person, other than the facility staff, who has primary legal responsibility for providing the client with food, clothing, shelter, direction, guidance, and nurturance.

Subp. 26. **Psychological testing.** "Psychological testing" means the use of tests or other psychometric instruments to determine the status of the recipient's mental, intellectual, and emotional functioning.

Subp. 27. **Psychotherapy.** "Psychotherapy" means treatment of a client with mental illness that applies the most appropriate psychological, psychiatric, psychosocial, or interpersonal method that conforms to prevailing community standards of professional practice to meet the mental health needs of the client.

Subp. 28. **Supervisee.** "Supervisee" means an individual who requires clinical supervision because the individual does not meet mental health professional standards in part 9505.0371, subpart 5, item A.

9505.0371 MEDICAL ASSISTANCE COVERAGE REQUIREMENTS FOR OUTPATIENT MENTAL HEALTH SERVICES.

Subpart 1. **Purpose.** This part describes the requirements that outpatient mental health services must meet to receive medical assistance reimbursement.

Subp. 2. **Client eligibility for mental health services.** The following requirements apply to mental health services:

A. The provider must use a diagnostic assessment as specified in part 9505.0372 to determine a client's eligibility for mental health services under this part, except:

(1) prior to completion of a client's initial diagnostic assessment, a client is eligible for:

(a) one explanation of findings;

(b) one psychological testing; and

(c) either one individual psychotherapy session, one family psychotherapy session, or one group psychotherapy session; and

(2) for a client who is not currently receiving mental health services covered by medical assistance, a crisis assessment as specified in Minnesota Statutes, section 256B.0624 or 256B.0944, conducted in the past 60 days may be used to allow up to ten sessions of mental health services within a 12-month period.

B. A brief diagnostic assessment must meet the requirements of part 9505.0372, subpart 1, item D, and:

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(1) may be used to allow up to ten sessions of mental health services as specified in part 9505.0372 within a 12-month period before a standard or extended diagnostic assessment is required when the client is:

(a) a new client; or

(b) an existing client who has had fewer than ten sessions of psychotherapy in the previous 12 months and is projected to need fewer than ten sessions of psychotherapy in the next 12 months, or who only needs medication management; and

(2) may be used for a subsequent annual assessment, if based upon the client's treatment history and the provider's clinical judgment, the client will need ten or fewer sessions of mental health services in the upcoming 12-month period; and

(3) must not be used for:

(a) a client or client's family who requires a language interpreter to participate in the assessment unless the client meets the requirements of subitem (1), unit (b), or (2); or

(b) more than ten sessions of mental health services in a 12-month period. If, after completion of ten sessions of mental health services, the mental health professional determines the need for additional sessions, a standard assessment or extended assessment must be completed.

C. For a child, a new standard or extended diagnostic assessment must be completed:

(1) when the child does not meet the criteria for a brief diagnostic assessment;

(2) at least annually following the initial diagnostic assessment, if:

(a) additional services are needed; and

(b) the child does not meet criteria for brief assessment;

(3) when the child's mental health condition has changed markedly since the child's most recent diagnostic assessment; or

(4) when the child's current mental health condition does not meet criteria of the child's current diagnosis.

D. For an adult, a new standard diagnostic assessment or extended diagnostic assessment must be completed:

(1) when the adult does not meet the criteria for a brief diagnostic assessment or an adult diagnostic assessment update;

(2) at least every three years following the initial diagnostic assessment for an adult who receives mental health services;

(3) when the adult's mental health condition has changed markedly since the adult's most recent diagnostic assessment; or

(4) when the adult's current mental health condition does not meet criteria of the current diagnosis.

E. An adult diagnostic assessment update must be completed at least annually unless a new standard or extended diagnostic assessment is performed. An adult diagnostic assessment update must include an update of the most recent standard or extended diagnostic assessment and any recent adult diagnostic assessment updates that have occurred since the last standard or extended diagnostic assessment.

Subp. 3. **Authorization for mental health services.** Mental health services under this part are subject to authorization criteria and standards published by the commissioner according to Minnesota Statutes, section 256B.0625, subdivision 25.

Subp. 4. Clinical supervision.

A. Clinical supervision must be based on each supervisee's written supervision plan and must:

- (1) promote professional knowledge, skills, and values development;
- (2) model ethical standards of practice;
- (3) promote cultural competency by:

(a) developing the supervisee's knowledge of cultural norms of behavior for individual clients and generally for the clients served by the supervisee regarding the client's cultural influences, age, class, gender, sexual orientation, literacy, and mental or physical disability;

(b) addressing how the supervisor's and supervisee's own cultures and privileges affect service delivery;

(c) developing the supervisee's ability to assess their own cultural competence and to identify when consultation or referral of the client to another provider is needed; and

(d) emphasizing the supervisee's commitment to maintaining cultural competence as an ongoing process;

(4) recognize that the client's family has knowledge about the client and will continue to play a role in the client's life and encourage participation among the client, client's family, and providers as treatment is planned and implemented; and

(5) monitor, evaluate, and document the supervisee's performance of assessment, treatment planning, and service delivery.

B. Clinical supervision must be conducted by a qualified supervisor using individual or group supervision. Individual or group face-to-face supervision may be conducted via electronic communications that utilize interactive telecommunications equipment that includes at a minimum audio and video equipment for two-way, real-time, interactive communication between the supervisor and supervisee, and meet the equipment and connection standards of part 9505.0370, subpart 19.

(1) Individual supervision means one or more designated clinical supervisors and one supervisee.

(2) Group supervision means one clinical supervisor and two to six supervisees in face-to-face supervision.

C. The supervision plan must be developed by the supervisor and the supervisee. The plan must be reviewed and updated at least annually. For new staff the plan must be completed and implemented within 30 days of the new staff person's employment. The supervision plan must include:

(1) the name and qualifications of the supervisee and the name of the agency in which the supervisee is being supervised;

(2) the name, licensure, and qualifications of the supervisor;

(3) the number of hours of individual and group supervision to be completed by the supervisee including whether supervision will be in person or by some other method approved by the commissioner;

(4) the policy and method that the supervisee must use to contact the clinical supervisor during service provision to a supervisee;

(5) procedures that the supervisee must use to respond to client emergencies; and

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- (6) authorized scope of practices, including:
 - (a) description of the supervisee's service responsibilities;
 - (b) description of client population; and
 - (c) treatment methods and modalities.

D. Clinical supervision must be recorded in the supervisee's supervision record. The documentation must include:

- (1) date and duration of supervision;
- (2) identification of supervision type as individual or group supervision;
- (3) name of the clinical supervisor;
- (4) subsequent actions that the supervisee must take; and
- (5) date and signature of the clinical supervisor.

E. Clinical supervision pertinent to client treatment changes must be recorded by a case notation in the client record after supervision occurs.

Subp. 5. **Qualified providers.** Medical assistance covers mental health services according to part 9505.0372 when the services are provided by mental health professionals or mental health practitioners qualified under this subpart.

A. A mental health professional must be qualified in one of the following ways:

(1) in clinical social work, a person must be licensed as an independent clinical social worker by the Minnesota Board of Social Work under Minnesota Statutes, chapter 148D until August 1, 2011, and thereafter under Minnesota Statutes, chapter 148E;

(2) in psychology, a person licensed by the Minnesota Board of Psychology under Minnesota Statutes, sections 148.88 to 148.98, who has stated to the board competencies in the diagnosis and treatment of mental illness;

(3) in psychiatry, a physician licensed under Minnesota Statutes, chapter 147, who is certified by the American Board of Psychiatry and Neurology or is eligible for board certification;

(4) in marriage and family therapy, a person licensed as a marriage and family therapist by the Minnesota Board of Marriage and Family Therapy under Minnesota Statutes, sections 148B.29 to 148B.39, and defined in parts 5300.0100 to 5300.0350;

(5) in professional counseling, a person licensed as a professional clinical counselor by the Minnesota Board of Behavioral Health and Therapy under Minnesota Statutes, section 148B.5301;

(6) a tribally approved mental health care professional, who meets the standards in Minnesota Statutes, section 256B.02, subdivision 7, paragraphs (b) and (c), and who is serving a federally recognized Indian tribe; or

(7) in psychiatric nursing, a registered nurse who is licensed under Minnesota Statutes, sections 148.171 to 148.285, and meets one of the following criteria:

(a) is certified as a clinical nurse specialist;

(b) for children, is certified as a nurse practitioner in child or adolescent or family psychiatric and mental health nursing by a national nurse certification organization; or

(c) for adults, is certified as a nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization.

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B. A mental health practitioner for a child client must have training working with children. A mental health practitioner for an adult client must have training working with adults. A mental health practitioner must be qualified in at least one of the following ways:

(1) holds a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university; and

(a) has at least 2,000 hours of supervised experience in the delivery of mental health services to clients with mental illness; or

(b) is fluent in the non-English language of the cultural group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to clients with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirements of 2,000 hours of supervised experience are met;

(2) has at least 6,000 hours of supervised experience in the delivery of mental health services to clients with mental illness. Hours worked as a mental health behavioral aide I or II under Minnesota Statutes, section 256B.0943, subdivision 7, may be included in the 6,000 hours of experience for child clients;

(3) is a graduate student in one of the mental health professional disciplines defined in item A and is formally assigned by an accredited college or university to an agency or facility for clinical training;

(4) holds a master's or other graduate degree in one of the mental health professional disciplines defined in item A from an accredited college or university; or

(5) is an individual who meets the standards in Minnesota Statutes, section 256B.02, subdivision 7, paragraphs (b) and (c), who is serving a federally recognized Indian tribe.

C. Medical assistance covers diagnostic assessment, explanation of findings, and psychotherapy performed by a mental health practitioner working as a clinical trainee when:

(1) the mental health practitioner is:

(a) complying with requirements for licensure or board certification as a mental health professional, as defined in item A, including supervised practice in the delivery of mental health services for the treatment of mental illness; or

(b) a student in a bona fide field placement or internship under a program leading to completion of the requirements for licensure as a mental health professional defined in item A; and

(2) the mental health practitioner's clinical supervision experience is helping the practitioner gain knowledge and skills necessary to practice effectively and independently. This may include supervision of:

(a) direct practice;

(b) treatment team collaboration;

(c) continued professional learning; and

(d) job management.

D. A clinical supervisor must:

(1) be a mental health professional licensed as specified in item A;

(2) hold a license without restrictions that has been in good standing for at least one year while having performed at least 1,000 hours of clinical practice;

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(3) be approved, certified, or in some other manner recognized as a qualified clinical supervisor by the person's professional licensing board, when this is a board requirement;

(4) be competent as demonstrated by experience and graduate-level training in the area of practice and the activities being supervised;

(5) not be the supervisee's blood or legal relative or cohabitant, or someone who has acted as the supervisee's therapist within the past two years;

(6) have experience and skills that are informed by advanced training, years of experience, and mastery of a range of competencies that demonstrate the following:

(a) capacity to provide services that incorporate best practice;

(b) ability to recognize and evaluate competencies in supervisees;

(c) ability to review assessments and treatment plans for accuracy and appropriateness;

(d) ability to give clear direction to mental health staff related to alternative strategies when a client is struggling with moving towards recovery; and

(e) ability to coach, teach, and practice skills with supervisees;

(7) accept full professional liability for a supervisee's direction of a client's mental health services;

(8) instruct a supervisee in the supervisee's work, and oversee the quality and outcome of the supervisee's work with clients;

(9) review, approve, and sign the diagnostic assessment, individual treatment plans, and treatment plan reviews of clients treated by a supervisee;

(10) review and approve the progress notes of clients treated by the supervisee according to the supervisee's supervision plan;

(11) apply evidence-based practices and research-informed models to treat clients;

(12) be employed by or under contract with the same agency as the supervisee;

(13) develop a clinical supervision plan for each supervisee;

(14) ensure that each supervisee receives the guidance and support needed to provide treatment services in areas where the supervisee practices;

(15) establish an evaluation process that identifies the performance and competence of each supervisee; and

(16) document clinical supervision of each supervisee and securely maintain the documentation record.

Subp. 6. **Release of information.** Providers who receive a request for client information and providers who request client information must:

A. comply with data practices and medical records standards in Minnesota Statutes, chapter 13, and Code of Federal Regulations, title 45, part 164; and

B. subject to the limitations in item A, promptly provide client information, including a written diagnostic assessment, to other providers who are treating the client to ensure that the client will get services without undue delay.

Subp. 7. **Individual treatment plan.** Except as provided in subpart 2, item A, subitem (1), a medical assistance payment is available only for services provided in accordance with the client's written individual treatment plan (ITP). The client must be involved in the development, review, and revision of the client's ITP. For all mental health services, except

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as provided in subpart 2, item A, subitem (1), and medication management, the ITP and subsequent revisions of the ITP must be signed by the client before treatment begins. The mental health professional or practitioner shall request the client, or other person authorized by statute to consent to mental health services for the client, to sign the client's ITP or revision of the ITP. In the case of a child, the child's parent, primary caregiver, or other person authorized by statute to consent to mental health services for the child shall be asked to sign the child's ITP and revisions of the ITP. If the client or authorized person refuses to sign the plan or a revision of the plan, the mental health professional or mental health practitioner shall note on the plan the refusal to sign the plan and the reason or reasons for the refusal. A client's individual treatment plan must be:

A. based on the client's current diagnostic assessment;

B. developed by identifying the client's service needs and considering relevant cultural influences to identify planned interventions that contain specific treatment goals and measurable objectives for the client; and

C. reviewed at least once every 90 days, and revised as necessary. Revisions to the initial individual treatment plan do not require a new diagnostic assessment unless the client's mental health status has changed markedly as provided in subpart 2.

Subp. 8. **Documentation.** To obtain medical assistance payment for an outpatient mental health service, a mental health professional or a mental health practitioner must promptly document:

A. in the client's mental health record:

(1) each occurrence of service to the client including the date, type of service, start and stop time, scope of the mental health service, name and title of the person who gave the service, and date of documentation; and

(2) all diagnostic assessments and other assessments, psychological test results, treatment plans, and treatment plan reviews;

B. the provider's contact with persons interested in the client such as representatives of the courts, corrections systems, or schools, or the client's other mental health providers, case manager, family, primary caregiver, legal representative, including the name and date of the contact or, if applicable, the reason the client's family, primary caregiver, or legal representative was not contacted; and

C. dates that treatment begins and ends and reason for the discontinuation of the mental health service.

Subp. 9. **Service coordination.** The provider must coordinate client services as authorized by the client as follows:

A. When a recipient receives mental health services from more than one mental health provider, each provider must coordinate mental health services they provide to the client with other mental health service providers to ensure services are provided in the most efficient manner to achieve maximum benefit for the client.

B. The mental health provider must coordinate mental health care with the client's physical health provider.

Subp. 10. **Telemedicine services.** Mental health services in part 9505.0372 covered as direct face-to-face services may be provided via two-way interactive video if it is medically appropriate to the client's condition and needs. The interactive video equipment and connection must comply with Medicare standards that are in effect at the time of service. The commissioner may specify parameters within which mental health services can be provided via telemedicine.

9505.0372 COVERED SERVICES.

Subpart 1. **Diagnostic assessment.** Medical assistance covers four types of diagnostic assessments when they are provided in accordance with the requirements in this subpart.

A. To be eligible for medical assistance payment, a diagnostic assessment must:

(1) identify a mental health diagnosis and recommended mental health services, which are the factual basis to develop the recipient's mental health services and treatment plan; or

(2) include a finding that the client does not meet the criteria for a mental health disorder.

B. A standard diagnostic assessment must include a face-to-face interview with the client and contain a written evaluation of a client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C. The standard diagnostic assessment must be done within the cultural context of the client and must include relevant information about:

(1) the client's current life situation, including the client's:

(a) age;

(b) current living situation, including household membership and housing status;

(c) basic needs status including economic status;

(d) education level and employment status;

(e) significant personal relationships, including the client's evaluation of relationship quality;

(f) strengths and resources, including the extent and quality of social networks;

(g) belief systems;

(h) contextual nonpersonal factors contributing to the client's presenting concerns;

(i) general physical health and relationship to client's culture; and

(j) current medications;

(2) the reason for the assessment, including the client's:

(a) perceptions of the client's condition;

(b) description of symptoms, including reason for referral;

(c) history of mental health treatment, including review of the client's records;

(d) important developmental incidents;

(e) maltreatment, trauma, or abuse issues;

(f) history of alcohol and drug usage and treatment;

(g) health history and family health history, including physical, chemical, and mental health history; and

(h) cultural influences and their impact on the client;

(3) the client's mental status examination;

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(4) the assessment of client's needs based on the client's baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety needs;

(5) the screenings used to determine the client's substance use, abuse, or dependency and other standardized screening instruments determined by the commissioner;

(6) assessment methods and use of standardized assessment tools by the provider as determined and periodically updated by the commissioner;

(7) the client's clinical summary, recommendations, and prioritization of needed mental health, ancillary or other services, client and family participation in assessment and service preferences, and referrals to services required by statute or rule; and

(8) the client data that is adequate to support the findings on all axes of the current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association; and any differential diagnosis.

C. An extended diagnostic assessment must include a face-to-face interview with the client and contain a written evaluation of a client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C. The face-to-face interview is conducted over three or more assessment appointments because the client's complex needs necessitate significant additional assessment time. Complex needs are those caused by acuity of psychotic disorder; cognitive or neurocognitive impairment; need to consider past diagnoses and determine their current applicability; co-occurring substance abuse use disorder; or disruptive or changing environments, communication barriers, or cultural considerations as documented in the assessment. For child clients, the appointments may be conducted outside the diagnostician's office for face-to-face consultation and information gathering with family members, doctors, caregivers, teachers, and other providers, with or without the child present, and may involve directly observing the child in various settings that the child frequents such as home, school, or care settings. To complete the diagnostic assessment with adult clients, the appointments may be conducted outside of the diagnostician's office for face-to-face assessment with the adult client. The appointment may involve directly observing the adult client in various settings that the adult frequents, such as home, school, job, service settings, or community settings. The appointments may include face-to-face meetings with the adult client and the client's family members, doctors, caregivers, teachers, social support network members, recovery support resource representatives, and other providers for consultation and information gathering for the diagnostic assessment. The components of an extended diagnostic assessment include the following relevant information:

(1) for children under age 5:

(a) utilization of the DC:0-3R diagnostic system for young children;

(b) an early childhood mental status exam that assesses the client's developmental, social, and emotional functioning and style both within the family and with the examiner and includes:

- i. physical appearance including dysmorphic features;
- ii. reaction to new setting and people and adaptation during evaluation;
- iii. self-regulation, including sensory regulation, unusual behaviors, activity level, attention span, and frustration tolerance;
- iv. physical aspects, including motor function, muscle tone, coordination, tics, abnormal movements, and seizure activity;
- v. vocalization and speech production, including expressive and receptive language;

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- vi. thought, including fears, nightmares, dissociative states, and hallucinations;
 - vii. affect and mood, including modes of expression, range, responsiveness, duration, and intensity;
 - viii. play, including structure, content, symbolic functioning, and modulation of aggression;
 - ix. cognitive functioning; and
 - x. relatedness to parents, other caregivers, and examiner; and
- (c) other assessment tools as determined and periodically revised by the commissioner;
- (2) for children ages 5 to 18, completion of other assessment standards for children as determined and periodically revised by the commissioner; and
- (3) for adults, completion of other assessment standards for adults as determined and periodically revised by the commissioner.

D. A brief diagnostic assessment must include a face-to-face interview with the client and a written evaluation of the client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C. The professional or practitioner must gather initial background information using the components of a standard diagnostic assessment in item B, subitems (1), (2), unit (b), (3), and (5), and draw a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's immediate needs or presenting problem. Treatment sessions conducted under authorization of a brief assessment may be used to gather additional information necessary to complete a standard diagnostic assessment or an extended diagnostic assessment.

E. Adult diagnostic assessment update includes a face-to-face interview with the client, and contains a written evaluation of the client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C, who reviews a standard or extended diagnostic assessment. The adult diagnostic assessment update must update the most recent assessment document in writing in the following areas:

- (1) review of the client's life situation, including an interview with the client about the client's current life situation, and a written update of those parts where significant new or changed information exists, and documentation where there has not been significant change;
- (2) review of the client's presenting problems, including an interview with the client about current presenting problems and a written update of those parts where there is significant new or changed information, and note parts where there has not been significant change;
- (3) screenings for substance use, abuse, or dependency and other screenings as determined by the commissioner;
- (4) the client's mental health status examination;
- (5) assessment of client's needs based on the client's baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety needs;
- (6) the client's clinical summary, recommendations, and prioritization of needed mental health, ancillary, or other services, client and family participation in assessment and service preferences, and referrals to services required by statute or rule; and
- (7) the client's diagnosis on all axes of the current edition of the Diagnostic and Statistical Manual and any differential diagnosis.

Subp. 2. **Neuropsychological assessment.** A neuropsychological assessment must include a face-to-face interview with the client, the interpretation of the test results, and preparation and completion of a report. A client is eligible for a neuropsychological assessment if at least one of the following criteria is met:

A. There is a known or strongly suspected brain disorder based on medical history or neurological evaluation such as a history of significant head trauma, brain tumor, stroke, seizure disorder, multiple sclerosis, neurodegenerative disorders, significant exposure to neurotoxins, central nervous system infections, metabolic or toxic encephalopathy, fetal alcohol syndrome, or congenital malformations of the brain; or

B. In the absence of a medically verified brain disorder based on medical history or neurological evaluation, there are cognitive or behavioral symptoms that suggest that the client has an organic condition that cannot be readily attributed to functional psychopathology, or suspected neuropsychological impairment in addition to functional psychopathology. Examples include:

- (1) poor memory or impaired problem solving;
- (2) change in mental status evidenced by lethargy, confusion, or disorientation;
- (3) deterioration in level of functioning;
- (4) marked behavioral or personality change;
- (5) in children or adolescents, significant delays in academic skill acquisition or poor attention relative to peers;
- (6) in children or adolescents, significant plateau in expected development of cognitive, social, emotional, or physical function, relative to peers; and
- (7) in children or adolescents, significant inability to develop expected knowledge, skills, or abilities as required to adapt to new or changing cognitive, social, emotional, or physical demands.

C. If neither criterion in item A nor B is fulfilled, neuropsychological evaluation is not indicated.

D. The neuropsychological assessment must be conducted by a neuropsychologist with competence in the area of neuropsychological assessment as stated to the Minnesota Board of Psychology who:

- (1) was awarded a diploma by the American Board of Clinical Neuropsychology, the American Board of Professional Neuropsychology, or the American Board of Pediatric Neuropsychology;
- (2) earned a doctoral degree in psychology from an accredited university training program:
 - (a) completed an internship, or its equivalent, in a clinically relevant area of professional psychology;
 - (b) completed the equivalent of two full-time years of experience and specialized training, at least one which is at the postdoctoral level, in the study and practices of clinical neuropsychology and related neurosciences supervised by a clinical neuropsychologist; and
 - (c) holds a current license to practice psychology independently in accordance with Minnesota Statutes, sections 148.88 to 148.98;
- (3) is licensed or credentialed by another state's board of psychology examiners in the specialty of neuropsychology using requirements equivalent to requirements specified by one of the boards named in subitem (1); or

(4) was approved by the commissioner as an eligible provider of neuropsychological assessment prior to December 31, 2010.

Subp. 3. Neuropsychological testing.

A. Medical assistance covers neuropsychological testing when the client has either:

(1) a significant mental status change that is not a result of a metabolic disorder that has failed to respond to treatment;

(2) in children or adolescents, a significant plateau in expected development of cognitive, social, emotional, or physical function, relative to peers;

(3) in children or adolescents, significant inability to develop expected knowledge, skills, or abilities, as required to adapt to new or changing cognitive, social, physical, or emotional demands; or

(4) a significant behavioral change, memory loss, or suspected neuropsychological impairment in addition to functional psychopathology, or other organic brain injury or one of the following:

(a) traumatic brain injury;

(b) stroke;

(c) brain tumor;

(d) substance abuse or dependence;

(e) cerebral anoxic or hypoxic episode;

(f) central nervous system infection or other infectious disease;

(g) neoplasms or vascular injury of the central nervous system;

(h) neurodegenerative disorders;

(i) demyelinating disease;

(j) extrapyramidal disease;

(k) exposure to systemic or intrathecal agents or cranial radiation known to be associated with cerebral dysfunction;

(l) systemic medical conditions known to be associated with cerebral dysfunction, including renal disease, hepatic encephalopathy, cardiac anomaly, sickle cell disease, and related hematologic anomalies, and autoimmune disorders such as lupus, erythematosis, or celiac disease;

(m) congenital genetic or metabolic disorders known to be associated with cerebral dysfunction, such as phenylketonuria, craniofacial syndromes, or congenital hydrocephalus;

(n) severe or prolonged nutrition or malabsorption syndromes; or

(o) a condition presenting in a manner making it difficult for a clinician to distinguish between:

i. the neurocognitive effects of a neurogenic syndrome such as dementia or encephalopathy; and

ii. a major depressive disorder when adequate treatment for major depressive disorder has not resulted in improvement in neurocognitive function, or another disorder such as autism, selective mutism, anxiety disorder, or reactive attachment disorder.

B. Neuropsychological testing must be administered or clinically supervised by a neuropsychologist qualified as defined in subpart 2, item D.

C. Neuropsychological testing is not covered when performed:

- (1) primarily for educational purposes;
- (2) primarily for vocational counseling or training;
- (3) for personnel or employment testing;
- (4) as a routine battery of psychological tests given at inpatient admission or continued stay; or
- (5) for legal or forensic purposes.

Subp. 4. **Psychological testing.** Psychological testing must meet the following requirements:

A. The psychological testing must:

- (1) be administered or clinically supervised by a licensed psychologist with competence in the area of psychological testing as stated to the Minnesota Board of Psychology; and
- (2) be validated in a face-to-face interview between the client and a licensed psychologist or a mental health practitioner working as a clinical psychology trainee as required by part 9505.0371, subpart 5, item C, under the clinical supervision of a licensed psychologist according to part 9505.0371, subpart 5, item A, subitem (2).

B. The administration, scoring, and interpretation of the psychological tests must be done under the clinical supervision of a licensed psychologist when performed by a technician, psychometrist, or psychological assistant or as part of a computer-assisted psychological testing program.

C. The report resulting from the psychological testing must be:

- (1) signed by the psychologist conducting the face-to-face interview;
- (2) placed in the client's record; and
- (3) released to each person authorized by the client.

Subp. 5. **Explanations of findings.** To be eligible for medical assistance payment, the mental health professional providing the explanation of findings must obtain the authorization of the client or the client's representative to release the information as required in part 9505.0371, subpart 6. Explanation of findings is provided to the client, client's family, and caregivers, or to other providers to help them understand the results of the testing or diagnostic assessment, better understand the client's illness, and provide professional insight needed to carry out a plan of treatment. An explanation of findings is not paid separately when the results of psychological testing or a diagnostic assessment are explained to the client or the client's representative as part of the psychological testing or a diagnostic assessment.

Subp. 6. **Psychotherapy.** Medical assistance covers psychotherapy as conducted by a mental health professional or a mental health practitioner as defined in part 9505.0371, subpart 5, item C, as provided in this subpart.

A. Individual psychotherapy is psychotherapy designed for one client.

B. Family psychotherapy is designed for the client and one or more family members or the client's primary caregiver whose participation is necessary to accomplish the client's treatment goals. Family members or primary caregivers participating in a therapy session do not need to be eligible for medical assistance. For purposes of this subpart, the phrase "whose participation is necessary to accomplish the client's treatment goals" does not include shift or facility staff members at the client's residence. Medical assistance payment for family psychotherapy is limited to face-to-face sessions at which the client is present throughout the family psychotherapy session unless the mental health professional believes

the client's absence from the family psychotherapy session is necessary to carry out the client's individual treatment plan. If the client is excluded, the mental health professional must document the reason for and the length of time of the exclusion. The mental health professional must also document the reason or reasons why a member of the client's family is excluded.

C. Group psychotherapy is appropriate for individuals who because of the nature of their emotional, behavioral, or social dysfunctions can derive mutual benefit from treatment in a group setting. For a group of three to eight persons, one mental health professional or practitioner is required to conduct the group. For a group of nine to 12 persons, a team of at least two mental health professionals or two mental health practitioners or one mental health professional and one mental health practitioner is required to co-conduct the group. Medical assistance payment is limited to a group of no more than 12 persons.

D. A multiple-family group psychotherapy session is eligible for medical assistance payment if the psychotherapy session is designed for at least two but not more than five families. Multiple-family group psychotherapy is clearly directed toward meeting the identified treatment needs of each client as indicated in client's treatment plan. If the client is excluded, the mental health professional or practitioner must document the reason for and the length of the time of the exclusion. The mental health professional or practitioner must document the reasons why a member of the client's family is excluded.

Subp. 7. **Medication management.** The determination or evaluation of the effectiveness of a client's prescribed drug must be carried out by a physician or by an advanced practice registered nurse, as defined in Minnesota Statutes, sections 148.171 to 148.285, who is qualified in psychiatric nursing.

Subp. 8. **Adult day treatment.** Adult day treatment payment limitations include the following conditions.

A. Adult day treatment must consist of at least one hour of group psychotherapy, and must include group time focused on rehabilitative interventions, or other therapeutic services that are provided by a multidisciplinary staff. Adult day treatment is an intensive psychotherapeutic treatment. The services must stabilize the client's mental health status, and develop and improve the client's independent living and socialization skills. The goal of adult day treatment is to reduce or relieve the effects of mental illness so that an individual is able to benefit from a lower level of care and to enable the client to live and function more independently in the community. Day treatment services are not a part of inpatient or residential treatment services.

B. To be eligible for medical assistance payment, a day treatment program must:

- (1) be reviewed by and approved by the commissioner;
- (2) be provided to a group of clients by a multidisciplinary staff under the clinical supervision of a mental health professional;
- (3) be available to the client at least two days a week for at least three consecutive hours per day. The day treatment may be longer than three hours per day, but medical assistance must not reimburse a provider for more than 15 hours per week;
- (4) include group psychotherapy done by a mental health professional, or mental health practitioner qualified according to part 9505.0371, subpart 5, item C, and rehabilitative interventions done by a mental health professional or mental health practitioner daily;
- (5) be included in the client's individual treatment plan as necessary and appropriate. The individual treatment plan must include attainable, measurable goals as they relate to services and must be completed before the first day treatment session. The vendor must review the recipient's progress and update the treatment plan at least every 30 days until the client is discharged and include an available discharge plan for the client in the treatment plan; and

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(6) document the interventions provided and the client's response daily.

C. To be eligible for adult day treatment, a recipient must:

(1) be 18 years of age or older;

(2) not be residing in a nursing facility, hospital, institute of mental disease, or regional treatment center, unless the recipient has an active discharge plan that indicates a move to an independent living arrangement within 180 days;

(3) have a diagnosis of mental illness as determined by a diagnostic assessment;

(4) have the capacity to engage in the rehabilitative nature, the structured setting, and the therapeutic parts of psychotherapy and skills activities of a day treatment program and demonstrate measurable improvements in the recipient's functioning related to the recipient's mental illness that would result from participating in the day treatment program;

(5) have at least three areas of functional impairment as determined by a functional assessment with the domains prescribed by Minnesota Statutes, section 245.462, subdivision 11a;

(6) have a level of care determination that supports the need for the level of intensity and duration of a day treatment program; and

(7) be determined to need day treatment by a mental health professional who must deem the day treatment services medically necessary.

D. The following services are not covered by medical assistance if they are provided by a day treatment program:

(1) a service that is primarily recreation-oriented or that is provided in a setting that is not medically supervised. This includes: sports activities, exercise groups, craft hours, leisure time, social hours, meal or snack time, trips to community activities, and tours;

(2) a social or educational service that does not have or cannot reasonably be expected to have a therapeutic outcome related to the client's mental illness;

(3) consultation with other providers or service agency staff about the care or progress of a client;

(4) prevention or education programs provided to the community;

(5) day treatment for recipients with primary diagnoses of alcohol or other drug abuse;

(6) day treatment provided in the client's home;

(7) psychotherapy for more than two hours daily; and

(8) participation in meal preparation and eating that is not part of a clinical treatment plan to address the client's eating disorder.

Subp. 9. **Partial hospitalization.** Partial hospitalization is a covered service when it is an appropriate alternative to inpatient hospitalization for a client who is experiencing an acute episode of mental illness that meets the criteria for an inpatient hospital admission as specified in part 9505.0520, subpart 1, and who has the family and community resources necessary and appropriate to support the client's residence in the community. Partial hospitalization consists of multiple intensive short-term therapeutic services provided by a multidisciplinary staff to treat the client's mental illness.

Subp. 10. **Dialectical behavior therapy (DBT).** Dialectical behavior therapy (DBT) treatment services must meet the following criteria:

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A. DBT must be provided according to this subpart and Minnesota Statutes, section 256B.0625, subdivision 5l.

B. DBT is an outpatient service that is determined to be medically necessary by either: (1) a mental health professional qualified according to part 9505.0371, subpart 5, or (2) a mental health practitioner working as a clinical trainee according to part 9505.0371, subpart 5, item C, who is under the clinical supervision of a mental health professional according to part 9505.0371, subpart 5, item D, with specialized skill in dialectical behavior therapy. The treatment recommendation must be based upon a comprehensive evaluation that includes a diagnostic assessment and functional assessment of the client, and review of the client's prior treatment history. Treatment services must be provided pursuant to the client's individual treatment plan and provided to a client who satisfies the criteria in item C.

C. To be eligible for DBT, a client must:

- (1) be 18 years of age or older;
- (2) have mental health needs that cannot be met with other available community-based services or that must be provided concurrently with other community-based services;
- (3) meet one of the following criteria:
 - (a) have a diagnosis of borderline personality disorder; or
 - (b) have multiple mental health diagnoses and exhibit behaviors characterized by impulsivity, intentional self-harm behavior, and be at significant risk of death, morbidity, disability, or severe dysfunction across multiple life areas;
- (4) understand and be cognitively capable of participating in DBT as an intensive therapy program and be able and willing to follow program policies and rules assuring safety of self and others; and
- (5) be at significant risk of one or more of the following if DBT is not provided:
 - (a) mental health crisis;
 - (b) requiring a more restrictive setting such as hospitalization;
 - (c) decompensation; or
 - (d) engaging in intentional self-harm behavior.

D. The treatment components of DBT are individual therapy and group skills as follows:

- (1) Individual DBT combines individualized rehabilitative and psychotherapeutic interventions to treat suicidal and other dysfunctional behaviors and reinforce the use of adaptive skillful behaviors. The therapist must:
 - (a) identify, prioritize, and sequence behavioral targets;
 - (b) treat behavioral targets;
 - (c) generalize DBT skills to the client's natural environment through telephone coaching outside of the treatment session;
 - (d) measure the client's progress toward DBT targets;
 - (e) help the client manage crisis and life-threatening behaviors; and
 - (f) help the client learn and apply effective behaviors when working with other treatment providers.

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(2) Individual DBT therapy is provided by a mental health professional or a mental health practitioner working as a clinical trainee, according to part 9505.0371, subpart 5, item C, under the supervision of a licensed mental health professional according to part 9505.0371, subpart 5, item D.

(3) Group DBT skills training combines individualized psychotherapeutic and psychiatric rehabilitative interventions conducted in a group format to reduce the client's suicidal and other dysfunctional coping behaviors and restore function by teaching the client adaptive skills in the following areas:

- (a) mindfulness;
- (b) interpersonal effectiveness;
- (c) emotional regulation; and
- (d) distress tolerance.

(4) Group DBT skills training is provided by two mental health professionals, or by a mental health professional cofacilitating with a mental health practitioner.

(5) The need for individual DBT skills training must be determined by a mental health professional or a mental health practitioner working as a clinical trainee, according to part 9505.0371, subpart 5, item C, under the supervision of a licensed mental health professional according to part 9505.0371, subpart 5, item D.

E. A program must be certified by the commissioner as a DBT provider. To qualify for certification, a provider must:

(1) hold current accreditation as a DBT program from a nationally recognized certification body approved by the commissioner or submit to the commissioner's inspection and provide evidence that the DBT program's policies, procedures, and practices will continuously meet the requirements of this subpart;

(2) be enrolled as a MHCP provider;

(3) collect and report client outcomes as specified by the commissioner; and

(4) have a manual that outlines the DBT program's policies, procedures, and practices which meet the requirements of this subpart.

F. The DBT treatment team must consist of persons who are trained in DBT treatment. The DBT treatment team may include persons from more than one agency. Professional and clinical affiliations with the DBT team must be delineated:

(1) A DBT team leader must:

(a) be a mental health professional employed by, affiliated with, or contracted by a DBT program certified by the commissioner;

(b) have appropriate competencies and working knowledge of the DBT principles and practices; and

(c) have knowledge of and ability to apply the principles and DBT practices that are consistent with evidence-based practices.

(2) DBT team members who provide individual DBT or group skills training must:

(a) be a mental health professional or be a mental health practitioner, who is employed by, affiliated with, or contracted with a DBT program certified by the commissioner;

(b) have or obtain appropriate competencies and working knowledge of DBT principles and practices within the first six months of becoming a part of the DBT program;

(c) have or obtain knowledge of and ability to apply the principles and practices of DBT consistently with evidence-based practices within the first six months of working at the DBT program;

(d) participate in DBT consultation team meetings; and

(e) require mental health practitioners to have ongoing clinical supervision by a mental health professional who has appropriate competencies and working knowledge of DBT principles and practices.

Subp. 11. **Noncovered services.** The mental health services in items A to J are not eligible for medical assistance payment under this part:

A. a mental health service that is not medically necessary;

B. a neuropsychological assessment carried out by a person other than a neuropsychologist who is qualified according to part 9505.0372, subpart 2, item D;

C. a service ordered by a court that is solely for legal purposes and not related to the recipient's diagnosis or treatment for mental illness;

D. services dealing with external, social, or environmental factors that do not directly address the recipient's physical or mental health;

E. a service that is only for a vocational purpose or an educational purpose that is not mental health related;

F. staff training that is not related to a client's individual treatment plan or plan of care;

G. child and adult protection services;

H. fund-raising activities;

I. community planning; and

J. client transportation.

9520.0010 STATUTORY AUTHORITY AND PURPOSE.

Parts 9520.0010 to 9520.0230 provide methods and procedures relating to the establishment and operation of area-wide, comprehensive, community-based mental health, developmental disability, and chemical dependency programs under state grant-in-aid as provided under Minnesota Statutes, sections 245.61 to 245.69. Minnesota Statutes, sections 245.61 to 245.69 are entitled The Community Mental Health Services Act. For purposes of these parts, "community mental health services" includes services to persons who have mental or emotional disorders or other psychiatric disabilities, developmental disabilities, and chemical dependency, including drug abuse and alcoholism.

9520.0020 BOARD DUTIES.

The community mental health board has the responsibility for ensuring the planning, development, implementation, coordination, and evaluation of the community comprehensive mental health program for the mentally ill/behaviorally disabled, developmentally disabled, and chemically dependent populations in the geographic area it serves. It also has the responsibility for ensuring delivery of services designated by statute.

9520.0030 DEFINITIONS.

Parts 9520.0040 and 9520.0050 also set forth definitions of community mental health centers and community mental health clinics.

9520.0040 COMMUNITY MENTAL HEALTH CENTER.

A community mental health center means an agency which includes all of the following:

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A. Established under the provision of Minnesota Statutes, sections 245.61 to 245.69.

B. Provides as a minimum the following services for individuals with mental or emotional disorders, developmental disabilities, alcoholism, drug abuse, and other psychiatric conditions. The extent of each service to be provided by the center shall be indicated in the program plan, which is to reflect the problems, needs, and resources of the community served:

(1) collaborative and cooperative services with public health and other groups for programs of prevention of mental illness, developmental disability, alcoholism, drug abuse, and other psychiatric disorders;

(2) informational and educational services to schools, courts, health and welfare agencies, both public and private;

(3) informational and educational services to the general public, lay, and professional groups;

(4) consultative services to schools, courts, and health and welfare agencies, both public and private;

(5) outpatient diagnostic and treatment services; and

(6) rehabilitative services, particularly for those who have received prior treatment in an inpatient facility.

C. Provides or contracts for detoxification, evaluation, and referral for chemical dependency services (Minnesota Statutes, section 254A.08).

D. Provides specific coordination for mentally ill/behaviorally disabled, developmental disability, and chemical dependency programs. (Minnesota Statutes, sections 254A.07 and 245.61).

E. Has a competent multidisciplinary mental health/developmental disability/chemical dependency professional team whose members meet the professional standards in their respective fields.

F. The professional mental health team is qualified by specific mental health training and experience and shall include as a minimum the services of each of the following:

(1) a licensed physician, who has completed an approved residency program in psychiatry; and

(2) a doctoral clinical, counseling, or health care psychologist, who is licensed under Minnesota Statutes, sections 148.88 to 148.98; and one or both of the following:

(3) a clinical social worker with a master's degree in social work from an accredited college or university; and/or

(4) a clinical psychiatric nurse with a master's degree from an accredited college or university and is registered under Minnesota Statutes, section 148.171. The master's degree shall be in psychiatric nursing or a related psychiatric nursing program such as public health nursing with mental health major, maternal and child health with mental health major, etc.

G. The multidisciplinary staff shall be sufficient in number to implement and operate the described program of the center. In addition to the above, this team should include other professionals, paraprofessionals, and disciplines, particularly in the preventive and rehabilitative components of the program, subject to review and approval of job descriptions and qualifications by the commissioner. If any of the minimum required professional staff are not immediately available, the commissioner may approve and make grants for the operation of the center, provided that the board and director can show evidence acceptable to the commissioner that they are making sincere, reasonable, and ongoing efforts

to acquire such staff and show evidence of how the specialized functions of the required professionals are being met. The services being rendered by employed personnel shall be consistent with their professional discipline.

9520.0050 COMMUNITY MENTAL HEALTH CLINIC.

Subpart 1. **Definitions.** A community mental health clinic is an agency which devotes, as its major service, at least two-thirds of its resources for outpatient mental health diagnosis, treatment, and consultation by a multidisciplinary professional mental health team. The multidisciplinary professional mental health team is qualified by special mental health training and experience and shall include as a minimum the services of each of the following:

A. a licensed physician, who has completed an approved residency program in psychiatry; and

B. a doctoral clinical, or counseling or health care psychologist who is licensed under Minnesota Statutes, sections 148.88 to 148.98; and one or both of the following:

C. a clinical social worker with a master's degree in social work from an accredited college or university; and/or

D. a clinical psychiatric nurse with a master's degree from an accredited college or university and is registered under Minnesota Statutes, section 148.171. The master's degree shall be in psychiatric nursing or a related psychiatric nursing program such as public health with a mental health major, maternal and child health with a mental health major.

Subp. 2. **Other members of multidisciplinary team.** The multidisciplinary team shall be sufficient in number to implement and operate the described program of the clinic. In addition to the above, this team should include other professionals, paraprofessionals and disciplines, particularly in the preventive and rehabilitative components of the program, subject to review and approval of job descriptions and qualifications by the commissioner.

Subp. 3. **Efforts to acquire staff.** If any of the minimum required professional staff are not immediately available, the commissioner may approve and make grants for the operation of the clinic, provided that the board and director can show evidence acceptable to the commissioner that they are making sincere, reasonable, and ongoing efforts to acquire such staff and evidence of how the specialized functions of the required professional positions are being met. The services being rendered by employed personnel shall be consistent with their professional discipline.

9520.0060 ANNUAL PLAN AND BUDGET.

On or before the date designated by the commissioner, each year the chair of the community mental health board or director of the community mental health program, provided for in Minnesota Statutes, section 245.62, shall submit an annual plan identifying program priorities in accordance with state grant-in-aid guidelines, and a budget on prescribed report forms for the next state fiscal year, together with the recommendations of the community mental health board, to the commissioner of human services for approval as provided under Minnesota Statutes, section 245.63.

9520.0070 FISCAL AFFILIATES.

Other providers of community mental health services may affiliate with the community mental health center and may be approved and eligible for state grant-in-aid funds. The state funding for other community mental health services shall be contingent upon appropriate inclusion in the center's community mental health plan for the continuum of community mental health services and conformity with the state's appropriate disability plan for mental health, developmental disability, or chemical dependency. Fiscal affiliates (funded contracting agencies) providing specialized services under contract must meet all rules and standards that apply to the services they are providing.

9520.0080 OTHER REQUIRED REPORTS.

The program director of the community mental health program shall provide the commissioner of human services with such reports of program activities as the commissioner may require.

9520.0090 FUNDING.

All state community mental health funding shall go directly to the community mental health board or to a human service board established pursuant to Laws of Minnesota 1975, chapter 402, which itself provides or contracts with another agency to provide the community mental health program. Such programs must meet the standards and rules for community mental health programs as enunciated in parts 9520.0010 to 9520.0230 in accordance with Laws of Minnesota 1975, chapter 402.

9520.0100 OPERATION OF OTHER PROGRAMS.

When the governing authority of the community mental health program operates other programs, services, or activities, only the community mental health center program shall be subject to these parts.

9520.0110 APPLICATIONS AND AGREEMENTS BY LOCAL COUNTIES.

New applications for state assistance or applications for renewal of support must be accompanied by an agreement executed by designated signatories on behalf of the participating counties that specifies the involved counties, the amount and source of local funds in each case, and the period of support. The local funds to be used to match state grant-in-aid must be assured in writing on Department of Human Services forms by the local funding authority(ies).

9520.0120 USE OF MATCHING FUNDS.

Funds utilized by the director as authorized by the community mental health board to match a state grant-in-aid must be available to that director for expenditures for the same general purpose as the state grant-in-aid funds.

9520.0130 QUARTERLY REPORTS.

The director of the community mental health program shall, within 20 days after the end of the quarter, submit quarterly prescribed reports to the commissioner of human services (controller's office), containing all receipts, expenditures, and cash balance, subject to an annual audit by the commissioner or his/her designee.

9520.0140 PAYMENTS.

Payments on approved grants will be made subsequent to the department's receipt of the program's quarterly reporting forms, unless the commissioner of human services has determined that funds allocated to a program are not needed for that program. Payments shall be in an amount of at least equal to the quarterly allocation minus any unexpended balance from the previous quarter providing this payment does not exceed the program grant award. In the event the program does not report within the prescribed time, the department will withhold the process of the program's payment until the next quarterly cycle.

9520.0150 FEES.

No fees shall be charged until the director with approval of the community mental health board has established fee schedules for the services rendered and they have been submitted to the commissioner of human services at least two months prior to the effective date thereof and have been approved by him/her. All fees shall conform to the approved schedules, which are accessible to the public.

9520.0160 SUPPLEMENTAL AWARDS.

The commissioner of human services may make supplemental awards to the community mental health boards.

9520.0170 WITHDRAWAL OF FUNDS.

The commissioner of human services may withdraw funds from any program that is not administered in accordance with its approved plan and budget. Written notice of such intended action will be provided to the director and community mental health board. Opportunity for hearing before the commissioner or his/her designee shall be provided.

9520.0180 BUDGET TRANSFERS.

Community mental health boards may make budget transfers within specified limits during any fiscal year without prior approval of the department. The specified limit which can be transferred in any fiscal year between program activity budgets shall be up to ten percent or up to \$5,000 whichever is less. Transfers within an activity can be made into or out of line items with a specified limit of up to ten percent or up to \$5,000 whichever is less. No line item can be increased or decreased by more than \$5,000 or ten percent in a fiscal year without prior approval of the commissioner. Transfers above the specified limits can be made with prior approval from the commissioner. All transfers within and into program budget activities and/or line items must have prior approval by the community mental health board and this approval must be reflected in the minutes of its meeting, it must be reported to the commissioner with the reasons therefor, including a statement of how the transfer will affect program objectives.

9520.0190 BUDGET ADJUSTMENTS.

Budget adjustments made necessary by funding limitations shall be made by the commissioner and provided in writing to the director and board of the community mental health center.

9520.0200 CENTER DIRECTOR.

Every community mental health board receiving state funds for a community mental health program shall have a center director, who is the full-time qualified professional staff member who serves as the executive officer. To be considered qualified, the individual must have professional training to at least the level of graduate degree in his/her clinical and/or administrative discipline, which is relevant to MH-DD-CD and a minimum of two years experience in community mental health programs. The center director is responsible for the planning/design, development, coordination, and evaluation of a comprehensive, area-wide program and for the overall administration of services operated by the board.

The center director shall be appointed by the community mental health board and shall be approved by the commissioner of human services.

9520.0210 DEADLINE FOR APPROVAL OR DENIAL OF REQUEST FOR APPROVAL STATUS.

The commissioner shall approve or deny, in whole or in part, an application for state financial assistance within 90 days of receipt of the grant-in-aid application or by the beginning of the state fiscal year, whichever is the later.

9520.0230 ADVISORY COMMITTEE.

Subpart 1. **Purpose.** To assist the community mental health board in meeting its responsibilities as described in Minnesota Statutes, section 245.68 and to provide opportunity for broad community representation necessary for effective comprehensive mental health, developmental disability, and chemical dependency program planning, each community

mental health board shall appoint a separate advisory committee in at least the three disability areas of mental health, developmental disability, and chemical dependency.

Subp. 2. **Membership.** The advisory committees shall consist of residents of the geographic area served who are interested and knowledgeable in the area governed by such committee.

Subp. 3. **Nominations for membership.** Nominations for appointments as members of the advisory committees are to be made to the community mental health board from agencies, organizations, groups, and individuals within the area served by the community mental health center. Appointments to the advisory committees are made by the community mental health board.

Subp. 4. **Board member on committee.** One community mental health board member shall serve on each advisory committee.

Subp. 5. **Nonprovider members.** Each advisory committee shall have at least one-half of its membership composed of individuals who are not providers of services to the three disability groups.

Subp. 6. **Representative membership.** Membership of each advisory committee shall generally reflect the population distribution of the service delivery area of the community mental health center.

Subp. 7. **Chairperson appointed.** The community mental health board shall appoint a chairperson for each advisory committee. The chairperson shall not be a community mental health board member nor a staff member. The power to appoint the chairperson may be delegated by the community mental health board to the individual advisory committee.

Subp. 8. **Committee responsibility to board.** Each advisory committee shall be directly responsible to the community mental health board. Direct communication shall be effected and maintained through contact between the chairperson of the particular advisory committee, or his/her designee, and the chairperson of the community mental health board, or his/her designee.

Subp. 9. **Staff.** Staff shall be assigned by the director to serve the staffing needs of each advisory committee.

Subp. 10. **Study groups and task forces.** Each advisory committee may appoint study groups and task forces upon consultation with the community mental health board. It is strongly recommended that specific attention be given to the aging and children and youth populations.

Subp. 11. **Quarterly meetings required.** Each advisory committee shall meet at least quarterly.

Subp. 12. **Annual report required.** Each advisory committee must make a formal written and oral report on its work to the community mental health board at least annually.

Subp. 13. **Minutes.** Each advisory committee shall submit copies of minutes of their meetings to the community mental health board and to the Department of Human Services (respective disability group program divisions).

Subp. 14. **Duties of advisory committee.** The advisory committees shall be charged by the community mental health board with assisting in the identification of the community's needs for mentally ill/behaviorally disabled, developmental disability, and chemical dependency programs. The advisory committee also assists the community mental health board in determining priorities for the community programs. Based on the priorities, each advisory committee shall recommend to the community mental health board ways in which the limited available community resources (work force, facilities, and finances) can be put to maximum and optimal use.

Subp. 15. **Recommendations.** The advisory committee recommendations made to the community mental health board shall be included as a separate section in the grant-in-aid request submitted to the Department of Human Services by the community mental health board.

Subp. 16. **Assessment of programs.** The advisory committees shall assist the community mental health board in assessing the programs carried on by the community mental health board, and make recommendations regarding the reordering of priorities and modifying of programs where necessary.

9520.0750 PURPOSE.

Parts 9520.0750 to 9520.0870 establish standards for approval of mental health centers and mental health clinics for purposes of insurance and subscriber contract reimbursement under Minnesota Statutes, section 62A.152.

9520.0760 DEFINITIONS.

Subpart 1. **Scope.** As used in parts 9520.0760 to 9520.0870, the following terms have the meanings given them.

Subp. 2. **Application.** "Application" means the formal statement by a center to the commissioner, on the forms created for this purpose, requesting recognition as meeting the requirements of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 3. **Approval.** "Approval" means the determination by the commissioner that the applicant center has met the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870, and is therefore eligible to claim reimbursement for outpatient clinical services under the terms of Minnesota Statutes, section 62A.152. Approval of a center under these parts does not mean approval of a multidisciplinary staff person of such center to claim reimbursement from medical assistance or other third-party payors when practicing privately. Approval of a center under these parts does not mean approval of such center to claim reimbursement from medical assistance.

Subp. 4. **Case review.** "Case review" means a consultation process thoroughly examining a client's condition and treatment. It includes review of the client's reason for seeking treatment, diagnosis and assessment, and the individual treatment plan; review of the appropriateness, duration, and outcome of treatment provided; and treatment recommendations.

Subp. 5. **Center.** "Center" means a public or private health and human services facility which provides clinical services in the treatment of mental illness. It is an abbreviated term used in place of "mental health center" or "mental health clinic" throughout parts 9520.0750 to 9520.0870.

Subp. 6. **Client.** "Client" means a person accepted by the center to receive clinical services in the diagnosis and treatment of mental illness.

Subp. 7. **Clinical services.** "Clinical services" means services provided to a client to diagnose, describe, predict, and explain that client's status relative to a disabling condition or problem, and where necessary, to treat the client to reduce impairment due to that condition. Clinical services also include individual treatment planning, case review, record keeping required for treatment, peer review, and supervision.

Subp. 8. **Commissioner.** "Commissioner" means the commissioner of the Minnesota Department of Human Services or a designated representative.

Subp. 9. **Competent.** "Competent" means having sufficient knowledge of and proficiency in a specific mental illness assessment or treatment service, technique, method, or procedure, documented by experience, education, training, and certification, to be able to provide it to a client with little or no supervision.

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Subp. 10. **Consultation.** "Consultation" means the process of deliberating or conferring between multidisciplinary staff regarding a client and the client's treatment.

Subp. 11. **Deferral.** "Deferral" means the determination by the commissioner that the applicant center does not meet the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 and is not approved, but is granted a period of time to comply with these standards and receive a second review without reapplication.

Subp. 12. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 13. **Disapproval or withdrawal of approval.** "Disapproval" or "withdrawal of approval" means a determination by the commissioner that the applicant center does not meet the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 14. **Discipline.** "Discipline" means a branch of professional knowledge or skill acquired through a specific course of study and training and usually documented by a specific educational degree or certification of proficiency. Examples of the mental health disciplines include but are not limited to psychiatry, psychology, clinical social work, and psychiatric nursing.

Subp. 15. **Documentation.** "Documentation" means the automatically or manually produced and maintained evidence that can be read by person or machine, and that will attest to the compliance with requirements of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 16. **Individual treatment plan.** "Individual treatment plan" means a written plan of intervention and treatment developed on the basis of assessment results for a specific client, and updated as necessary. The plan specifies the goals and objectives in measurable terms, states the treatment strategy, and identifies responsibilities of multidisciplinary staff.

Subp. 17. **Mental health practitioner.** "Mental health practitioner" means a staff person providing clinical services in the treatment of mental illness who is qualified in at least one of the following ways:

A. by having a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and 2,000 hours of supervised experience in the delivery of clinical services in the treatment of mental illness;

B. by having 6,000 hours of supervised experience in the delivery of clinical services in the treatment of mental illness;

C. by being a graduate student in one of the behavioral sciences or related fields formally assigned to the center for clinical training by an accredited college or university;
or

D. by having a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university.

Documentation of compliance with part 9520.0800, subpart 4, item B is required for designation of work as supervised experience in the delivery of clinical services. Documentation of the accreditation of a college or university shall be a listing in Accredited Institutions of Postsecondary Education Programs, Candidates for the year the degree was issued. The master's degree in behavioral sciences or related fields shall include a minimum of 28 semester hours of graduate course credit in mental health theory and supervised clinical training, as documented by an official transcript.

Subp. 18. **Mental health professional.** "Mental health professional" has the meaning given in Minnesota Statutes, section 245.462, subdivision 18.

Subp. 19. **Mental illness.** "Mental illness" means a condition which results in an inability to interpret the environment realistically and in impaired functioning in primary

aspects of daily living such as personal relations, living arrangements, work, and recreation, and which is listed in the clinical manual of the International Classification of Diseases (ICD-9-CM), Ninth Revision (1980), code range 290.0-302.99 or 306.0-316, or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III), Third Edition (1980), Axes I, II or III. These publications are available from the State Law Library.

Subp. 20. **Multidisciplinary staff.** "Multidisciplinary staff" means the mental health professionals and mental health practitioners employed by or under contract to the center to provide outpatient clinical services in the treatment of mental illness.

Subp. 21. **Serious violations of policies and procedures.** "Serious violations of policies and procedures" means a violation which threatens the health, safety, or rights of clients or center staff; the repeated nonadherence to center policies and procedures; and the nonadherence to center policies and procedures which result in noncompliance with Minnesota Statutes, section 245.69, subdivision 2 and parts 9520.0760 to 9520.0870.

Subp. 22. **Treatment strategy.** "Treatment strategy" means the particular form of service delivery or intervention which specifically addresses the client's characteristics and mental illness, and describes the process for achievement of individual treatment plan goals.

9520.0770 ORGANIZATIONAL STRUCTURE OF CENTER.

Subpart 1. **Basic unit.** The center or the facility of which it is a unit shall be legally constituted as a partnership, corporation, or government agency. The center shall be either the entire facility or a clearly identified unit within the facility which is administratively and clinically separate from the rest of the facility. All business shall be conducted in the name of the center or facility, except medical assistance billing by individually enrolled providers when the center is not enrolled.

Subp. 2. **Purpose, services.** The center shall document that the prevention, diagnosis, and treatment of mental illness are the main purposes of the center. If the center is a unit within a facility, the rest of the facility shall not provide clinical services in the outpatient treatment of mental illness. The facility may provide services other than clinical services in the treatment of mental illness, including medical services, chemical dependency services, social services, training, and education. The provision of these additional services is not reviewed in granting approval to the center under parts 9520.0760 to 9520.0870.

Subp. 3. **Governing body.** The center shall have a governing body. The governing body shall provide written documentation of its source of authority. The governing body shall be legally responsible for the implementation of the standards set forth in Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 through the establishment of written policy and procedures.

Subp. 4. **Chart or statement of organization.** The center shall have an organizational chart or statement which specifies the relationships among the governing body, any administrative and support staff, mental health professional staff, and mental health practitioner staff; their respective areas of responsibility; the lines of authority involved; the formal liaison between administrative and clinical staff; and the relationship of the center to the rest of the facility and any additional services provided.

9520.0780 SECONDARY LOCATIONS.

Subpart 1. **Main and satellite offices.** The center shall notify the commissioner of all center locations. If there is more than one center location, the center shall designate one as the main office and all secondary locations as satellite offices. The main office as a unit and the center as a whole shall be in compliance with part 9520.0810. The main office shall function as the center records and documentation storage area and house most administrative functions for the center. Each satellite office shall:

- A. be included as a part of the legally constituted entity;

- B. adhere to the same clinical and administrative policies and procedures as the main office;
- C. operate under the authority of the center's governing body;
- D. store all center records and the client records of terminated clients at the main office;
- E. ensure that a mental health professional is at the satellite office and competent to supervise and intervene in the clinical services provided there, whenever the satellite office is open;
- F. ensure that its multidisciplinary staff have access to and interact with main center staff for consultation, supervision, and peer review; and
- G. ensure that clients have access to all clinical services provided in the treatment of mental illness and the multidisciplinary staff of the center.

Subp. 2. **Noncompliance.** If the commissioner determines that a secondary location is not in compliance with subpart 1, it is not a satellite office. Outpatient clinical services in the treatment of mental illness delivered by the center or facility of which it is a unit shall cease at that location, or the application shall be disapproved.

9520.0790 MINIMUM TREATMENT STANDARDS.

Subpart 1. **Multidisciplinary approach.** The center shall document that services are provided in a multidisciplinary manner. That documentation shall include evidence that staff interact in providing clinical services, that the services provided to a client involve all needed disciplines represented on the center staff, and that staff participate in case review and consultation procedures as described in subpart 6.

Subp. 2. **Intake and case assignment.** The center shall establish an intake or admission procedure which outlines the intake process, including the determination of the appropriateness of accepting a person as a client by reviewing the client's condition and need for treatment, the clinical services offered by the center, and other available resources. The center shall document that case assignment for assessment, diagnosis, and treatment is made to a multidisciplinary staff person who is competent in the service, in the recommended treatment strategy and in treating the individual client characteristics. Responsibility for each case shall remain with a mental health professional.

Subp. 3. **Assessment and diagnostic process.** The center shall establish an assessment and diagnostic process that determines the client's condition and need for clinical services. The assessment of each client shall include clinical consideration of the client's general physical, medical, developmental, family, social, psychiatric, and psychological history and current condition. The diagnostic statement shall include the diagnosis based on the codes in the International Classification of Diseases or the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and refer to the pertinent assessment data. The diagnosis shall be by or under the supervision of and signed by a psychiatrist or licensed psychologist. The diagnostic assessment, as defined by Minnesota Statutes, sections 245.462, subdivision 9, for adults, and 245.4871, subdivision 11, for children, must be provided by a licensed mental health professional in accordance with Minnesota Statutes, section 245.467, subdivision 2.

Subp. 4. **Treatment planning.** The individual treatment plan, based upon a diagnostic assessment of mental illness, shall be jointly developed by the client and the mental health professional. This planning procedure shall ensure that the client has been informed in the following areas: assessment of the client condition; treatment alternatives; possible outcomes and side effects of treatment; treatment recommendations; approximate length, cost, and hoped-for outcome of treatment; the client's rights and responsibilities in implementation of the individual treatment plan; staff rights and responsibilities in the treatment process; the Government Data Practices Act; and procedures for reporting grievances and alleged violation of client rights. If the client is considering chemotherapy, hospitalization, or other

medical treatment, the appropriate medical staff person shall inform the client of the treatment alternatives, the effects of the medical procedures, and possible side effects. Clinical services shall be appropriate to the condition, age, sex, socioeconomic, and ethnic background of the client, and provided in the least restrictive manner. Clinical services shall be provided according to the individual treatment plan and existing professional codes of ethics.

Subp. 5. **Client record.** The center shall maintain a client record for each client. The record must document the assessment process, the development and updating of the treatment plan, the treatment provided and observed client behaviors and response to treatment, and serve as data for the review and evaluation of the treatment provided to a client. The record shall include:

- A. a statement of the client's reason for seeking treatment;
- B. a record of the assessment process and assessment data;
- C. the initial diagnosis based upon the assessment data;
- D. the individual treatment plan;
- E. a record of all medication prescribed or administered by multidisciplinary staff;
- F. documentation of services received by the client, including consultation and progress notes;
- G. when necessary, the client's authorization to release private information, and client information obtained from outside sources;
- H. at the closing of the case, a statement of the reason for termination, current client condition, and the treatment outcome; and
- I. correspondence and other necessary information.

Subp. 6. **Consultation; case review.** The center shall establish standards for case review and encourage the ongoing consultation among multidisciplinary staff. The multidisciplinary staff shall attend staff meetings at least twice monthly for a minimum of four hours per month, or a minimum of two hours per month if the multidisciplinary staff person provides clinical services in the treatment of mental illness less than 15 hours per week. The purpose of these meetings shall be case review and consultation. Written minutes of the meeting shall be maintained at the center for at least three years after the meeting.

Subp. 7. **Referrals.** If the necessary treatment or the treatment desired by the client is not available at the center, the center shall facilitate appropriate referrals. The multidisciplinary staff person shall discuss with the client the reason for the referral, potential treatment resources, and what the process will involve. The staff person shall assist in the process to ensure continuity of the planned treatment.

Subp. 8. **Emergency service.** The center shall ensure that clinical services to treat mental illness are available to clients on an emergency basis.

Subp. 9. **Access to hospital.** The center shall document that it has access to hospital admission for psychiatric inpatient care, and shall provide that access when needed by a client. This requirement for access does not require direct hospital admission privileges on the part of qualified multidisciplinary staff.

9520.0800 MINIMUM QUALITY ASSURANCE STANDARDS.

Subpart 1. **Policies and procedures.** The center shall develop written policies and procedures and shall document the implementation of these policies and procedures for each treatment standard and each quality assurance standard in subparts 2 to 7. The policies shall be approved by the governing body. The procedures shall indicate what actions or accomplishments are to be performed, who is responsible for each action, and any documentation or required forms. Multidisciplinary staff shall have access to a copy of the policies and procedures at all times.

Subp. 2. **Peer review.** The center shall have a multidisciplinary peer review system to assess the manner in which multidisciplinary staff provide clinical services in the treatment of mental illness. Peer review shall include the examination of clinical services to determine if the treatment provided was effective, necessary, and sufficient and of client records to determine if the recorded information is necessary and sufficient. The system shall ensure review of a randomly selected sample of five percent or six cases, whichever is less, of the annual caseload of each mental health professional by other mental health professional staff. Peer review findings shall be discussed with staff involved in the case and followed up by any necessary corrective action. Peer review records shall be maintained at the center.

Subp. 3. **Internal utilization review.** The center shall have a system of internal utilization review to examine the quality and efficiency of resource usage and clinical service delivery. The center shall develop and carry out a review procedure consistent with its size and organization which includes collection or review of information, analysis or interpretation of information, and application of findings to center operations. The review procedure shall minimally include, within any three year period of time, review of the appropriateness of intake, the provision of certain patterns of services, and the duration of treatment. Criteria may be established for treatment length and the provision of services for certain client conditions. Utilization review records shall be maintained, with an annual report to the governing body for applicability of findings to center operations.

Subp. 4. **Staff supervision.** Staff supervision:

A. The center shall have a clinical evaluation and supervision procedure which identifies each multidisciplinary staff person's areas of competence and documents that each multidisciplinary staff person receives the guidance and support needed to provide clinical services for the treatment of mental illness in the areas they are permitted to practice.

B. A mental health professional shall be responsible for the supervision of the mental health practitioner, including approval of the individual treatment plan and bimonthly case review of every client receiving clinical services from the practitioner. This supervision shall include a minimum of one hour of face-to-face, client-specific supervisory contact for each 40 hours of clinical services in the treatment of mental illness provided by the practitioner.

Subp. 5. **Continuing education.** The center shall require that each multidisciplinary staff person attend a minimum of 36 clock hours every two years of academic or practical course work and training. This education shall augment job-related knowledge, understanding, and skills to update or enhance staff competencies in the delivery of clinical services to treat mental illness. Continued licensure as a mental health professional may be substituted for the continuing education requirement of this subpart.

Subp. 6. **Violations of standards.** The center shall have procedures for the reporting and investigating of alleged unethical, illegal, or grossly negligent acts, and of the serious violation of written policies and procedures. The center shall document that the reported behaviors have been reviewed and that responsible disciplinary or corrective action has been taken if the behavior was substantiated. The procedures shall address both client and staff reporting of complaints or grievances regarding center procedures, staff, and services. Clients and staff shall be informed they may file the complaint with the department if it was not resolved to mutual satisfaction. The center shall have procedures for the reporting of suspected abuse or neglect of clients, in accordance with Minnesota Statutes, sections 611A.32, subdivision 5; 626.556; and 626.557.

Subp. 7. **Data classification.** Client information compiled by the center, including client records and minutes of case review and consultation meetings, shall be protected as private data under the Minnesota Government Data Practices Act.

9520.0810 MINIMUM STAFFING STANDARDS.

Subpart 1. **Required staff.** Required staff:

A. The multidisciplinary staff of a center shall consist of at least four mental health professionals. At least two of the mental health professionals shall each be employed or under contract for a minimum of 35 hours a week by the center. Those two mental health professionals shall be of different disciplines.

B. The mental health professional staff shall include a psychiatrist and a licensed psychologist.

C. The mental health professional employed or under contract to the center to meet the requirement of item B shall be at the main office of the center and providing clinical services in the treatment of mental illness at least eight hours every two weeks.

Subp. 2. **Additional staff; staffing balance.** Additional mental health professional staff may be employed by or under contract to the center provided that no single mental health discipline or combination of allied fields shall comprise more than 60 percent of the full-time equivalent mental health professional staff. This provision does not apply to a center with fewer than six full-time equivalent mental health professional staff. Mental health practitioners may also be employed by or under contract to a center to provide clinical services for the treatment of mental illness in their documented area of competence. Mental health practitioners shall not comprise more than 25 percent of the full-time equivalent multidisciplinary staff. In determination of full-time equivalence, only time spent in clinical services for the treatment of mental illness shall be considered.

Subp. 3. **Multidisciplinary staff records.** The center shall maintain records sufficient to document that the center has determined and verified the clinical service qualifications of each multidisciplinary staff person, and sufficient to document each multidisciplinary staff person's terms of employment.

Subp. 4. **Credentialed occupations.** The center shall adhere to the qualifications and standards specified by rule for any human service occupation credentialed under Minnesota Statutes, section 214.13 and employed by or under contract to the center.

9520.0820 APPLICATION PROCEDURES.

Subpart 1. **Form.** A facility seeking approval as a center for insurance reimbursement of its outpatient clinical services in treatment of mental illness must make formal application to the commissioner for such approval. The application form for this purpose may be obtained from the Mental Illness Program Division of the department. The application form shall require only information which is required by statute or rule, and shall require the applicant center to explain and provide documentation of compliance with the minimum standards in Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 2. **Fee.** Each application shall be accompanied by payment of the nonrefundable application fee. The fee shall be established and adjusted in accordance with Minnesota Statutes, section 16A.128 to cover the costs to the department in implementing Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 3. **Completed application.** The application is considered complete on the date the application fee and all information required in the application form are received by the department.

Subp. 4. **Coordinator.** The center shall designate in the application a mental health professional as the coordinator for issues surrounding compliance with parts 9520.0760 to 9520.0870.

9520.0830 REVIEW OF APPLICANT CENTERS.

Subpart 1. **Site visit.** The formal review shall begin after the completed application has been received, and shall include an examination of the written application and a visit to the center. The applicant center shall be offered a choice of site visit dates, with at least one date falling within 60 days of the date on which the department receives the complete application. The site visit shall include interviews with multidisciplinary staff and examination

of a random sample of client records, consultation minutes, quality assurance reports, and multidisciplinary staff records.

Subp. 2. **Documentation.** If implementation of a procedure is too recent to be reliably documented, a written statement of the planned implementation shall be accepted as documentation on the initial application. The evidence of licensure or accreditation through another regulating body shall be accepted as documentation of a specific procedure when the required minimum standard of that body is the same or higher than a specific provision of parts 9520.0760 to 9520.0870.

9520.0840 DECISION ON APPLICATION.

Subpart 1. **Written report.** Upon completion of the site visit, a report shall be written. The report shall include a statement of findings, a recommendation to approve, defer, or disapprove the application, and the reasons for the recommendation.

Subp. 2. **Written notice to center.** The applicant center shall be sent written notice of approval, deferral, or disapproval within 30 days of the completion of the site visit. If the decision is a deferral or a disapproval, the notice shall indicate the specific areas of noncompliance.

Subp. 3. **Noncompliance with statutes and rules.** An application shall be disapproved or deferred if it is the initial application of a center, when the applicant center is not in compliance with Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 4. **Deferral of application.** If an application is deferred, the length of deferral shall not exceed 180 days. If the areas of noncompliance stated in the deferral notice are not satisfactorily corrected by the end of the deferral period, the application shall be disapproved. The applicant center shall allow the commissioner to inspect the center at any time during the deferral period, whether or not the site visit has been announced in advance. A site visit shall occur only during normal working hours of the center and shall not disrupt the normal functioning of the center. At any time during the deferral period, the applicant center may submit documentation indicating correction of noncompliance. The application shall then be approved or disapproved. At any time during the deferral period, the applicant center may submit a written request to the commissioner to change the application status to disapproval. The request shall be complied with within 14 days of receiving this written request. The applicant center is not an approved center for purposes of Minnesota Statutes, section 62A.152 during a deferral period.

Subp. 5. **Effective date of decision.** The effective date of a decision is the date the commissioner signs a letter notifying the applicant center of that decision.

9520.0850 APPEALS.

If an application is disapproved or approval is withdrawn, a contested case hearing and judicial review as provided in Minnesota Statutes, sections 14.48 to 14.69, may be requested by the center within 30 days of the commissioner's decision.

9520.0860 POSTAPPROVAL REQUIREMENTS.

Subpart 1. **Duration of approval.** Initial approval of an application is valid for 12 months from the effective date, subsequent approvals for 24 months, except when approval is withdrawn according to the criteria in subpart 4.

Subp. 2. **Reapplication.** The center shall contact the department for reapplication forms, and submit the completed application at least 90 days prior to the expected expiration date. If an approved center has met the conditions of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870, including reapplication when required, its status as an approved center shall remain in effect pending department processing of the reapplication.

Subp. 3. **Restrictions.** The approval is issued only for the center named in the application and is not transferable or assignable to another center. The approval is issued only for the center location named in the application and is not transferable or assignable to another location. If the commissioner is notified in writing at least 30 days in advance of a change in center location and can determine that compliance with all provisions of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 are maintained, the commissioner shall continue the approval of the center at the new location.

Subp. 4. **Noncompliance.** Changes in center organization, staffing, treatment, or quality assurance procedures that affect the ability of the center to comply with the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 shall be reported in writing by the center to the commissioner within 15 days of occurrence. Review of the change shall be conducted by the commissioner. A center with changes resulting in noncompliance in minimum standards shall receive written notice and may have up to 180 days to correct the areas of noncompliance before losing approval status. Interim procedures to resolve the noncompliance on a temporary basis shall be developed and submitted in writing to the commissioner for approval within 30 days of the commissioner's determination of the noncompliance. Nonreporting within 15 days of occurrence of a change that results in noncompliance, failure to develop an approved interim procedure within 30 days of the determination of the noncompliance, or nonresolution of the noncompliance within 180 days shall result in the immediate withdrawal of approval status.

Serious violation of policies or procedures, professional association or board sanctioning or loss of licensure for unethical practices, or the conviction of violating a state or federal statute shall be reported in writing by the center to the commissioner within ten days of the substantiation of such behavior. Review of this report and the action taken by the center shall be conducted by the commissioner. Approval shall be withdrawn immediately unless the commissioner determines that: the center acted with all proper haste and thoroughness in investigating the behavior, the center acted with all proper haste and thoroughness in taking appropriate disciplinary and corrective action, and that no member of the governing body was a party to the behavior. Failure to report such behavior within ten days of its substantiation shall result in immediate withdrawal of approval.

Subp. 5. **Compliance reports.** The center may be required to submit written information to the department during the approval period to document that the center has maintained compliance with the rule and center procedures. The center shall allow the commissioner to inspect the center at any time during the approval period, whether or not the site visit has been announced in advance. A site visit shall occur only during normal working hours of the center and shall not disrupt the normal functioning of the center.

9520.0870 VARIANCES.

Subpart 1. **When allowed.** The standards and procedures established by parts 9520.0760 to 9520.0860 may be varied by the commissioner. Standards and procedures established by statute shall not be varied.

Subp. 2. **Request procedure.** A request for a variance must be submitted in writing to the commissioner, accompanying or following the submission of a completed application for approval under Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870. The request shall state:

- A. the standard or procedure to be varied;
- B. the specific reasons why the standard or procedure cannot be or should not be complied with; and
- C. the equivalent standard or procedure the center will establish to achieve the intent of the standard or procedure to be varied.

Subp. 3. **Decision procedure.** Upon receiving the variance request, the commissioner shall consult with a panel of experts in the mental health disciplines regarding the request. Criteria for granting a variance shall be the commissioner's determination that subpart 2, items A to C are met. Hardship shall not be a sufficient reason to grant a variance. No variance shall be granted that would threaten the health, safety, or rights of clients. Variances granted by the commissioner shall specify in writing the alternative standards or procedures to be implemented and any specific conditions or limitations imposed on the variance by the commissioner. Variances denied by the commissioner shall specify in writing the reason for the denial.

Subp. 4. **Notification.** The commissioner shall send the center a written notice granting or not granting the variance within 90 days of receiving the written variance request. This notice shall not be construed as approval or disapproval of the center under Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

9530.6800 ASSESSMENT OF NEED FOR TREATMENT PROGRAMS.

Subpart 1. **Assessment of need required for licensure.** Before a license or a provisional license may be issued, the need for the chemical dependency treatment or rehabilitation program must be determined by the commissioner. Need for an additional or expanded chemical dependency treatment program must be determined, in part, based on the recommendation of the county board of commissioners of the county in which the program will be located and the documentation submitted by the applicant at the time of application.

If the county board fails to submit a statement to the commissioner within 60 days of the county board's receipt of the written request from an applicant, as required under part 9530.6810, the commissioner shall determine the need for the applicant's proposed chemical dependency treatment program based on the documentation submitted by the applicant at the time of application.

Subp. 2. **Documentation of need requirements.** An applicant for licensure under parts 9530.2500 to 9530.4000 and Minnesota Statutes, chapter 245G, must submit the documentation in items A and B to the commissioner with the application for licensure:

A. The applicant must submit documentation that it has requested the county board of commissioners of the county in which the chemical dependency treatment program will be located to submit to the commissioner both a written statement that supports or does not support the need for the program and documentation of the rationale used by the county board to make its determination.

B. The applicant must submit a plan for attracting an adequate number of clients to maintain its proposed program capacity, including:

- (1) a description of the geographic area to be served;
- (2) a description of the target population to be served;
- (3) documentation that the capacity or program designs of existing programs are not sufficient to meet the service needs of the chemically abusing or chemically dependent target population if that information is available to the applicant;
- (4) a list of referral sources, with an estimation as to the number of clients the referral source will refer to the applicant's program in the first year of operation; and
- (5) any other information available to the applicant that supports the need for new or expanded chemical dependency treatment capacity.

9530.6810 COUNTY BOARD RESPONSIBILITY TO REVIEW PROGRAM NEED.

When an applicant for licensure under parts 9530.2500 to 9530.4000 or Minnesota Statutes, chapter 245G, requests a written statement of support for a proposed chemical dependency treatment program from the county board of commissioners of the county in

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which the proposed program is to be located, the county board, or the county board's designated representative, shall submit a statement to the commissioner that either supports or does not support the need for the applicant's program. The county board's statement must be submitted in accordance with items A and B:

A. the statement must be submitted within 60 days of the county board's receipt of a written request from the applicant for licensure; and

B. the statement must include the rationale used by the county board to make its determination.